SENADO FEDERAL

Secretaria-Geral da Mesa
Secretaria de Comissões
Coordenação de Comissões Especiais, Temporárias e Parlamentares de Inquérito

Oficio nº 1721/2021 - CPIPANDEMIA

Brasília, 30 de junho de 2021

A Sua Excelência o Senhor
Marcelo Queiroga
Ministro da Saúde

Assunto: **Solicitação de informações – Requerimento nº 959/2021-CPIPANDEMIA**

Senhor Ministro,

No intuito de instruir os trabalhos da Comissão Parlamentar de Inquérito, criada pelos Requerimentos do Senado Federal nº 1371 e 1372, de 2021, para "apurar as ações e omissões do Governo Federal no enfrentamento da Pandemia da Covid-19 no Brasil; as possíveis irregularidades, bem como outras ações ou omissões cometidas por administradores públicos federais, estaduais e municipais, no trato com a coisa pública, limitado apenas quanto à fiscalização dos recursos da União repassados aos demais entes federados para as ações de prevenção e combate à Pandemia da Covid-19", e com fulcro no art. 148 do Regimento Interno do Senado Federal, e no art. 2º da Lei nº 1.579, de 1952, encaminho a V.Ex.a o Requerimento aprovado nº 959/2021 – CPIPANDEMIA, em anexo, para atendimento.

Solicito que a documentação seja encaminhada no prazo de 5 (cinco) dias, em meio magnético, para o endereço eletrônico sec.cpipandemia@senado.leg.br. Caso haja algum problema no envio em virtude do tamanho dos arquivos, favor contatar a Secretaria da CPI no telefone do rodapé deste ofício para que seja disponibilizado *link* para envio da documentação.

Ainda, tendo em vista o princípio da publicidade da administração pública consagrado pelo art. 37 da Constituição Federal, solicito que, no caso de a documentação

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CONSULTE EM http://www.senado.gov.br/sigadweb/v.aspx.

envolver informações resguardadas por sigilo legal, seja informado expressamente no encaminhamento da resposta ao presente expediente, indicando a fundamentação legal do alegado sigilo.

Atenciosamente,

Senador Omar Aziz
Presidente da CPI Pandemia

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CONSULTE EM http://www.senado.gov.br/sigadweb/v.aspx.

SENADO FEDERAL
CPI DA COVID-19

SF/21259.27911-37

REQUERIMENTO
(Do Sr. Senador Alessandro Vieira)

Senhor Presidente,

Requeiro a Vossa Excelência, nos termos do art. 58, § 3º, da Constituição Federal, combinado com o art. 2º, da Lei nº 1.579/1952, bem como o art. 148 do Regimento Interno do Senado Federal, seja submetida à deliberação do Plenário desta Comissão Parlamentar de Inquérito a seguinte requisição de informação ao Ministério da Saúde para que disponibilize a esta Comissão: a) todos os documentos relacionados à licença de importação solicitada pelo Ministério da Saúde à ANVISA, inclusive comunicações entre o Ministério, a ANVISA e a empresa Precisa Medicamentos; b) todos os documentos e a íntegra dos processos administrativos em que figurem referidos órgãos e empresa e; c) a íntegra dos processos administrativos em que a Madison Biotech é mencionada.

JUSTIFICAÇÃO

Em entrevista exclusiva concedida ao jornal O Globo, o servidor do Ministério da Saúde, Luis Ricardo Fernandes Miranda, afirma ter se encontrado pessoalmente com o Presidente da República no dia 20 de março para denunciar suspeitas acerca da importação da vacina Covaxin.

O contato de referido servidor com o Presidente da República foi realizado por seu irmão, o Deputado Federal Luis Miranda, tendo um encontro no Palácio da Alvorada sido devidamente registrado com fotos e mensagens.

Na mesma entrevista, Luis Carlos Miranda afirma ter denunciado ao

SF/21259.27911-37

chefe do Executivo as suspeitas sobre a compra da vacina indiana, tendo apresentado material que comprovaria a existência de pedido de pagamento fora do contrato para importar três lotes com data próxima do vencimento.

Se o documento em questão tivesse sido firmado pelo servidor do Ministério, a empresa poderia exigir pagamento na monta de US$ 45 milhões (mais de R$ 220 milhões), valor que a área técnica considerava indevido, já que o contrato de aquisição da Covaxin não previa pagamento antecipado. Além disso, o recibo apontava apenas 300 mil doses, número significativamente inferior às 4 milhões de doses previstas para a primeira entrega.

Foi relatada também uma grande pressão para que se agilizasse o envio da documentação necessária à Anvisa, ainda que incompleta, para requerer a importação da vacina Covaxin. A agência negou o pedido em razão da ausência de preenchimento dos requisitos para a emissão de certificado de boas práticas.

A empresa que consta do recibo da venda das doses pela soma acima mencionada chama-se Madison Biotech PTE. Ltd., sediada em Singapura e incorporada naquele país no dia 14 de fevereiro de 2020.

Nesse contexto, para fins de esclarecimentos dos graves fatos narrados, faz-se necessária a disponibilização das informações acima mencionadas.

Roga-se aos nobres pares apoio para aprovação do presente requerimento.

Sala da Comissão,

Senador ALESSANDRO VIEIRA

CIDADANIA/SE

Ministério da Saúde
Gabinete do Ministro
Assessoria Parlamentar

DESPACHO

ASPAR/GM/MS

Brasília, 02 de julho de 2021.

Ao Gabinete do Ministro

Assunto: **Requerimento do Senado Federal nº 959/2021 - CPIPANDEMIA - Requer a) Todos os documentos relacionados à licença de importação solicitada pelo Ministério da Saúde à ANVISA, inclusive comunicações entre o Ministério, a ANVISA e a empresa Precisa Medicamentos; b) Todos os documentos e a íntegra dos processos administrativos em que figurem referidos órgãos e empresa e; c) A íntegra dos processos administrativos em que a Madison Biotech é mencionada.**☐

1. Trata-se do **Ofício n.º 1721/2021, da Comissão Parlamentar de Inquérito da Pandemia - CPIPANDEMIA, do Senado Federal** (0021438908), que encaminha o **Requerimento de Informação nº 959/2021** (0021438950)**,** de autoria do Senador Alessandro Vieira, por meio do qual requer que seja encaminhado pelo Ministério da Saúde, a Comissão:

> a)**Todos os documentos relacionados à licença de importação solicitada pelo Ministério da Saúde à ANVISA, inclusive comunicações entre o Ministério, a ANVISA e a empresa Precisa Medicamentos;**
>
> b)**Todos os documentos e a íntegra dos processos administrativos em que figurem referidos órgãos e empresa e;**
>
> c) **A íntegra dos processos administrativos em que a Madison Biotech é mencionada.**

2. Em resposta, encaminho **por meio do endereço do serviço de armazenamento eletrônico disponibilizado por essa Comissão**, para ciência e atendimento à solicitação do referido Requerimento, os **Despachos SE/GAB/SE/MS** (0021670427), **DLOG/SE/MS** (0021624175) e seus documentos complementares, acompanhado dos anexos **Mensagem Parte 01** (0021609932), **Mensagem Parte 02** (0021609958), **Mensagem Parte 03** (0021609977), **Mensagem Parte 04** (0021609990), **Mensagem Parte 05** (0021609999), **Mensagem Parte 06** (0021610012), **Mensagem Parte 07**

(0021610025), **Planilha Parte 08** (0021610039), **Planilha Parte 09** (0021610051), **Planilha Parte 10** (0021610061), **Mensagem Parte 11** (0021610077), **Mensagem Parte 12** (0021610092), elaborados pela **Secretaria Executiva - SE/MS**.

PAULO TIAGO ALMEIDA MIRANDA
Chefe da Assessoria Parlamentar, substituto

Documento assinado eletronicamente por **Paulo Tiago Almeida Miranda**, **Chefe da Assessoria Parlamentar substituto(a)**, em 29/07/2021, às 11:41, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

A autenticidade deste documento pode ser conferida no site http://sei.saude.gov.br/sei/controlador_externo.php?acao=documento_conferir&id_orgao_acesso_externo=0, informando o código verificador **0021449360** e o código CRC **A9C9CED8**.

Referência: Processo nº 25000.100536/2021-98 SEI nº 0021449360

Ministério da Saúde
Gabinete do Ministro
Assessoria Parlamentar

OFÍCIO Nº 4818/2021/ASPAR/GM/MS

Brasília, 28 de julho de 2021.

A Sua Excelência o Senhor
Senador **OMAR AZIZ**
Presidente da Comissão Parlamentar de Inquérito da Pandemia - CPIPANDEMIA
Senado Federal
Praça dos Três Poderes, Anexo II, Ala Alexandre Costa, sala 15 - Subsolo
CEP 70.165-900 - Brasília/DF

Assunto: **Requerimento do Senado Federal nº 959/2021 - CPIPANDEMIA - Requer a) Todos os documentos relacionados à licença de importação solicitada pelo Ministério da Saúde à ANVISA, inclusive comunicações entre o Ministério, a ANVISA e a empresa Precisa Medicamentos; b) Todos os documentos e a íntegra dos processos administrativos em que figurem referidos órgãos e empresa e; c) A íntegra dos processos administrativos em que a Madison Biotech é mencionada.**☐

Senhor Presidente,

Em resposta ao **Ofício n.º 1721/2021** (0021438908), **dessa Comissão Parlamentar de Inquérito da Pandemia - CPIPANDEMIA,** de 15 de julho de 2021, referente ao Requerimento do Senado Federal n.º 959/2021 (0021438950), de autoria do Senador Alessandro Vieira, **encaminho por meio de endereço eletrônico de serviço de armazenamento de arquivos disponibilizado por essa Comissão**, para ciência e atendimento à solicitação do referido Requerimento, as informações prestadas pelo corpo técnico deste Ministério.

Atenciosamente,

MARCELO QUEIROGA
Ministro de Estado da Saúde

Documento assinado eletronicamente por **Marcelo Antônio Cartaxo**

Queiroga Lopes, **Ministro de Estado da Saúde**, em 02/08/2021, às 12:08, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

A autenticidade deste documento pode ser conferida no site http://sei.saude.gov.br/sei/controlador_externo.php?acao=documento_conferir&id_orgao_acesso_externo=0, informando o código verificador **0021898326** e o código CRC **9FAE4A70**.

Referência: Processo nº 25000.100536/2021-98 SEI nº 0021898326

Assessoria Parlamentar - ASPAR
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa, Brasília/DF, CEP 70058-900
Site - saude.gov.br

Ministério da Saúde
Secretaria Executiva
Gabinete da Secretaria Executiva

DESPACHO

SE/GAB/SE/MS

Brasília, 15 de julho de 2021.

URGENTE
CPIPANDEMIA

Assunto: **Requerimento do Senado Federal nº 959/2021/CPIPANDEMIA (0021438950) - Senador Alessandro Vieira (Cidadania/SE).**

1. Ciente.

2. Trata-se do Requerimento do Senado Federal nº 959/2021/CPIPANDEMIA (0021438950), de autoria do Senador Alessandro Vieira, no âmbito da Comissão Parlamentar de Inquérito da COVID-19, o qual solicita que sejam encaminhados pelo Ministério da Saúde:

> a) Todos os documentos relacionados à licença de importação solicitada pelo Ministério da Saúde à Anvisa, inclusive comunicações entre o Ministério, a Anvisa e a empresa Precisa Medicamentos;
>
> b) Todos os documentos e a íntegra dos processos administrativos em que figurem referidos órgãos e empresa e;
>
> c) A íntegra dos processos administrativos em que a Madison Biotech é mencionada.

3. Em atenção ao Despacho ASPAR (0021391585) encaminho a manifestação do Departamento de Logística em Saúde - DLOG/SE/MS, por meio do Despacho DLOG (0021624175).

4. Ao Chefe da Assessoria Parlamentar - **ASPAR/GM/MS**, em restituição, para conhecimento e providências subsequentes.

ALESSANDRO GLAUCO DOS ANJOS DE VASCONCELOS
Secretário-Executivo Adjunto

Documento assinado eletronicamente por **Alessandro Glauco dos Anjos de Vasconcelos**, **Secretário-Executivo Adjunto**, em 16/07/2021, às 09:48, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

A autenticidade deste documento pode ser conferida no site

http://sei.saude.gov.br/sei/controlador_externo.php?acao=documento_conferir&id_orgao_acesso_externo=0, informando o código verificador **0021670427** e o código CRC **E638B1DD**.

Referência: Processo nº 25000.100536/2021-98 SEI nº 0021670427

Ministério da Saúde
Secretaria Executiva
Departamento de Logística em Saúde

DESPACHO

DLOG/SE/MS

Brasília, 13 de julho de 2021.

AO GAB/SE,

Assunto: **Requerimento do Senado Federal nº 959/2021/CPIPANDEMIA (0021438950) - Senador Alessandro Vieira (Cidadania/SE).**

1. Trata-se do Requerimento do Senado Federal nº 959/2021/CPIPANDEMIA (0021438950), de autoria do Senador Alessandro Vieira, no âmbito da Comissão Parlamentar de Inquérito da COVID-19, o qual solicita que sejam encaminhados pelo Ministério da Saúde:

> a) Todos os documentos relacionados à licença de importação solicitada pelo Ministério da Saúde à Anvisa, inclusive comunicações entre o Ministério, a Anvisa e a empresa Precisa Medicamentos;
>
> b) Todos os documentos e a íntegra dos processos administrativos em que figurem referidos órgãos e empresa e;
>
> c) A íntegra dos processos administrativos em que a Madison Biotech é mencionada.

2. Em atendimento ao Despacho GAB/SE 0021459897, o processo foi encaminhado à Divisão de Importação - DIIMP para análise e manifestação quanto à demanda contida na alínea "a" , no âmbito de sua atuação.

3. Nesse sentido, encaminha-se as trocas de e-mails relacionados à licença de importação, acompanhado de se seus respectivos anexos em ordem cronologia. É importante frisar que em virtude de configuração do sistema, o anexo antecede a mensagem. Também cabe destacar que, a fim de garantir a cronologia dos fatos narrados, os anexos que acompanham as mensagens estão mantidos, razão pela os mesmos se repetem.

Parte 01 (0021609932);
Parte 02 (0021609958);
Parte 03 (0021609977);
Parte 04 (0021609990);
Parte 05 (0021609999);
Parte 06 (0021610012);
Parte 07 (0021610025);

Parte 08 (0021610039);
Parte 09 (0021610051);
Parte 10 (0021610061);
Parte 11 (0021610077); e
Parte 12 (0021610092).

4. Em atenção ao item "b", encaminha-se a íntegra dos processos SEI nº 25000.175250/2020-85 e nº 25000.043170/2021-42, referentes à contratação e importação da vacina VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), com a empresa empresa BHARAT BIOTECH LIMITED INTERNATIONAL, representada pela empresa PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA, que deu origem ao contrato nº 29/2021, atualmente suspenso conforme publicação do extrato de suspensão, no Diário Oficial da União, seção 3, do dia 5 de julho de 2021☐ .

5. Em relação à empresa Madison Biotech PTE. Ltd., questionado no item "c" do Requerimento, informa-se que não foram identificadas contratações no âmbito deste DLOG.

6. Por fim, encaminha-se o link restrito com os arquivos acima referidos, enviado também aos endereços eletrônicos dos assessores indicados pela Assessoria Parlamentar - ASPAR.

7. Sendo essas as informações a serem prestadas no âmbito deste Departamento, restituem-se os autos para conhecimento.

RIDAUTO LÚCIO FERNANDES
Diretor do Departamento de Logística em Saúde

Documento assinado eletronicamente por **Ridauto Lucio Fernandes**, **Diretor(a) do Departamento de Logística**, em 14/07/2021, às 20:56, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

A autenticidade deste documento pode ser conferida no site http://sei.saude.gov.br/sei/controlador_externo.php?acao=documento_conferir&id_orgao_acesso_externo=0, informando o código verificador **0021624175** e o código CRC **500446A2**.

Referência: Processo nº 25000.100536/2021-98 SEI nº 0021624175

Ministério da Saúde
Secretaria Executiva
Departamento de Logística em Saúde
Coordenação-Geral de Aquisições de Insumos Estratégicos para Saúde
Coordenação de Licitações e Análise de Mercado de Insumos Estratégicos para Saúde
Divisão de Análise das Aquisições de Insumos Estratégicos para Saúde

CONTRATO Nº 29/2021

Processo nº 25000.175250/2020-85

CONTRATO QUE ENTRE SI CELEBRAM A UNIÃO, POR INTERMÉDIO DO DEPARTAMENTO DE LOGÍSTICA EM SAÚDE DA SECRETARIA EXECUTIVA DO MINISTÉRIO DA SAÚDE E A BHARAT BIOTECH LIMITED INTERNATIONAL, REPRESENTADA PELA EMPRESA PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA.

A **UNIÃO** por intermédio do Departamento de Logísca em Saúde da Secretaria Execuva do Ministério da Saúde, inscrita no CNPJ sob o nº 00.394.544/0008-51, com sede em Brasília – DF, neste ato representada por seu Diretor, Sr. **ROBERTO FERREIRA DIAS**, portador da Carteira de Idendade RG nº 152.991.800, expedida pela SSP/PR, e inscrito no CPF sob o nº 086.758.087-98, em conformidade com a Portaria nº 262, de 08/01/2019, publicada no Diário Oficial da União n.º 6, de 09/01/2019, doravante denominada CONTRATANTE, e de outro lado a empresa **BHARAT BIOTECH LIMITED INTERNATIONAL**, representanda pela empresa PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA, CNPJ: 03.394.819/0005-00, com sede na Avenida Portugal nº 1100, Rua 5, Parte A-14-B, Itaqui, Itapevi/SP, CEP: 06.696-060, doravante denominada CONTRATADA, neste ato representada por **EMANUELA BATISTA DE SOUZA MEDRADES,** portadora da Carteira de Idendade RG nº 354.357.591, expedida pela SSP/SP, e inscrita no CPF nº 330.976.208-42, de acordo com o constante no Processo Eletrônico nº 25000.175250/2020-85, em observância às disposições da Lei nº 8.666, de 21 de junho de 1993 e da Medida Provisória nº 1.026, de 6 de janeiro de 2021, resolvem celebrar o presente Termo de Contrato, por meio da **Dispensa de Licitação n° 10/2021**, com fundamento no Artigo 2º, inciso I, da Medida Provisória nº 1.026/2021 e mediante as cláusulas e condições a seguir enunciadas:

Mensagem Parte 01 (0021609932) SEI 25000.100536/2021-98 / pg. 13

1. CLÁUSULA PRIMEIRA – DO OBJETO

1.1. O objeto do presente Termo de Contrato é a aquisição de VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), conforme especificações estabelecidas no Termo de Referência e na proposta final, as quais integram este instrumento, independente de transcrição.

1.2. Discriminação do objeto:

Item	Descrição do Item (Objeto)	CATMAT	Unidade de Medida	Quantidade	Valor unitário
1	VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152)	BR0475096	Doses	20.000.000	US$ 15,00

1.3. A CONTRATANTE terá o direito de exclusividade/preferência na aquisição de doses da VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), produzidas ou importadas pela Contratada em todo o território nacional, enquanto durar a pandemina.

1.4. A CONTRATANTE poderá autorizar em caráter excepcional a comercialização pela Contratada de doses da VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), devendo, para tanto, ser notificada formalmente sobre a intenção de venda com antecedência mínima de 20 (vinte) dias da data prevista para contratação junto a outro ente, sobre a intenção de venda, com a devida justificativa.

1.5. A CONTRATANTE deverá se manifestar sobre a autorização de comercialização/venda no prazo máximo de 05 (cinco) dias a contar da data do protocolo da notificação formal.

2. CLÁUSULA SEGUNDA – DA FORMA DE FORNECIMENTO

2.1. Cronograma de entrega:

VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL		
PARCELA	**QUANTITATIVO (DOSES)**	**PRAZO MÁXIMO DE ENTREGA (ATÉ)**
1ª	4.000.000	20 dias após a assinatura do Contrato
2ª	4.000.000	30 dias após a assinatura do Contrato
3ª	4.000.000	45 dias após a assinatura do Contrato
4ª	4.000.000	60 dias após a assinatura do Contrato
5ª	4.000.000	70 dias após a assinatura do Contrato
TOTAL	**20.000.000**	

2.2. A CONTRATANTE poderá anuir com a alteração do cronograma, desde que verificada a ausência de culpa da CONTRATADA em possível atraso injustificado.

2.3. Havendo necessidade de prorrogação ou antecipação no cronograma, ou do quantitativo da respectiva parcela de entrega, caberá à CONTRATADA encaminhar ofício com embasamento técnico e justificativas, incumbindo à CONTRATANTE se manifestar quanto ao impacto da alteração e o aceite ou não da nova proposta, de acordo com o interesse da Administração.

Mensagem Parte 01 (0021609932) SEI 25000.100536/2021-98 / pg. 14

2.4. Os ofícios de prorrogação dos cronogramas, ou de alteração dos quantitativos das parcelas, somente serão apreciados se encaminhados com antecedência mínima de 30 (trinta) dias da data prevista para a entrega de cada parcela, ressalvados os casos fortuitos ou de força maior.

2.5. O quantitativo final do lote a ser entregue deverá ser confirmado por oficio ao Ministério da Saúde com a antecedência mínima de dois dias úteis antes da data de entrega, sem prejuízo ao exposto do item anterior.

3. CLÁUSULA TERCEIRA – DA VIGÊNCIA

3.1. O prazo de vigência deste Termo de Contrato inicia-se na data de sua assinatura e vigorará por 12 (doze) meses, prorrogáveis, nos termos do artigo 57, §1º, da Lei nº 8.666 de 1993.

4. CLÁUSULA QUARTA – DO PREÇO

4.1. O valor total do presente Termo de Contrato é de US$ 300.000.000,00 (trezentos milhões de dólares americanos), que convertidos na hipótese de US$ 1,00 para R$ 5,38 perfaz o valor total estimado de R$ 1.614.000.000,00 (um bilhão, seiscentos e quatorze milhões de reais).

4.2. No valor acima estão incluídas todas as despesas ordinárias diretas e indiretas decorrentes da execução contratual, inclusive tributos e/ou impostos, encargos sociais, trabalhistas, previdenciários, fiscais e comerciais incidentes, taxa de administração, frete, seguro e outros necessários ao cumprimento integral do objeto da contratação.

5. CLÁUSULA QUINTA – DA DOTAÇÃO ORÇAMENTÁRIA

5.1. As despesas decorrentes desta contratação estão programadas em dotação orçamentária própria, prevista no orçamento da União, para o exercício de 2021, na classificação abaixo:

Gestão/Unidade: 00001/250005

Fonte: Decreto nº 10.595 de 07/01/2021.

Programa de Trabalho: 10.122.5018.21C0.6500

Elemento de Despesas: 33.90.30.

5.2. No exercício seguinte, se for o caso, as despesas correrão à conta dos recursos próprios para atender às despesas da mesma natureza, cuja alocação será feita no início de cada exercício financeiro, recursos já destacados e aprovados por Medida Provisória no exercício de 2020.

6. CLÁUSULA SEXTA – DO PAGAMENTO

6.1. O pagamento só será feito uma vez concluída a análise e a eventual aprovação integral pela Anvisa, para uso emergencial e temporário e/ou registro definitivo.

6.2. O pagamento à CONTRATADA, que apresentar proposta de preço em moeda estrangeira, será realizado no prazo máximo de até 30 (trinta) dias, contados a partir da apresentação dos documentos que comprovem a efetiva entrega do objeto contratado (AWB, Invoice, Packing-list) na Coordenação de Execução Orçamentária e Financeira – CEOF, que providenciará a autorização do

responsável pelo Departamento de Logística em Saúde - DLOG, de acordo com as normas internas em vigor.

6.2.1. No caso de entregas efetuadas antes da aprovação integral pela Anvisa, para uso emergencial e temporário e/ou registro definitivo, o prazo de que trata o subitem anterior somente será iniciado após, cumulativamente, serem efetivadas tanto a aprovação em questão, em qualquer modalidade, quanto a entrega do objeto a ser pago.

6.3. Para cada parcela liquidada, será pago pela CONTRATANTE à Instituição Financeira, responsável pela realização da operação de contratação cambial, comissão bancária sobre o valor da operação a ser realizada.

6.4. A CONTRATADA brasileira que apresentar proposta de preço em moeda estrangeira terá o pagamento efetuado em moeda brasileira à taxa de câmbio vigente, PTAX, fornecida pelo Banco Central do Brasil (www.bcb.gov.br) no dia útil imediatamente anterior à data do efetivo pagamento. Para tal, se fará necessária a apresentação de uma nova Nota Fiscal Complementar contemplando a diferença decorrente da variação cambial a maior. Na hipótese de o câmbio estar a menor, será necessária a glosa do valor.

6.5. Os pagamentos decorrentes de despesas cujos valores não ultrapassem o limite de que trata o inciso II do art. 24 da Lei 8.666, de 1993, deverão ser efetuados no prazo de até 5 (cinco) dias úteis, contados da data da apresentação da Nota Fiscal, nos termos do art. 5º, § 3º, da Lei nº 8.666, de 1993.

6.6. Considera-se ocorrido o recebimento da nota fiscal ou fatura no momento em que o órgão contratante atestar a execução do objeto do contrato.

6.7. A Nota Fiscal ou Fatura deverá ser obrigatoriamente acompanhada da comprovação da regularidade fiscal, constatada por meio de consulta on-line ao SICAF ou, na impossibilidade de acesso ao referido Sistema, mediante consulta aos sítios eletrônicos oficiais ou à documentação mencionada no art. 29 da Lei nº 8.666, de 1993.

6.8. Constatando-se, junto ao SICAF, a situação de irregularidade do fornecedor contratado, deverão ser tomadas as providências previstas no art. 31 da Instrução Normativa nº 3, de 26 de abril de 2018.

6.9. Havendo erro na apresentação da Nota Fiscal ou dos documentos pertinentes à contratação, ou, ainda, circunstância que impeça a liquidação da despesa, como, por exemplo, obrigação financeira pendente, decorrente de penalidade imposta ou inadimplência, o pagamento ficará sobrestado até que a Contratada providencie as medidas saneadoras. Nesta hipótese, o prazo para pagamento iniciar-se-á após a comprovação da regularização da situação, não acarretando qualquer ônus para a Contratante.

6.10. Será considerada data do pagamento o dia em que constar como emitida a ordem bancária para pagamento.

6.11. Antes de cada pagamento à contratada, será realizada consulta ao SICAF para verificar a manutenção das condições de habilitação exigidas no TR.

6.12. Constatando-se, junto ao SICAF, a situação de irregularidade da contratada, será providenciada sua notificação, por escrito, para que, no prazo de 5 (cinco) dias úteis, regularize sua situação ou, no mesmo prazo, apresente sua defesa. O prazo poderá ser prorrogado uma vez, por igual período, a critério da contratante.

6.13. Previamente à emissão de nota de empenho e a cada pagamento, a Administração deverá realizar consulta ao SICAF para identificar possível suspensão temporária de participação em licitação, no âmbito do órgão ou entidade, proibição de contratar com o Poder Público, bem como ocorrências

impeditivas indiretas, observado o disposto no art. 29, da Instrução Normativa nº 3, de 26 de abril de 2018.

6.14. Não havendo regularização ou sendo a defesa considerada improcedente, a contratante deverá comunicar aos órgãos responsáveis pela fiscalização da regularidade fiscal quanto à inadimplência da contratada, bem como quanto à existência de pagamento a ser efetuado, para que sejam acionados os meios pertinentes e necessários para garantir o recebimento de seus créditos.

6.15. Persistindo a irregularidade, a contratante deverá adotar as medidas necessárias à rescisão contratual nos autos do processo administrativo correspondente, assegurada à contratada a ampla defesa.

6.16. Havendo a efetiva execução do objeto, os pagamentos serão realizados normalmente, até que se decida pela rescisão do contrato, caso a contratada não regularize sua situação junto ao SICAF.

6.17. Será rescindido o contrato em execução com a contratada inadimplente no SICAF, salvo por motivo de economicidade, segurança nacional ou outro de interesse público de alta relevância, devidamente justificado, em qualquer caso, pela máxima autoridade da contratante.

6.18. Quando do pagamento, será efetuada a retenção tributária prevista na legislação aplicável.

6.19. A Contratada regularmente optante pelo Simples Nacional, nos termos da Lei Complementar nº 123, de 2006, não sofrerá a retenção tributária quanto aos impostos e contribuições abrangidos por aquele regime. No entanto, o pagamento ficará condicionado à apresentação de comprovação, por meio de documento oficial, de que faz jus ao tratamento tributário favorecido previsto na referida Lei Complementar.

6.20. Nos casos de eventuais atrasos de pagamento, desde que a Contratada não tenha concorrido, de alguma forma, para tanto, fica convencionado que a taxa de compensação financeira devida pela Contratante, entre a data do vencimento e o efetivo adimplemento da parcela, é calculada mediante a aplicação da seguinte fórmula:

EM = I x N x VP, sendo:

EM = Encargos moratórios;

N = Número de dias entre a data prevista para o pagamento e a do efetivo pagamento; VP = Valor da parcela a ser paga.

I = Índice de compensação financeira = 0,00016438, assim apurado:

I = (TX)	I = (6 / 100) 365	I = 0,00016438 TX = Percentual da taxa anual = 6%

7. CLÁUSULA SÉTIMA - DA GARANTIA DE EXECUÇÃO

7.1. A CONTRATADA, no prazo de 10 dias após a assinatura do Termo de Contrato ou aceite do instrumento equivalente, prestará garantia no valor de US$ 15.000.000,00 (quinze milhões de dólares americanos), que convertidos na hipótese de US$ 1,00 para R$ 5,38 perfaz o valor total estimado de R$ 80.700.000,00 (oitenta milhões e setecentos mil reais) correspondente a 5% do valor do Contrato, que será liberada de acordo com as condições previstas no Termo de Referência, conforme disposto no art. 56 da Lei nº 8.666, de 1993, desde que cumpridas as obrigações contratuais.

7.2. Caberá ao contratado optar por uma das seguintes modalidades de garantia:

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7.2.1. Caução em dinheiro ou em títulos da dívida pública, devendo estes ter sido emitidos sob a forma escritural, mediante registro em sistema centralizado de liquidação e de custódia autorizado pelo Banco Central do Brasil e avaliados pelos seus valores econômicos, conforme definido pelo Ministério da Fazenda;

7.2.2. Seguro-garantia;

7.2.3. Fiança bancária.

7.3. A garantia em dinheiro deverá ser efetuada em favor da Contratante, na Caixa Econômica Federal, com correção monetária, em favor do contratante.

7.4. No caso de alteração do valor do contrato, ou prorrogação de sua vigência, a garantia deverá ser readequada ou renovada nas mesmas condições.

7.5. Se o valor da garantia for utilizado total ou parcialmente em pagamento de qualquer obrigação, a Contratada obriga-se a fazer a respectiva reposição no prazo máximo de 10 dias úteis, contados da data em que for notificada.

7.6. A Contratante executará a garantia na forma prevista na legislação que rege a matéria.

7.7. A garantia prestada pelo contratado será liberada ou restituída após a execução do contrato e, quando em dinheiro, atualizada monetariamente. (artigo 56, §4º da Lei nº 8666/93).

8. CLÁUSULA OITAVA – DO REAJUSTE

8.1. As regras acerca do reajuste do valor contratual são as estabelecidas no Termo de Referência.

9. CLÁUSULA NONA – DAS ALTERAÇÕES

9.1. Eventuais alterações contratuais reger-se-ão pela disciplina do art. 65 da Lei nº 8.666, de 1993.

9.2. A CONTRATADA é obrigada a aceitar, nas mesmas condições contratuais, os acréscimos ou supressões que se fizerem necessários, até o limite de 50% (cinquenta por cento) do valor inicial atualizado do contrato, conforme o art. 9º da MP 1.026 de 2021.

10. CLÁUSULA DÉCIMA – CRITÉRIO DE ACEITAÇÃO DO OBJETO, ENTREGA E RECEBIMENTO

10.1. OS CRITÉRIOS DE ACEITAÇÃO DO OBJETO são aqueles previstos no Termo de Referência.

10.2. DO LOCAL DE ENTREGA:

10.2.1. As entregas das parcelas deverão ser realizadas de forma centralizada no Almoxarifado do Ministério da Saúde em São Paulo no endereço abaixo:

a) Produtos FÁRMACO (Medicamentos/Vacinas/insumos relacionados):

b) Endereço: Rua Jamil João Zarif, nº 684, Jardim Santa Vicência, UNIDADES 11 A 17 e 18ª –Guarulhos – SP

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c) CEP: 07.143-000.

d) E-mail para agendamento: c glog.agendamento@saude.gov.br

10.2.2. A Contratada deverá agendar cada entrega, entrando em contato com a área responsável através do telefone: (61) 3315-7770 ou (61) 3315.3582.

10.3. DO RECEBIMENTO DO OBJETO:

10.3.1. Nos termos do art. 73, inciso II, alíneas a e b da lei n° 8.666/93, os imunobiológicos, objeto desta aquisição, serão recebidos da seguinte forma:

10.3.2. Os bens serão recebidos provisoriamente no prazo de 1 dia, pelo(a) responsável pelo acompanhamento e fiscalização do contrato, para efeito de posterior verificação de sua conformidade com as especificações constantes neste Termo de Referência e na proposta.

10.3.3. Os bens poderão ser rejeitados, no todo ou em parte, quando em desacordo com as especificações constantes neste Termo de Referência e na proposta, devendo ser substituídos no prazo de 15 dias, a contar da notificação da contratada, às suas custas, sem prejuízo da aplicação das penalidades.

10.3.4. Os bens serão recebidos definitivamente no prazo de 15 dias, contados do recebimento provisório, após a verificação da qualidade pelo INCQS e quantidade do material e consequente aceitação mediante termo circunstanciado.

10.3.5. Na hipótese de a verificação a que se refere o subitem anterior não ser procedida dentro do prazo fixado, reputar-se-á como realizada, consumando-se o recebimento definitivo no dia do esgotamento do prazo.

10.3.6. O recebimento provisório ou definitivo do objeto não exclui a responsabilidade da contratada pelos prejuízos resultantes da incorreta execução do contrato.

11. CLÁUSULA DÉCIMA PRIMEIRA – DO CONTROLE E DA FISCALIZAÇÃO (CRITÉRIO DE MEDIÇÃO)

11.1. Nos termos do art. 67 Lei nº 8.666, de 1993, será designado representante para acompanhar e fiscalizar a entrega dos bens, anotando em registro próprio todas as ocorrências relacionadas com a execução e determinando o que for necessário à regularização de falhas ou defeitos observados.

11.2. O recebimento de material de valor superior a R$ 176.000,00 (cento e setenta e seis mil reais) será confiado a uma comissão de, no mínimo, 3 (três) membros, designados pela autoridade competente.

11.3. A CONTRATANTE indicará um fiscal de contrato ou comissão, que será responsável pelo acompanhamento e fiscalização da execução, conforme Portaria GM nº 78/2006 e Circular MS/SE/GAB nº 40, emitida pelo Gabinete da Secretaria Executiva, assim como artigos. 67 e 73 da Lei nº 8.666/1993. 9.3.

11.4. O Fiscal/comissão do contrato deverá manter permanente vigilância sobre as obrigações da CONTRATADA, definidas nos dispositivos contratuais e condições do Termo de Referência e, fundamentalmente, quanto à inarredável observância aos princípios e preceitos consubstanciados na Lei nº 8.666/93, com suas alterações.

11.5. A fiscalização de que trata este item não exclui nem reduz a responsabilidade da Contratada, inclusive perante terceiros, por qualquer irregularidade, ainda que resultante de

imperfeições técnicas ou vícios redibitórios, e, na ocorrência desta, não implica em corresponsabilidade da Administração ou de seus agentes e prepostos, de conformidade com o art. 70 da Lei nº 8.666, de 1993.

11.6. O representante da Administração anotará em registro próprio todas as ocorrências relacionadas com a execução do contrato, indicando dia, mês e ano, bem como o nome dos funcionários eventualmente envolvidos, determinando o que for necessário à regularização das falhas ou defeitos observados e encaminhando os apontamentos à autoridade competente para as providências cabíveis.

12. CLÁUSULA DÉCIMA SEGUNDA – DAS OBRIGAÇÕES DA CONTRATANTE E DA CONTRATADA

12.1. As obrigações da CONTRATANTE e da CONTRATADA são aquelas previstas no Termo de Referência.

13. CLÁUSULA DÉCIMA TERCEIRA – DAS SANÇÕES ADMINISTRATIVAS

13.1. As sanções referentes à execução do contrato são aquelas previstas no Termo de Referência.

14. CLÁUSULA DÉCIMA QUARTA - DA SUSPENSÃO

14.1. Caso a Anvisa suspenda a produção e o uso da vacina, automaticamente ficarão suspensas a execução e as obrigações previstas no presente instrumento.

15. CLÁUSULA DÉCIMA QUINTA – DA RESCISÃO

15.1. O presente Termo de Contrato poderá ser rescindido:

15.1.1. Por ato unilateral e escrito da Administração, nas situações previstas nos incisos I a XII e XVII do art. 78 da Lei nº 8.666, de 1993, e com as consequências indicadas no art. 80 da mesma Lei, sem prejuízo da aplicação das sanções previstas no Termo de Referência, anexo ao Edital;

15.1.2. Amigavelmente, nos termos do art. 79, inciso II, da Lei nº 8.666, de 1993;

15.1.3. Caso a Contratada não consiga a autorização para uso emergencial junto à Anvisa, nesta hipótese, sem qualquer ônus para a Contratante, não sendo devido, sequer, o pagamento pelas parcelas eventualmente entregues;

15.1.4. Caso, após a autorização para uso emergencial e antes da completa execução do contrato, a ANVISA não registre o produto e/ou revogue a autorização para uso emergencial, nessa hipótese, sem ônus para a Contratante em relação às doses ainda não entregues. Quanto às doses já entregues e não administradas, a Contratante será ressarcida pelo valor pago.

15.1.5. Por perda da autorização regulatória expedida pela ANVISA;

15.1.6. Pela falta de eficácia da vacina contra variantes que se tornem prevalentes em território nacional, em grau tal que impeça de atingir a efetiva imunidade de rebanho por vacinação na população brasileira

15.2. Os casos de rescisão contratual serão formalmente motivados, assegurando-se à

CONTRATADA o direito à prévia e ampla defesa.

15.3. A CONTRATADA reconhece os direitos da CONTRATANTE em caso de rescisão administrativa prevista no art. 77 da Lei nº 8.666, de 1993.

15.4. O termo de rescisão será precedido de Relatório indicativo dos seguintes aspectos, conforme o caso :

15.4.1. Balanço dos eventos contratuais já cumpridos ou parcialmente cumpridos;

15.4.2. Relação dos pagamentos já efetuados e ainda devidos;

15.4.3. Indenizações e multas.

16. CLÁUSULA DÉCIMA SEXTA – DAS VEDAÇÕES E PERMISSÕES

16.1. É vedado à CONTRATADA interromper a execução do contrato sob alegação de inadimplemento por parte da CONTRATANTE, salvo nos casos previstos em lei.

16.2. É permitido à CONTRATADA caucionar ou utilizar este Termo de Contrato para qualquer operação financeira, nos termos e de acordo com os procedimentos previstos na Instrução Normativa SEGES/ME nº 53, de 8 de julho de 2020.

16.3. A cessão de crédito, a ser feita mediante celebração de termo aditivo, dependerá de comprovação da regularidade fiscal e trabalhista da cessionária, bem como da certificação de que a cessionária não se encontra impedida de licitar e contratar com o Poder Público, conforme a legislação em vigor, nos termos do Parecer JL-01, de 18 de maio de 2020.

16.4. A crédito a ser pago à cessionária é exatamente aquele que seria destinado à cedente (contratada) pela execução do objeto contratual, com o desconto de eventuais multas, glosas e prejuízos causados à Administração, sem prejuízo da utilização de institutos tais como os da conta vinculada e do pagamento direto previstos na IN SEGES/ME nº 5, de 2017, caso aplicáveis.

17. CLÁUSULA DÉCIMA SÉTIMA – DOS CASOS OMISSOS

17.1. Os casos omissos serão decididos pela CONTRATANTE, segundo as disposições contidas na Medida Provisória nº 1.026 de 2021; na Lei nº 8.666 de 1993, na Lei nº 10.520 de 2002 e demais normas federais de licitações e contratos administrativos e, subsidiariamente, segundo as disposições contidas na Lei nº 8.078, de 1990 - Código de Defesa do Consumidor - e normas e princípios gerais dos contratos.

18. CLÁUSULA DÉCIMA OITAVA – DA APROVAÇÃO DA DISPENSA DE LICITAÇÃO

18.1. A lavratura do presente Contrato referente à **Dispensa de Licitação nº 10/2021,** com base no artigo 2º, inciso I, da Medida Provisória nº 1.026, de 6 de janeiro de 2021, foi publicada no Diário Oficial - Edição Extra em 19/02/2021, conforme determinado pelo caput do artigo 26 da Lei 8.666/93.

18.2. Incumbirá à CONTRATANTE, no prazo de cinco dias úteis contados da assinatura deste instrumento, providenciar a disponibilização, em sítio oficial específico na rede mundial de computadores (internet), do ato de autorização da contratação direta, bem como as disposições da Medida Provisória nº 1.026, de 6 de janeiro de 2021, observados, no que couber, os requisitos previstos

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no § 3° do art. 8° da Lei n° 12.527, de 18 de novembro de 2011.

18.3. O presente Termo de Contrato se vincula ao Termo de Referência da Contratante e à proposta da Contratada.

19. CLÁUSULA DÉCIMA NONA – ALTERAÇÃO SUBJETIVA

19.1. É admissível a fusão, cisão ou incorporação da contratada com/em outra pessoa jurídica, desde que sejam observados pela nova pessoa jurídica todos os requisitos de habilitação exigidos na contratação; sejam mantidas as demais cláusulas e condições do contrato; não haja prejuízo à execução do objeto pactuado e haja a anuência expressa da Administração à continuidade do contrato.

20. CLÁUSULA VIGÉSIMA - DA SUBCONTRATAÇÃO

20.1. Não será admitida a subcontratação do objeto do Contrato.

21. CLÁUSULA VIGÉSIMA PRIMEIRA - DO FORO

21.1. É eleito o Foro da Judiciária do Distrito Federal - Justiça Federal para dirimir os litigios que decorrerem da execução deste Termo de Contrato que não possam ser compostos pela conciliação, conforme art. 55, §2º da Lei nº 8.666/93.

E, para firmeza e prova de assim haverem, entre si, ajustado e acordado, após ter sido lido juntamente com seu(s) anexo(s), o presente Contrato é assinado eletronicamente pelas partes.

22. TESTEMUNHAS

Marcelo Batista Costa

CPF: 052.126.897-40

Departamento de Logística em Saúde - DLOG/SE

Túlio Belchior Mano da Silveira

CPF: 189.185.558-14

Precisa Comercialização de Medicamentos Ltda.

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Divisão de Análise das Aquisições de Insumos Estratégicos para Saúde - DIVAN
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa, Brasília/DF, CEP 70058-900
Site - saude.gov.br

William Amorim Santana

De: Leandro Brito Pereira dos Santos <leandro.santos@precisamedicamentos.com.br>
Enviado em: terça-feira, 16 de março de 2021 15:08
Para: LISTA - DIVISÃO DE IMPORTAÇÃO
Cc: William Amorim Santana; Luana Gonçalves Gehres; Alexandro Ogliari; cleverson.boechat@terra.com.br; GABINETE DA SECRETARIA EXECUTIVA; gabinete.dlog@saude.gov.br; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; gabinete.svs@saude.gov.br; Luis Ricardo Fernandes Miranda; Emanuela Medrades
Assunto: PEDIDO DE AUTORIZAÇÃO DE EMBARQUE CONTRATO 29/2021 1* PARCELA - VACINA COVAXIN.
Anexos: SEIMS - 0019155275 - Contrato 29 - Covaxin.pdf

Senhores, boa tarde.

Com anuência da Secretaria Executiva, peço auxílio na solicitação da primeira LI de embarque aéreo correspondente a primeira entrega do contrato 29/2021 assinado com o Ministério da Saúde.

Dessa forma, nos termos da RDC 476/2.021, solicito que nos apresentem os documentos necessários para tal importação.

Conto com a compreensão de todos e celeridade, tendo em vista a situação atual do nosso país.

Atenciosamente,

Leandro Santos
Gerente Qualidade e Assuntos Regulatórios

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS

DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Ministério da Saúde
Secretaria Executiva
Departamento de Logística em Saúde
Coordenação-Geral de Aquisições de Insumos Estratégicos para Saúde
Coordenação de Licitações e Análise de Mercado de Insumos Estratégicos para Saúde
Divisão de Análise das Aquisições de Insumos Estratégicos para Saúde

CONTRATO Nº 29/2021

Processo nº 25000.175250/2020-85

CONTRATO QUE ENTRE SI CELEBRAM A UNIÃO, POR INTERMÉDIO DO DEPARTAMENTO DE LOGÍSTICA EM SAÚDE DA SECRETARIA EXECUTIVA DO MINISTÉRIO DA SAÚDE E A BHARAT BIOTECH LIMITED INTERNATIONAL, REPRESENTADA PELA EMPRESA PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA.

A **UNIÃO** por intermédio do Departamento de Logísca em Saúde da Secretaria Execuva do Ministério da Saúde, inscrita no CNPJ sob o nº 00.394.544/0008-51, com sede em Brasília – DF, neste ato representada por seu Diretor, Sr. **ROBERTO FERREIRA DIAS**, portador da Carteira de Idendade RG nº 152.991.800, expedida pela SSP/PR, e inscrito no CPF sob o nº 086.758.087-98, em conformidade com a Portaria nº 262, de 08/01/2019, publicada no Diário Oficial da União n.º 6, de 09/01/2019, doravante denominada CONTRATANTE, e de outro lado a empresa **BHARAT BIOTECH LIMITED INTERNATIONAL**, representanda pela empresa PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA, CNPJ: 03.394.819/0005-00, com sede na Avenida Portugal nº 1100, Rua 5, Parte A-14-B, Itaqui, Itapevi/SP, CEP: 06.696-060, doravante denominada CONTRATADA, neste ato representada por **EMANUELA BATISTA DE SOUZA MEDRADES,** portadora da Carteira de Idendade RG nº 354.357.591, expedida pela SSP/SP, e inscrita no CPF nº 330.976.208-42, de acordo com o constante no Processo Eletrônico nº 25000.175250/2020-85, em observância às disposições da Lei nº 8.666, de 21 de junho de 1993 e da Medida Provisória nº 1.026, de 6 de janeiro de 2021, resolvem celebrar o presente Termo de Contrato, por meio da **Dispensa de Licitação n° 10/2021**, com fundamento no Artigo 2º, inciso I, da Medida Provisória nº 1.026/2021 e mediante as cláusulas e condições a seguir enunciadas:

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1. CLÁUSULA PRIMEIRA – DO OBJETO

1.1. O objeto do presente Termo de Contrato é a aquisição de VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), conforme especificações estabelecidas no Termo de Referência e na proposta final, as quais integram este instrumento, independente de transcrição.

1.2. Discriminação do objeto:

Item	Descrição do Item (Objeto)	CATMAT	Unidade de Medida	Quantidade	Valor unitário
1	VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152)	BR0475096	Doses	20.000.000	US$ 15,00

1.3. A CONTRATANTE terá o direito de exclusividade/preferência na aquisição de doses da VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), produzidas ou importadas pela Contratada em todo o território nacional, enquanto durar a pandemina.

1.4. A CONTRATANTE poderá autorizar em caráter excepcional a comercialização pela Contratada de doses da VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), devendo, para tanto, ser notificada formalmente sobre a intenção de venda com antecedência mínima de 20 (vinte) dias da data prevista para contratação junto a outro ente, sobre a intenção de venda, com a devida justificativa.

1.5. A CONTRATANTE deverá se manifestar sobre a autorização de comercialização/venda no prazo máximo de 05 (cinco) dias a contar da data do protocolo da notificação formal.

2. CLÁUSULA SEGUNDA – DA FORMA DE FORNECIMENTO

2.1. Cronograma de entrega:

VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL		
PARCELA	**QUANTITATIVO (DOSES)**	**PRAZO MÁXIMO DE ENTREGA (ATÉ)**
1ª	4.000.000	20 dias após a assinatura do Contrato
2ª	4.000.000	30 dias após a assinatura do Contrato
3ª	4.000.000	45 dias após a assinatura do Contrato
4ª	4.000.000	60 dias após a assinatura do Contrato
5ª	4.000.000	70 dias após a assinatura do Contrato
TOTAL	**20.000.000**	

2.2. A CONTRATANTE poderá anuir com a alteração do cronograma, desde que verificada a ausência de culpa da CONTRATADA em possível atraso injustificado.

2.3. Havendo necessidade de prorrogação ou antecipação no cronograma, ou do quantitativo da respectiva parcela de entrega, caberá à CONTRATADA encaminhar ofício com embasamento técnico e justificativas, incumbindo à CONTRATANTE se manifestar quanto ao impacto da alteração e o aceite ou não da nova proposta, de acordo com o interesse da Administração.

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2.4. Os ofícios de prorrogação dos cronogramas, ou de alteração dos quantitativos das parcelas, somente serão apreciados se encaminhados com antecedência mínima de 30 (trinta) dias da data prevista para a entrega de cada parcela, ressalvados os casos fortuitos ou de força maior.

2.5. O quantitativo final do lote a ser entregue deverá ser confirmado por oficio ao Ministério da Saúde com a antecedência mínima de dois dias úteis antes da data de entrega, sem prejuízo ao exposto do item anterior.

3. CLÁUSULA TERCEIRA – DA VIGÊNCIA

3.1. O prazo de vigência deste Termo de Contrato inicia-se na data de sua assinatura e vigorará por 12 (doze) meses, prorrogáveis, nos termos do artigo 57, §1º, da Lei nº 8.666 de 1993.

4. CLÁUSULA QUARTA – DO PREÇO

4.1. O valor total do presente Termo de Contrato é de US$ 300.000.000,00 (trezentos milhões de dólares americanos), que convertidos na hipótese de US$ 1,00 para R$ 5,38 perfaz o valor total estimado de R$ 1.614.000.000,00 (um bilhão, seiscentos e quatorze milhões de reais).

4.2. No valor acima estão incluídas todas as despesas ordinárias diretas e indiretas decorrentes da execução contratual, inclusive tributos e/ou impostos, encargos sociais, trabalhistas, previdenciários, fiscais e comerciais incidentes, taxa de administração, frete, seguro e outros necessários ao cumprimento integral do objeto da contratação.

5. CLÁUSULA QUINTA – DA DOTAÇÃO ORÇAMENTÁRIA

5.1. As despesas decorrentes desta contratação estão programadas em dotação orçamentária própria, prevista no orçamento da União, para o exercício de 2021, na classificação abaixo:

Gestão/Unidade: 00001/250005

Fonte: Decreto nº 10.595 de 07/01/2021.

Programa de Trabalho: 10.122.5018.21C0.6500

Elemento de Despesas: 33.90.30.

5.2. No exercício seguinte, se for o caso, as despesas correrão à conta dos recursos próprios para atender às despesas da mesma natureza, cuja alocação será feita no início de cada exercício financeiro, recursos já destacados e aprovados por Medida Provisória no exercício de 2020.

6. CLÁUSULA SEXTA – DO PAGAMENTO

6.1. O pagamento só será feito uma vez concluída a análise e a eventual aprovação integral pela Anvisa, para uso emergencial e temporário e/ou registro definitivo.

6.2. O pagamento à CONTRATADA, que apresentar proposta de preço em moeda estrangeira, será realizado no prazo máximo de até 30 (trinta) dias, contados a partir da apresentação dos documentos que comprovem a efetiva entrega do objeto contratado (AWB, Invoice, Packing-list) na Coordenação de Execução Orçamentária e Financeira – CEOF, que providenciará a autorização do

responsável pelo Departamento de Logística em Saúde - DLOG, de acordo com as normas internas em vigor.

6.2.1. No caso de entregas efetuadas antes da aprovação integral pela Anvisa, para uso emergencial e temporário e/ou registro definitivo, o prazo de que trata o subitem anterior somente será iniciado após, cumulativamente, serem efetivadas tanto a aprovação em questão, em qualquer modalidade, quanto a entrega do objeto a ser pago.

6.3. Para cada parcela liquidada, será pago pela CONTRATANTE à Instituição Financeira, responsável pela realização da operação de contratação cambial, comissão bancária sobre o valor da operação a ser realizada.

6.4. A CONTRATADA brasileira que apresentar proposta de preço em moeda estrangeira terá o pagamento efetuado em moeda brasileira à taxa de câmbio vigente, PTAX, fornecida pelo Banco Central do Brasil (www.bcb.gov.br) no dia útil imediatamente anterior à data do efetivo pagamento. Para tal, se fará necessária a apresentação de uma nova Nota Fiscal Complementar contemplando a diferença decorrente da variação cambial a maior. Na hipótese de o câmbio estar a menor, será necessária a glosa do valor.

6.5. Os pagamentos decorrentes de despesas cujos valores não ultrapassem o limite de que trata o inciso II do art. 24 da Lei 8.666, de 1993, deverão ser efetuados no prazo de até 5 (cinco) dias úteis, contados da data da apresentação da Nota Fiscal, nos termos do art. 5º, § 3º, da Lei nº 8.666, de 1993.

6.6. Considera-se ocorrido o recebimento da nota fiscal ou fatura no momento em que o órgão contratante atestar a execução do objeto do contrato.

6.7. A Nota Fiscal ou Fatura deverá ser obrigatoriamente acompanhada da comprovação da regularidade fiscal, constatada por meio de consulta on-line ao SICAF ou, na impossibilidade de acesso ao referido Sistema, mediante consulta aos sítios eletrônicos oficiais ou à documentação mencionada no art. 29 da Lei nº 8.666, de 1993.

6.8. Constatando-se, junto ao SICAF, a situação de irregularidade do fornecedor contratado, deverão ser tomadas as providências previstas no art. 31 da Instrução Normativa nº 3, de 26 de abril de 2018.

6.9. Havendo erro na apresentação da Nota Fiscal ou dos documentos pertinentes à contratação, ou, ainda, circunstância que impeça a liquidação da despesa, como, por exemplo, obrigação financeira pendente, decorrente de penalidade imposta ou inadimplência, o pagamento ficará sobrestado até que a Contratada providencie as medidas saneadoras. Nesta hipótese, o prazo para pagamento iniciar-se-á após a comprovação da regularização da situação, não acarretando qualquer ônus para a Contratante.

6.10. Será considerada data do pagamento o dia em que constar como emitida a ordem bancária para pagamento.

6.11. Antes de cada pagamento à contratada, será realizada consulta ao SICAF para verificar a manutenção das condições de habilitação exigidas no TR.

6.12. Constatando-se, junto ao SICAF, a situação de irregularidade da contratada, será providenciada sua notificação, por escrito, para que, no prazo de 5 (cinco) dias úteis, regularize sua situação ou, no mesmo prazo, apresente sua defesa. O prazo poderá ser prorrogado uma vez, por igual período, a critério da contratante.

6.13. Previamente à emissão de nota de empenho e a cada pagamento, a Administração deverá realizar consulta ao SICAF para identificar possível suspensão temporária de participação em licitação, no âmbito do órgão ou entidade, proibição de contratar com o Poder Público, bem como ocorrências

impeditivas indiretas, observado o disposto no art. 29, da Instrução Normativa nº 3, de 26 de abril de 2018.

6.14. Não havendo regularização ou sendo a defesa considerada improcedente, a contratante deverá comunicar aos órgãos responsáveis pela fiscalização da regularidade fiscal quanto à inadimplência da contratada, bem como quanto à existência de pagamento a ser efetuado, para que sejam acionados os meios pertinentes e necessários para garantir o recebimento de seus créditos.

6.15. Persistindo a irregularidade, a contratante deverá adotar as medidas necessárias à rescisão contratual nos autos do processo administrativo correspondente, assegurada à contratada a ampla defesa.

6.16. Havendo a efetiva execução do objeto, os pagamentos serão realizados normalmente, até que se decida pela rescisão do contrato, caso a contratada não regularize sua situação junto ao SICAF.

6.17. Será rescindido o contrato em execução com a contratada inadimplente no SICAF, salvo por motivo de economicidade, segurança nacional ou outro de interesse público de alta relevância, devidamente justificado, em qualquer caso, pela máxima autoridade da contratante.

6.18. Quando do pagamento, será efetuada a retenção tributária prevista na legislação aplicável.

6.19. A Contratada regularmente optante pelo Simples Nacional, nos termos da Lei Complementar nº 123, de 2006, não sofrerá a retenção tributária quanto aos impostos e contribuições abrangidos por aquele regime. No entanto, o pagamento ficará condicionado à apresentação de comprovação, por meio de documento oficial, de que faz jus ao tratamento tributário favorecido previsto na referida Lei Complementar.

6.20. Nos casos de eventuais atrasos de pagamento, desde que a Contratada não tenha concorrido, de alguma forma, para tanto, fica convencionado que a taxa de compensação financeira devida pela Contratante, entre a data do vencimento e o efetivo adimplemento da parcela, é calculada mediante a aplicação da seguinte fórmula:

EM = I x N x VP, sendo:

EM = Encargos moratórios;

N = Número de dias entre a data prevista para o pagamento e a do efetivo pagamento; VP = Valor da parcela a ser paga.

I = Índice de compensação financeira = 0,00016438, assim apurado:

I = (TX)	I = (6 / 100) 365	I = 0,00016438 TX = Percentual da taxa anual = 6%

7. CLÁUSULA SÉTIMA - DA GARANTIA DE EXECUÇÃO

7.1. A CONTRATADA, no prazo de 10 dias após a assinatura do Termo de Contrato ou aceite do instrumento equivalente, prestará garantia no valor de US$ 15.000.000,00 (quinze milhões de dólares americanos), que convertidos na hipótese de US$ 1,00 para R$ 5,38 perfaz o valor total estimado de R$ 80.700.000,00 (oitenta milhões e setecentos mil reais) correspondente a 5% do valor do Contrato, que será liberada de acordo com as condições previstas no Termo de Referência, conforme disposto no art. 56 da Lei nº 8.666, de 1993, desde que cumpridas as obrigações contratuais.

7.2. Caberá ao contratado optar por uma das seguintes modalidades de garantia:

7.2.1. Caução em dinheiro ou em títulos da dívida pública, devendo estes ter sido emitidos sob a forma escritural, mediante registro em sistema centralizado de liquidação e de custódia autorizado pelo Banco Central do Brasil e avaliados pelos seus valores econômicos, conforme definido pelo Ministério da Fazenda;

7.2.2. Seguro-garantia;

7.2.3. Fiança bancária.

7.3. A garantia em dinheiro deverá ser efetuada em favor da Contratante, na Caixa Econômica Federal, com correção monetária, em favor do contratante.

7.4. No caso de alteração do valor do contrato, ou prorrogação de sua vigência, a garantia deverá ser readequada ou renovada nas mesmas condições.

7.5. Se o valor da garantia for utilizado total ou parcialmente em pagamento de qualquer obrigação, a Contratada obriga-se a fazer a respectiva reposição no prazo máximo de 10 dias úteis, contados da data em que for notificada.

7.6. A Contratante executará a garantia na forma prevista na legislação que rege a matéria.

7.7. A garantia prestada pelo contratado será liberada ou restituída após a execução do contrato e, quando em dinheiro, atualizada monetariamente. (artigo 56, §4º da Lei nº 8666/93).

8. CLÁUSULA OITAVA – DO REAJUSTE

8.1. As regras acerca do reajuste do valor contratual são as estabelecidas no Termo de Referência.

9. CLÁUSULA NONA – DAS ALTERAÇÕES

9.1. Eventuais alterações contratuais reger-se-ão pela disciplina do art. 65 da Lei nº 8.666, de 1993.

9.2. A CONTRATADA é obrigada a aceitar, nas mesmas condições contratuais, os acréscimos ou supressões que se fizerem necessários, até o limite de 50% (cinquenta por cento) do valor inicial atualizado do contrato, conforme o art. 9º da MP 1.026 de 2021.

10. CLÁUSULA DÉCIMA – CRITÉRIO DE ACEITAÇÃO DO OBJETO, ENTREGA E RECEBIMENTO

10.1. OS CRITÉRIOS DE ACEITAÇÃO DO OBJETO são aqueles previstos no Termo de Referência.

10.2. DO LOCAL DE ENTREGA:

10.2.1. As entregas das parcelas deverão ser realizadas de forma centralizada no Almoxarifado do Ministério da Saúde em São Paulo no endereço abaixo:

a) Produtos FÁRMACO (Medicamentos/Vacinas/insumos relacionados):

b) Endereço: Rua Jamil João Zarif, nº 684, Jardim Santa Vicência, UNIDADES 11 A 17 e 18ª –Guarulhos – SP

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c) CEP: 07.143-000.

d) E-mail para agendamento: c glog.agendamento@saude.gov.br

10.2.2. A Contratada deverá agendar cada entrega, entrando em contato com a área responsável através do telefone: (61) 3315-7770 ou (61) 3315.3582.

10.3. DO RECEBIMENTO DO OBJETO:

10.3.1. Nos termos do art. 73, inciso II, alíneas a e b da lei n° 8.666/93, os imunobiológicos, objeto desta aquisição, serão recebidos da seguinte forma:

10.3.2. Os bens serão recebidos provisoriamente no prazo de 1 dia, pelo(a) responsável pelo acompanhamento e fiscalização do contrato, para efeito de posterior verificação de sua conformidade com as especificações constantes neste Termo de Referência e na proposta.

10.3.3. Os bens poderão ser rejeitados, no todo ou em parte, quando em desacordo com as especificações constantes neste Termo de Referência e na proposta, devendo ser substituídos no prazo de 15 dias, a contar da notificação da contratada, às suas custas, sem prejuízo da aplicação das penalidades.

10.3.4. Os bens serão recebidos definitivamente no prazo de 15 dias, contados do recebimento provisório, após a verificação da qualidade pelo INCQS e quantidade do material e consequente aceitação mediante termo circunstanciado.

10.3.5. Na hipótese de a verificação a que se refere o subitem anterior não ser procedida dentro do prazo fixado, reputar-se-á como realizada, consumando-se o recebimento definitivo no dia do esgotamento do prazo.

10.3.6. O recebimento provisório ou definitivo do objeto não exclui a responsabilidade da contratada pelos prejuízos resultantes da incorreta execução do contrato.

11. CLÁUSULA DÉCIMA PRIMEIRA – DO CONTROLE E DA FISCALIZAÇÃO (CRITÉRIO DE MEDIÇÃO)

11.1. Nos termos do art. 67 Lei nº 8.666, de 1993, será designado representante para acompanhar e fiscalizar a entrega dos bens, anotando em registro próprio todas as ocorrências relacionadas com a execução e determinando o que for necessário à regularização de falhas ou defeitos observados.

11.2. O recebimento de material de valor superior a R$ 176.000,00 (cento e setenta e seis mil reais) será confiado a uma comissão de, no mínimo, 3 (três) membros, designados pela autoridade competente.

11.3. A CONTRATANTE indicará um fiscal de contrato ou comissão, que será responsável pelo acompanhamento e fiscalização da execução, conforme Portaria GM nº 78/2006 e Circular MS/SE/GAB nº 40, emitida pelo Gabinete da Secretaria Executiva, assim como artigos. 67 e 73 da Lei nº 8.666/1993. 9.3.

11.4. O Fiscal/comissão do contrato deverá manter permanente vigilância sobre as obrigações da CONTRATADA, definidas nos dispositivos contratuais e condições do Termo de Referência e, fundamentalmente, quanto à inarredável observância aos princípios e preceitos consubstanciados na Lei nº 8.666/93, com suas alterações.

11.5. A fiscalização de que trata este item não exclui nem reduz a responsabilidade da Contratada, inclusive perante terceiros, por qualquer irregularidade, ainda que resultante de

imperfeições técnicas ou vícios redibitórios, e, na ocorrência desta, não implica em corresponsabilidade da Administração ou de seus agentes e prepostos, de conformidade com o art. 70 da Lei nº 8.666, de 1993.

11.6. O representante da Administração anotará em registro próprio todas as ocorrências relacionadas com a execução do contrato, indicando dia, mês e ano, bem como o nome dos funcionários eventualmente envolvidos, determinando o que for necessário à regularização das falhas ou defeitos observados e encaminhando os apontamentos à autoridade competente para as providências cabíveis.

12. CLÁUSULA DÉCIMA SEGUNDA – DAS OBRIGAÇÕES DA CONTRATANTE E DA CONTRATADA

12.1. As obrigações da CONTRATANTE e da CONTRATADA são aquelas previstas no Termo de Referência.

13. CLÁUSULA DÉCIMA TERCEIRA – DAS SANÇÕES ADMINISTRATIVAS

13.1. As sanções referentes à execução do contrato são aquelas previstas no Termo de Referência.

14. CLÁUSULA DÉCIMA QUARTA - DA SUSPENSÃO

14.1. Caso a Anvisa suspenda a produção e o uso da vacina, automaticamente ficarão suspensas a execução e as obrigações previstas no presente instrumento.

15. CLÁUSULA DÉCIMA QUINTA – DA RESCISÃO

15.1. O presente Termo de Contrato poderá ser rescindido:

15.1.1. Por ato unilateral e escrito da Administração, nas situações previstas nos incisos I a XII e XVII do art. 78 da Lei nº 8.666, de 1993, e com as consequências indicadas no art. 80 da mesma Lei, sem prejuízo da aplicação das sanções previstas no Termo de Referência, anexo ao Edital;

15.1.2. Amigavelmente, nos termos do art. 79, inciso II, da Lei nº 8.666, de 1993;

15.1.3. Caso a Contratada não consiga a autorização para uso emergencial junto à Anvisa, nesta hipótese, sem qualquer ônus para a Contratante, não sendo devido, sequer, o pagamento pelas parcelas eventualmente entregues;

15.1.4. Caso, após a autorização para uso emergencial e antes da completa execução do contrato, a ANVISA não registre o produto e/ou revogue a autorização para uso emergencial, nessa hipótese, sem ônus para a Contratante em relação às doses ainda não entregues. Quanto às doses já entregues e não administradas, a Contratante será ressarcida pelo valor pago.

15.1.5. Por perda da autorização regulatória expedida pela ANVISA;

15.1.6. Pela falta de eficácia da vacina contra variantes que se tornem prevalentes em território nacional, em grau tal que impeça de atingir a efetiva imunidade de rebanho por vacinação na população brasileira

15.2. Os casos de rescisão contratual serão formalmente motivados, assegurando-se à

CONTRATADA o direito à prévia e ampla defesa.

15.3. A CONTRATADA reconhece os direitos da CONTRATANTE em caso de rescisão administrativa prevista no art. 77 da Lei nº 8.666, de 1993.

15.4. O termo de rescisão será precedido de Relatório indicativo dos seguintes aspectos, conforme o caso :

15.4.1. Balanço dos eventos contratuais já cumpridos ou parcialmente cumpridos;

15.4.2. Relação dos pagamentos já efetuados e ainda devidos;

15.4.3. Indenizações e multas.

16. CLÁUSULA DÉCIMA SEXTA – DAS VEDAÇÕES E PERMISSÕES

16.1. É vedado à CONTRATADA interromper a execução do contrato sob alegação de inadimplemento por parte da CONTRATANTE, salvo nos casos previstos em lei.

16.2. É permitido à CONTRATADA caucionar ou utilizar este Termo de Contrato para qualquer operação financeira, nos termos e de acordo com os procedimentos previstos na Instrução Normativa SEGES/ME nº 53, de 8 de julho de 2020.

16.3. A cessão de crédito, a ser feita mediante celebração de termo aditivo, dependerá de comprovação da regularidade fiscal e trabalhista da cessionária, bem como da certificação de que a cessionária não se encontra impedida de licitar e contratar com o Poder Público, conforme a legislação em vigor, nos termos do Parecer JL-01, de 18 de maio de 2020.

16.4. A crédito a ser pago à cessionária é exatamente aquele que seria destinado à cedente (contratada) pela execução do objeto contratual, com o desconto de eventuais multas, glosas e prejuízos causados à Administração, sem prejuízo da utilização de institutos tais como os da conta vinculada e do pagamento direto previstos na IN SEGES/ME nº 5, de 2017, caso aplicáveis.

17. CLÁUSULA DÉCIMA SÉTIMA – DOS CASOS OMISSOS

17.1. Os casos omissos serão decididos pela CONTRATANTE, segundo as disposições contidas na Medida Provisória nº 1.026 de 2021; na Lei nº 8.666 de 1993, na Lei nº 10.520 de 2002 e demais normas federais de licitações e contratos administrativos e, subsidiariamente, segundo as disposições contidas na Lei nº 8.078, de 1990 - Código de Defesa do Consumidor - e normas e princípios gerais dos contratos.

18. CLÁUSULA DÉCIMA OITAVA – DA APROVAÇÃO DA DISPENSA DE LICITAÇÃO

18.1. A lavratura do presente Contrato referente à **Dispensa de Licitação nº 10/2021,** com base no artigo 2º, inciso I, da Medida Provisória nº 1.026, de 6 de janeiro de 2021, foi publicada no Diário Oficial - Edição Extra em 19/02/2021, conforme determinado pelo caput do artigo 26 da Lei 8.666/93.

18.2. Incumbirá à CONTRATANTE, no prazo de cinco dias úteis contados da assinatura deste instrumento, providenciar a disponibilização, em sítio oficial específico na rede mundial de computadores (internet), do ato de autorização da contratação direta, bem como as disposições da Medida Provisória nº 1.026, de 6 de janeiro de 2021, observados, no que couber, os requisitos previstos

no § 3° do art. 8° da Lei n° 12.527, de 18 de novembro de 2011.

18.3. O presente Termo de Contrato se vincula ao Termo de Referência da Contratante e à proposta da Contratada.

19. CLÁUSULA DÉCIMA NONA – ALTERAÇÃO SUBJETIVA

19.1. É admissível a fusão, cisão ou incorporação da contratada com/em outra pessoa jurídica, desde que sejam observados pela nova pessoa jurídica todos os requisitos de habilitação exigidos na contratação; sejam mantidas as demais cláusulas e condições do contrato; não haja prejuízo à execução do objeto pactuado e haja a anuência expressa da Administração à continuidade do contrato.

20. CLÁUSULA VIGÉSIMA - DA SUBCONTRATAÇÃO

20.1. Não será admitida a subcontratação do objeto do Contrato.

21. CLÁUSULA VIGÉSIMA PRIMEIRA - DO FORO

21.1. É eleito o Foro da Judiciária do Distrito Federal - Justiça Federal para dirimir os litigios que decorrerem da execução deste Termo de Contrato que não possam ser compostos pela conciliação, conforme art. 55, §2º da Lei nº 8.666/93.

E, para firmeza e prova de assim haverem, entre si, ajustado e acordado, após ter sido lido juntamente com seu(s) anexo(s), o presente Contrato é assinado eletronicamente pelas partes.

22. TESTEMUNHAS

Marcelo Batista Costa

CPF: 052.126.897-40

Departamento de Logística em Saúde - DLOG/SE

Túlio Belchior Mano da Silveira

CPF: 189.185.558-14

Precisa Comercialização de Medicamentos Ltda.

Documento assinado eletronicamente por **TÚLIO BELCHIOR MANO DA SILVEIRA**, **Usuário Externo**, em 25/02/2021, às 14:28, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

Documento assinado eletronicamente por **Emanuela Batista de Souza Medrades**, **Usuário Externo**, em 25/02/2021, às 14:31, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

Documento assinado eletronicamente por **Roberto Ferreira Dias**, **Diretor(a) do Departamento de Logística**, em 25/02/2021, às 16:28, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

Documento assinado eletronicamente por **Marcelo Batista Costa**, **Coordenador(a)-Geral de Aquisições de Insumos Estratégicos para Saúde substituto(a)**, em 25/02/2021, às 16:22, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

A autenticidade deste documento pode ser conferida no site http://sei.saude.gov.br/sei/controlador_externo.php?acao=documento_conferir&id_orgao_acesso_externo=0, informando o código verificador **0019155275** e o código CRC **1CA07D3B**.

Referência: Processo nº 25000.175250/2020-85 SEI nº 0019155275

Divisão de Análise das Aquisições de Insumos Estratégicos para Saúde - DIVAN
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa, Brasília/DF, CEP 70058-900
Site - saude.gov.br

William Amorim Santana

De: Lilian Almeida Araujo de Melo Sá em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviado em: terça-feira, 16 de março de 2021 15:53
Para: William Amorim Santana
Assunto: ENC: PEDIDO DE AUTORIZAÇÃO DE EMBARQUE CONTRATO 29/2021 1* PARCELA - VACINA COVAXIN.
Anexos: SEIMS - 0019155275 - Contrato 29 - Covaxin.pdf

De: Leandro Brito Pereira dos Santos [mailto:leandro.santos@precisamedicamentos.com.br]
Enviada em: terça-feira, 16 de março de 2021 15:08
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: William Amorim Santana <william.santana@saude.gov.br>; Luana Gonçalves Gehres <luana.gehres@saude.gov.br>; Alexandro Ogliari <Alexandro.Ogliari@saude.gov.br>; cleverson.boechat@terra.com.br; GABINETE DA SECRETARIA EXECUTIVA <gabinete.se@saude.gov.br>; gabinete.dlog@saude.gov.br; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>; gabinete.svs@saude.gov.br; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: PEDIDO DE AUTORIZAÇÃO DE EMBARQUE CONTRATO 29/2021 1* PARCELA - VACINA COVAXIN.

Senhores, boa tarde.

Com anuência da Secretaria Executiva, peço auxílio na solicitação da primeira LI de embarque aéreo correspondente a primeira entrega do contrato 29/2021 assinado com o Ministério da Saúde.

Dessa forma, nos termos da RDC 476/2.021, solicito que nos apresentem os documentos necessários para tal importação.

Conto com a compreensão de todos e celeridade, tendo em vista a situação atual do nosso país.

Atenciosamente,

Leandro Santos
Gerente Qualidade e Assuntos Regulatórios

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 11 9 9207 – 6825
www.precisamedicamentos.com.br

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IMPORTANTE: **FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.**
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Itapevi, 17 de março de 2.021.

À

DLOG/MS – DEPARTAMENTO DE LOGÍSTICA DO MINISTÉRIO DA SAÚDE.

DOSSIÊ PARA CONCESSÃO PARA AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO DE VACINA PARA O COVID-19 AUTORIZADOS PARA USO EMERGENCIAL POR AUTORIDADES SANITÁRIAS ESTRANGEIRAS NOS TERMOS DO ART/15 DA RDC 476 DE 10 DE MARÇO DE 2.021.

Ref. IMPORTAÇÃO DE VACINA PARA COVID 19 AUTORIZADAS PARA USO EMERGENCIAL POR AUTORIDADE ESTRANGEIRA

A Precisa Comercialização de Medicamentos Ltda, inscrita no CNPJ. 03.394.819/0005-00, representante exclusiva da Bharat Biotech International Limited desenvolvedora da vacina COVAXIN contra SARS-CoV-2, desenvolvida com base na tecnologia de virion inteiro inativado, com origem na Índia, o qual firmou o contrato de número 29/2.021 com o Ministério da Saúde em 25 de fevereiro de 2.021 com o compromisso de fornecer 20.000.000 (vinte milhões) de doses para utilização pela união através do PNO – Plano Nacional de Operacionalização da Vacina contra Covid19, conforme cronograma apresentado no TR.

Considerando que:

- Os prazos acordados estão diretamente relacionados as aprovações da Agência Nacional de Vigilância Sanitária -ANVISA no momento da assinatura do contrato em vigor;
- Conforme RDC 476 de 2.021, seguindo as exigências de tal resolução, iremos apresentar a documentação exigida para as vacinas que possuem autorização de uso emergencial em autoridades sanitárias estrangeiras;
- Com base no contrato assinado, o importador e *consignee* será o Ministério da Saúde através do Departamento de Logística em Saúde – DLOG.

Da Caracterização do produto e sua origem:
CARACTERÍSTICAS FÍSICO-QUÍMICAS, ORGANOLÉPTICAS E BIOLÓGICAS
Informações gerais e Caracterização do Insumo Farmacêutico Ativo:

Nomenclatura

Denominação Comum Brasileira (DCB)	12473
Denominação Comum Internacional (DCI)	NA
Nome químico	Antígeno do Vírus Corona Inativado, Virion Inteiro
Código da empresa ou Laboratório e Chemical Abstracts Service (CAS)	NA

Estrutura

Estrutura	SARS-COV-2 (NIV 2020-770) abriga um linear genoma de RNA de fita simples com sentido positivo, que codifica 4 proteínas estruturais pico (S), envelope (E), membrana (M) e nucleocapsídeo (N)] dos quais S é um principal antígeno protetor que induz anticorpos neutralizantes altamente potentes (NAbs), 16 proteínas não estruturais (nsp1-nsp16) e várias proteínas acessórias

Proteínas específicas do SARS-COV-2 (NIV 2020-770):

	Nome da Proteína	Peso Molecular
Proteína Spike	Monômero de Proteína S Trimérica	~180 kDa
	Proteína S1	~114 kDa
	Proteína S2	~91.5kDa
Nucleoproteína	-	~48kDa
Proteína-M	-	~ 25 kDa

Propriedades Gerais

Descrição física	Líquido límpido, incolor, translúcido, livre de partículas
pH	7,00 – 8,00
Esterilidade	Nenhum crescimento deve ser observado (produto estéril)
Conteúdo total de proteína	NLT 15.00 µg/ mL
Teste amplificação do vírus Corona	Nenhum vírus vivo residual deve ser observado
Teste da Inativação de do vírus Corona	Nenhum CPE (células com Efeitos Citopático deve ser observado
Conteúdo de Residual de DNA celular	NMT 10.00 ng/mL
Conteúdo de Residual de albumina sérica bovina	NMT 50.00 ng/mL
Pureza antigênica por SDS - PAGE	Deve mostrar apenas bandas específicas do vírus Corona
Endotoxinas bacterianas	Menos que 25 unidades internacional (IU) / mL

Conteúdo Residual de β-propiolactone (BPL)	Nenhum Residual de β-propiolactone (BPL) deve estar presente
Conteúdo residual de tripsina por método Elisa	Informativo

Componente	**DCB /CAS**	**Função**	**Forma farmacêutica:** suspensão injetável Concentração: **Qtde/dose**
Antígeno do Vírus Corona Inativado, Virion Inteiro	DCB: 12473	Ingrediente Biológico ativo	6.0 µg
Hidróxido de Alumínio Gel equivalente a Alumínio (Al3+)	CAS: 21645-51-2	Adjuvante	0,25 mg
AgonistaTLR7/8		Adjuvante	15 µg
2-fenoxietanol	DCB: 03991 CAS: 122-99-6	Conservante	2.5 mg
Phosphate Buffered Saline	NA	Diluente	q.s to 0.5 mL

#TLR7/8 Agonist is Imidazo quinolin gallamide (IMDG)
#During development Algel-IMDG is referred as Algel2; IMDG is Imidazo quinolin gallamide is an Agonist molecule also referred as TLR7/8.
*SHD: Single human dose

NOME E ENDEREÇO DO FABRICANTE

Fabricantes

Nome	Endereço	Responsabilidade	Fase do ensaio clínico
Bharat Biotech International Limited.	Sy.No.230, 231 & 235, Turkapally, Genome Valley, Shamirpet Mandal, Medchal-Malkajgiri District, Telangana, India – 500078.	Processo Produtivo completo	Fase II/III

1. [Ofício do Ministério da Saúde de solicitação de autorização excepcional e temporária para importação de vacina contra Covid19 autorizada excepcionalmente por autoridade sanitária estrangeira á ANVISA];

   Solicitamos a este departamento de logística que provejam este documento que deverá ser necessária para apresentação a Agência Nacional de Vigilância Sanitária.

2. [Anexo 2 - Declaração informando tratar-se de importação de vacina contra Covid19 nos termos da Lei 14.124/21] país de origem, a identificação do produto e o cronograma pretendido para importação];

3. [Anexo 3 - Comprovação AUE estrangeira/Relatório técnico de avaliação de AUE emitido pela autoridade sanitária internacional -CDSCO];

4. [Anexo 4 - Declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância – Modelo em anexo a RDC];

5. [LI – SISCOMEX – a ser preenchida pela equipe de importação (DIIMP/Despachante)].

Documentos complementares

6. [Documentos que atestam Qualidade, Eficácia e Segurança da Vacina]
   6.1. [Anexos Fase 1 Publicação Científica/ Fase 2 Publicação Científica/ Fase 3 Report Interino] ;
   6.2. Qualidade: GMP CDSCO [Anexo CDSCO UEL], GMP WHO [Anexo GMP WHO] e avaliação submetida de CBPF nos expedientes 1040299211 e 1040161219 em fase final de apreciação pela ANVISA;

   6.3. Segurança: Farmacovigilância;

7. [Condições gerais para transporte, armazenagem para garantia da manutenção da qualidade – Estudos de Estabilidade];

   7.1. [Certificados do equipamento de acondicionamento Anexos Qualificação Envirotainer]

   7.2. [Anexo – DOU Autorização de Funcionamento – Fornecedora e Armazém]

   7.3. [Anexo - Estudos de estabilidade de longa e curta duração;]

Nos mantemos a disposição para maiores esclarecimentos,

Atenciosamente.

PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA.
03.394.819/0005-00

William Amorim Santana

De: Cassiana Perinazzo da Veiga Schio em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviado em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO; William Amorim Santana; Luis Ricardo Fernandes Miranda
Cc: 'emanuela.medrades@precisamedicamentos.com.br'; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID
Anexos: IMPORTAÇÃO DE VACINA PARA COVID 19 AUTORIZADAS PARA USO EMERGENCIAL POR AUTORIDADE ESTRANGEIRA.pdf

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: quinta-feira, 18 de março de 2021 16:38
Para: Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Luana Gonçalves Gehres; Alexandro Ogliari; cleverson.boechat@terra.com.br; GABINETE DA SECRETARIA EXECUTIVA; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Emanuela Medrades; Ariadne Gisele Muniz Bonvino
Assunto: PEDIDO DE AUTORIZAÇÃO DE EMBARQUE CONTRATO 29/2021 1* PARCELA - VACINA COVAXIN.
Anexos: SEIMS - 0019155275 - Contrato 29 - Covaxin.pdf

Prezada Regina Célia,

Boa tarde!

Conforme contato, recebemos essa mensagem da Empresa Precisa Medicamentos solicitando providências quanto a execução do contrato 29/2021 para importação da vacina COVAXIN, bem como as tratativas necessárias para abertura de Licença de Importação (LI).
Tendo em vista tratar-se de aquisição via contrato, encaminho a área demanda para manifestação junto ao fornecedor quanto aos procedimentos necessários.
Caso julgue pertinente qualquer manifestação desta DIIMP, nos colamos à disposição.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Leandro Brito Pereira dos Santos [mailto:leandro.santos@precisamedicamentos.com.br]
Enviada em: terça-feira, 16 de março de 2021 15:08
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: William Amorim Santana <william.santana@saude.gov.br>; Luana Gonçalves Gehres <luana.gehres@saude.gov.br>; Alexandro Ogliari <Alexandro.Ogliari@saude.gov.br>; cleverson.boechat@terra.com.br; GABINETE DA SECRETARIA EXECUTIVA <gabinete.se@saude.gov.br>; gabinete.dlog@saude.gov.br; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>; gabinete.svs@saude.gov.br; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: PEDIDO DE AUTORIZAÇÃO DE EMBARQUE CONTRATO 29/2021 1* PARCELA - VACINA COVAXIN.

Senhores, boa tarde.

Com anuência da Secretaria Executiva, peço auxílio na solicitação da primeira LI de embarque aéreo correspondente a primeira entrega do contrato 29/2021 assinado com o Ministério da Saúde.

Dessa forma, nos termos da RDC 476/2.021, solicito que nos apresentem os documentos necessários para tal importação.

Conto com a compreensão de todos e celeridade, tendo em vista a situação atual do nosso país.

Atenciosamente,

Leandro Santos
Gerente Qualidade e
Assuntos Regulatórios

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 11 9 9207 – 6825
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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Ministério da Saúde
Secretaria Executiva
Departamento de Logística em Saúde
Coordenação-Geral de Aquisições de Insumos Estratégicos para Saúde
Coordenação de Licitações e Análise de Mercado de Insumos Estratégicos para Saúde
Divisão de Análise das Aquisições de Insumos Estratégicos para Saúde

CONTRATO Nº 29/2021

Processo nº 25000.175250/2020-85

CONTRATO QUE ENTRE SI CELEBRAM A UNIÃO, POR INTERMÉDIO DO DEPARTAMENTO DE LOGÍSTICA EM SAÚDE DA SECRETARIA EXECUTIVA DO MINISTÉRIO DA SAÚDE E A BHARAT BIOTECH LIMITED INTERNATIONAL, REPRESENTADA PELA EMPRESA PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA.

A **UNIÃO** por intermédio do Departamento de Logísca em Saúde da Secretaria Execuva do Ministério da Saúde, inscrita no CNPJ sob o nº 00.394.544/0008-51, com sede em Brasília – DF, neste ato representada por seu Diretor, Sr. **ROBERTO FERREIRA DIAS**, portador da Carteira de Idendade RG nº 152.991.800, expedida pela SSP/PR, e inscrito no CPF sob o nº 086.758.087-98, em conformidade com a Portaria nº 262, de 08/01/2019, publicada no Diário Oficial da União n.º 6, de 09/01/2019, doravante denominada CONTRATANTE, e de outro lado a empresa **BHARAT BIOTECH LIMITED INTERNATIONAL**, representanda pela empresa PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA, CNPJ: 03.394.819/0005-00, com sede na Avenida Portugal nº 1100, Rua 5, Parte A-14-B, Itaqui, Itapevi/SP, CEP: 06.696-060, doravante denominada CONTRATADA, neste ato representada por **EMANUELA BATISTA DE SOUZA MEDRADES,** portadora da Carteira de Idendade RG nº 354.357.591, expedida pela SSP/SP, e inscrita no CPF nº 330.976.208-42, de acordo com o constante no Processo Eletrônico nº 25000.175250/2020-85, em observância às disposições da Lei nº 8.666, de 21 de junho de 1993 e da Medida Provisória nº 1.026, de 6 de janeiro de 2021, resolvem celebrar o presente Termo de Contrato, por meio da **Dispensa de Licitação n° 10/2021**, com fundamento no Artigo 2º, inciso I, da Medida Provisória nº 1.026/2021 e mediante as cláusulas e condições a seguir enunciadas:

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1. CLÁUSULA PRIMEIRA – DO OBJETO

1.1. O objeto do presente Termo de Contrato é a aquisição de VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), conforme especificações estabelecidas no Termo de Referência e na proposta final, as quais integram este instrumento, independente de transcrição.

1.2. Discriminação do objeto:

Item	Descrição do Item (Objeto)	CATMAT	Unidade de Medida	Quantidade	Valor unitário
1	VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152)	BR0475096	Doses	20.000.000	US$ 15,00

1.3. A CONTRATANTE terá o direito de exclusividade/preferência na aquisição de doses da VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), produzidas ou importadas pela Contratada em todo o território nacional, enquanto durar a pandemina.

1.4. A CONTRATANTE poderá autorizar em caráter excepcional a comercialização pela Contratada de doses da VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), devendo, para tanto, ser notificada formalmente sobre a intenção de venda com antecedência mínima de 20 (vinte) dias da data prevista para contratação junto a outro ente, sobre a intenção de venda, com a devida justificativa.

1.5. A CONTRATANTE deverá se manifestar sobre a autorização de comercialização/venda no prazo máximo de 05 (cinco) dias a contar da data do protocolo da notificação formal.

2. CLÁUSULA SEGUNDA – DA FORMA DE FORNECIMENTO

2.1. Cronograma de entrega:

VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL		
PARCELA	**QUANTITATIVO (DOSES)**	**PRAZO MÁXIMO DE ENTREGA (ATÉ)**
1ª	4.000.000	20 dias após a assinatura do Contrato
2ª	4.000.000	30 dias após a assinatura do Contrato
3ª	4.000.000	45 dias após a assinatura do Contrato
4ª	4.000.000	60 dias após a assinatura do Contrato
5ª	4.000.000	70 dias após a assinatura do Contrato
TOTAL	**20.000.000**	

2.2. A CONTRATANTE poderá anuir com a alteração do cronograma, desde que verificada a ausência de culpa da CONTRATADA em possível atraso injustificado.

2.3. Havendo necessidade de prorrogação ou antecipação no cronograma, ou do quantitativo da respectiva parcela de entrega, caberá à CONTRATADA encaminhar ofício com embasamento técnico e justificativas, incumbindo à CONTRATANTE se manifestar quanto ao impacto da alteração e o aceite ou não da nova proposta, de acordo com o interesse da Administração.

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2.4. Os ofícios de prorrogação dos cronogramas, ou de alteração dos quantitativos das parcelas, somente serão apreciados se encaminhados com antecedência mínima de 30 (trinta) dias da data prevista para a entrega de cada parcela, ressalvados os casos fortuitos ou de força maior.

2.5. O quantitativo final do lote a ser entregue deverá ser confirmado por oficio ao Ministério da Saúde com a antecedência mínima de dois dias úteis antes da data de entrega, sem prejuízo ao exposto do item anterior.

3. CLÁUSULA TERCEIRA – DA VIGÊNCIA

3.1. O prazo de vigência deste Termo de Contrato inicia-se na data de sua assinatura e vigorará por 12 (doze) meses, prorrogáveis, nos termos do artigo 57, §1º, da Lei nº 8.666 de 1993.

4. CLÁUSULA QUARTA – DO PREÇO

4.1. O valor total do presente Termo de Contrato é de US$ 300.000.000,00 (trezentos milhões de dólares americanos), que convertidos na hipótese de US$ 1,00 para R$ 5,38 perfaz o valor total estimado de R$ 1.614.000.000,00 (um bilhão, seiscentos e quatorze milhões de reais).

4.2. No valor acima estão incluídas todas as despesas ordinárias diretas e indiretas decorrentes da execução contratual, inclusive tributos e/ou impostos, encargos sociais, trabalhistas, previdenciários, fiscais e comerciais incidentes, taxa de administração, frete, seguro e outros necessários ao cumprimento integral do objeto da contratação.

5. CLÁUSULA QUINTA – DA DOTAÇÃO ORÇAMENTÁRIA

5.1. As despesas decorrentes desta contratação estão programadas em dotação orçamentária própria, prevista no orçamento da União, para o exercício de 2021, na classificação abaixo:

Gestão/Unidade: 00001/250005

Fonte: Decreto nº 10.595 de 07/01/2021.

Programa de Trabalho: 10.122.5018.21C0.6500

Elemento de Despesas: 33.90.30.

5.2. No exercício seguinte, se for o caso, as despesas correrão à conta dos recursos próprios para atender às despesas da mesma natureza, cuja alocação será feita no início de cada exercício financeiro, recursos já destacados e aprovados por Medida Provisória no exercício de 2020.

6. CLÁUSULA SEXTA – DO PAGAMENTO

6.1. O pagamento só será feito uma vez concluída a análise e a eventual aprovação integral pela Anvisa, para uso emergencial e temporário e/ou registro definitivo.

6.2. O pagamento à CONTRATADA, que apresentar proposta de preço em moeda estrangeira, será realizado no prazo máximo de até 30 (trinta) dias, contados a partir da apresentação dos documentos que comprovem a efetiva entrega do objeto contratado (AWB, Invoice, Packing-list) na Coordenação de Execução Orçamentária e Financeira – CEOF, que providenciará a autorização do

responsável pelo Departamento de Logística em Saúde - DLOG, de acordo com as normas internas em vigor.

6.2.1. No caso de entregas efetuadas antes da aprovação integral pela Anvisa, para uso emergencial e temporário e/ou registro definitivo, o prazo de que trata o subitem anterior somente será iniciado após, cumulativamente, serem efetivadas tanto a aprovação em questão, em qualquer modalidade, quanto a entrega do objeto a ser pago.

6.3. Para cada parcela liquidada, será pago pela CONTRATANTE à Instituição Financeira, responsável pela realização da operação de contratação cambial, comissão bancária sobre o valor da operação a ser realizada.

6.4. A CONTRATADA brasileira que apresentar proposta de preço em moeda estrangeira terá o pagamento efetuado em moeda brasileira à taxa de câmbio vigente, PTAX, fornecida pelo Banco Central do Brasil (www.bcb.gov.br) no dia útil imediatamente anterior à data do efetivo pagamento. Para tal, se fará necessária a apresentação de uma nova Nota Fiscal Complementar contemplando a diferença decorrente da variação cambial a maior. Na hipótese de o câmbio estar a menor, será necessária a glosa do valor.

6.5. Os pagamentos decorrentes de despesas cujos valores não ultrapassem o limite de que trata o inciso II do art. 24 da Lei 8.666, de 1993, deverão ser efetuados no prazo de até 5 (cinco) dias úteis, contados da data da apresentação da Nota Fiscal, nos termos do art. 5º, § 3º, da Lei nº 8.666, de 1993.

6.6. Considera-se ocorrido o recebimento da nota fiscal ou fatura no momento em que o órgão contratante atestar a execução do objeto do contrato.

6.7. A Nota Fiscal ou Fatura deverá ser obrigatoriamente acompanhada da comprovação da regularidade fiscal, constatada por meio de consulta on-line ao SICAF ou, na impossibilidade de acesso ao referido Sistema, mediante consulta aos sítios eletrônicos oficiais ou à documentação mencionada no art. 29 da Lei nº 8.666, de 1993.

6.8. Constatando-se, junto ao SICAF, a situação de irregularidade do fornecedor contratado, deverão ser tomadas as providências previstas no art. 31 da Instrução Normativa nº 3, de 26 de abril de 2018.

6.9. Havendo erro na apresentação da Nota Fiscal ou dos documentos pertinentes à contratação, ou, ainda, circunstância que impeça a liquidação da despesa, como, por exemplo, obrigação financeira pendente, decorrente de penalidade imposta ou inadimplência, o pagamento ficará sobrestado até que a Contratada providencie as medidas saneadoras. Nesta hipótese, o prazo para pagamento iniciar-se-á após a comprovação da regularização da situação, não acarretando qualquer ônus para a Contratante.

6.10. Será considerada data do pagamento o dia em que constar como emitida a ordem bancária para pagamento.

6.11. Antes de cada pagamento à contratada, será realizada consulta ao SICAF para verificar a manutenção das condições de habilitação exigidas no TR.

6.12. Constatando-se, junto ao SICAF, a situação de irregularidade da contratada, será providenciada sua notificação, por escrito, para que, no prazo de 5 (cinco) dias úteis, regularize sua situação ou, no mesmo prazo, apresente sua defesa. O prazo poderá ser prorrogado uma vez, por igual período, a critério da contratante.

6.13. Previamente à emissão de nota de empenho e a cada pagamento, a Administração deverá realizar consulta ao SICAF para identificar possível suspensão temporária de participação em licitação, no âmbito do órgão ou entidade, proibição de contratar com o Poder Público, bem como ocorrências

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impeditivas indiretas, observado o disposto no art. 29, da Instrução Normativa nº 3, de 26 de abril de 2018.

6.14. Não havendo regularização ou sendo a defesa considerada improcedente, a contratante deverá comunicar aos órgãos responsáveis pela fiscalização da regularidade fiscal quanto à inadimplência da contratada, bem como quanto à existência de pagamento a ser efetuado, para que sejam acionados os meios pertinentes e necessários para garantir o recebimento de seus créditos.

6.15. Persistindo a irregularidade, a contratante deverá adotar as medidas necessárias à rescisão contratual nos autos do processo administrativo correspondente, assegurada à contratada a ampla defesa.

6.16. Havendo a efetiva execução do objeto, os pagamentos serão realizados normalmente, até que se decida pela rescisão do contrato, caso a contratada não regularize sua situação junto ao SICAF.

6.17. Será rescindido o contrato em execução com a contratada inadimplente no SICAF, salvo por motivo de economicidade, segurança nacional ou outro de interesse público de alta relevância, devidamente justificado, em qualquer caso, pela máxima autoridade da contratante.

6.18. Quando do pagamento, será efetuada a retenção tributária prevista na legislação aplicável.

6.19. A Contratada regularmente optante pelo Simples Nacional, nos termos da Lei Complementar nº 123, de 2006, não sofrerá a retenção tributária quanto aos impostos e contribuições abrangidos por aquele regime. No entanto, o pagamento ficará condicionado à apresentação de comprovação, por meio de documento oficial, de que faz jus ao tratamento tributário favorecido previsto na referida Lei Complementar.

6.20. Nos casos de eventuais atrasos de pagamento, desde que a Contratada não tenha concorrido, de alguma forma, para tanto, fica convencionado que a taxa de compensação financeira devida pela Contratante, entre a data do vencimento e o efetivo adimplemento da parcela, é calculada mediante a aplicação da seguinte fórmula:

EM = I x N x VP, sendo:

EM = Encargos moratórios;

N = Número de dias entre a data prevista para o pagamento e a do efetivo pagamento; VP = Valor da parcela a ser paga.

I = Índice de compensação financeira = 0,00016438, assim apurado:

I = (TX)	I = (6 / 100) 365	I = 0,00016438 TX = Percentual da taxa anual = 6%

7. CLÁUSULA SÉTIMA - DA GARANTIA DE EXECUÇÃO

7.1. A CONTRATADA, no prazo de 10 dias após a assinatura do Termo de Contrato ou aceite do instrumento equivalente, prestará garantia no valor de US$ 15.000.000,00 (quinze milhões de dólares americanos), que convertidos na hipótese de US$ 1,00 para R$ 5,38 perfaz o valor total estimado de R$ 80.700.000,00 (oitenta milhões e setecentos mil reais) correspondente a 5% do valor do Contrato, que será liberada de acordo com as condições previstas no Termo de Referência, conforme disposto no art. 56 da Lei nº 8.666, de 1993, desde que cumpridas as obrigações contratuais.

7.2. Caberá ao contratado optar por uma das seguintes modalidades de garantia:

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7.2.1. Caução em dinheiro ou em títulos da dívida pública, devendo estes ter sido emitidos sob a forma escritural, mediante registro em sistema centralizado de liquidação e de custódia autorizado pelo Banco Central do Brasil e avaliados pelos seus valores econômicos, conforme definido pelo Ministério da Fazenda;

7.2.2. Seguro-garantia;

7.2.3. Fiança bancária.

7.3. A garantia em dinheiro deverá ser efetuada em favor da Contratante, na Caixa Econômica Federal, com correção monetária, em favor do contratante.

7.4. No caso de alteração do valor do contrato, ou prorrogação de sua vigência, a garantia deverá ser readequada ou renovada nas mesmas condições.

7.5. Se o valor da garantia for utilizado total ou parcialmente em pagamento de qualquer obrigação, a Contratada obriga-se a fazer a respectiva reposição no prazo máximo de 10 dias úteis, contados da data em que for notificada.

7.6. A Contratante executará a garantia na forma prevista na legislação que rege a matéria.

7.7. A garantia prestada pelo contratado será liberada ou restituída após a execução do contrato e, quando em dinheiro, atualizada monetariamente. (artigo 56, §4º da Lei nº 8666/93).

8. CLÁUSULA OITAVA – DO REAJUSTE

8.1. As regras acerca do reajuste do valor contratual são as estabelecidas no Termo de Referência.

9. CLÁUSULA NONA – DAS ALTERAÇÕES

9.1. Eventuais alterações contratuais reger-se-ão pela disciplina do art. 65 da Lei nº 8.666, de 1993.

9.2. A CONTRATADA é obrigada a aceitar, nas mesmas condições contratuais, os acréscimos ou supressões que se fizerem necessários, até o limite de 50% (cinquenta por cento) do valor inicial atualizado do contrato, conforme o art. 9º da MP 1.026 de 2021.

10. CLÁUSULA DÉCIMA – CRITÉRIO DE ACEITAÇÃO DO OBJETO, ENTREGA E RECEBIMENTO

10.1. OS CRITÉRIOS DE ACEITAÇÃO DO OBJETO são aqueles previstos no Termo de Referência.

10.2. DO LOCAL DE ENTREGA:

10.2.1. As entregas das parcelas deverão ser realizadas de forma centralizada no Almoxarifado do Ministério da Saúde em São Paulo no endereço abaixo:

a) Produtos FÁRMACO (Medicamentos/Vacinas/insumos relacionados):

b) Endereço: Rua Jamil João Zarif, nº 684, Jardim Santa Vicência, UNIDADES 11 A 17 e 18ª –Guarulhos – SP

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c) CEP: 07.143-000.

d) E-mail para agendamento: c glog.agendamento@saude.gov.br

10.2.2. A Contratada deverá agendar cada entrega, entrando em contato com a área responsável através do telefone: (61) 3315-7770 ou (61) 3315.3582.

10.3. DO RECEBIMENTO DO OBJETO:

10.3.1. Nos termos do art. 73, inciso II, alíneas a e b da lei n° 8.666/93, os imunobiológicos, objeto desta aquisição, serão recebidos da seguinte forma:

10.3.2. Os bens serão recebidos provisoriamente no prazo de 1 dia, pelo(a) responsável pelo acompanhamento e fiscalização do contrato, para efeito de posterior verificação de sua conformidade com as especificações constantes neste Termo de Referência e na proposta.

10.3.3. Os bens poderão ser rejeitados, no todo ou em parte, quando em desacordo com as especificações constantes neste Termo de Referência e na proposta, devendo ser substituídos no prazo de 15 dias, a contar da notificação da contratada, às suas custas, sem prejuízo da aplicação das penalidades.

10.3.4. Os bens serão recebidos definitivamente no prazo de 15 dias, contados do recebimento provisório, após a verificação da qualidade pelo INCQS e quantidade do material e consequente aceitação mediante termo circunstanciado.

10.3.5. Na hipótese de a verificação a que se refere o subitem anterior não ser procedida dentro do prazo fixado, reputar-se-á como realizada, consumando-se o recebimento definitivo no dia do esgotamento do prazo.

10.3.6. O recebimento provisório ou definitivo do objeto não exclui a responsabilidade da contratada pelos prejuízos resultantes da incorreta execução do contrato.

11. CLÁUSULA DÉCIMA PRIMEIRA – DO CONTROLE E DA FISCALIZAÇÃO (CRITÉRIO DE MEDIÇÃO)

11.1. Nos termos do art. 67 Lei nº 8.666, de 1993, será designado representante para acompanhar e fiscalizar a entrega dos bens, anotando em registro próprio todas as ocorrências relacionadas com a execução e determinando o que for necessário à regularização de falhas ou defeitos observados.

11.2. O recebimento de material de valor superior a R$ 176.000,00 (cento e setenta e seis mil reais) será confiado a uma comissão de, no mínimo, 3 (três) membros, designados pela autoridade competente.

11.3. A CONTRATANTE indicará um fiscal de contrato ou comissão, que será responsável pelo acompanhamento e fiscalização da execução, conforme Portaria GM nº 78/2006 e Circular MS/SE/GAB nº 40, emitida pelo Gabinete da Secretaria Executiva, assim como artigos. 67 e 73 da Lei nº 8.666/1993. 9.3.

11.4. O Fiscal/comissão do contrato deverá manter permanente vigilância sobre as obrigações da CONTRATADA, definidas nos dispositivos contratuais e condições do Termo de Referência e, fundamentalmente, quanto à inarredável observância aos princípios e preceitos consubstanciados na Lei nº 8.666/93, com suas alterações.

11.5. A fiscalização de que trata este item não exclui nem reduz a responsabilidade da Contratada, inclusive perante terceiros, por qualquer irregularidade, ainda que resultante de

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imperfeições técnicas ou vícios redibitórios, e, na ocorrência desta, não implica em corresponsabilidade da Administração ou de seus agentes e prepostos, de conformidade com o art. 70 da Lei nº 8.666, de 1993.

11.6. O representante da Administração anotará em registro próprio todas as ocorrências relacionadas com a execução do contrato, indicando dia, mês e ano, bem como o nome dos funcionários eventualmente envolvidos, determinando o que for necessário à regularização das falhas ou defeitos observados e encaminhando os apontamentos à autoridade competente para as providências cabíveis.

12. CLÁUSULA DÉCIMA SEGUNDA – DAS OBRIGAÇÕES DA CONTRATANTE E DA CONTRATADA

12.1. As obrigações da CONTRATANTE e da CONTRATADA são aquelas previstas no Termo de Referência.

13. CLÁUSULA DÉCIMA TERCEIRA – DAS SANÇÕES ADMINISTRATIVAS

13.1. As sanções referentes à execução do contrato são aquelas previstas no Termo de Referência.

14. CLÁUSULA DÉCIMA QUARTA - DA SUSPENSÃO

14.1. Caso a Anvisa suspenda a produção e o uso da vacina, automaticamente ficarão suspensas a execução e as obrigações previstas no presente instrumento.

15. CLÁUSULA DÉCIMA QUINTA – DA RESCISÃO

15.1. O presente Termo de Contrato poderá ser rescindido:

15.1.1. Por ato unilateral e escrito da Administração, nas situações previstas nos incisos I a XII e XVII do art. 78 da Lei nº 8.666, de 1993, e com as consequências indicadas no art. 80 da mesma Lei, sem prejuízo da aplicação das sanções previstas no Termo de Referência, anexo ao Edital;

15.1.2. Amigavelmente, nos termos do art. 79, inciso II, da Lei nº 8.666, de 1993;

15.1.3. Caso a Contratada não consiga a autorização para uso emergencial junto à Anvisa, nesta hipótese, sem qualquer ônus para a Contratante, não sendo devido, sequer, o pagamento pelas parcelas eventualmente entregues;

15.1.4. Caso, após a autorização para uso emergencial e antes da completa execução do contrato, a ANVISA não registre o produto e/ou revogue a autorização para uso emergencial, nessa hipótese, sem ônus para a Contratante em relação às doses ainda não entregues. Quanto às doses já entregues e não administradas, a Contratante será ressarcida pelo valor pago.

15.1.5. Por perda da autorização regulatória expedida pela ANVISA;

15.1.6. Pela falta de eficácia da vacina contra variantes que se tornem prevalentes em território nacional, em grau tal que impeça de atingir a efetiva imunidade de rebanho por vacinação na população brasileira

15.2. Os casos de rescisão contratual serão formalmente motivados, assegurando-se à

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CONTRATADA o direito à prévia e ampla defesa.

15.3. A CONTRATADA reconhece os direitos da CONTRATANTE em caso de rescisão administrativa prevista no art. 77 da Lei nº 8.666, de 1993.

15.4. O termo de rescisão será precedido de Relatório indicativo dos seguintes aspectos, conforme o caso :

15.4.1. Balanço dos eventos contratuais já cumpridos ou parcialmente cumpridos;

15.4.2. Relação dos pagamentos já efetuados e ainda devidos;

15.4.3. Indenizações e multas.

16. CLÁUSULA DÉCIMA SEXTA – DAS VEDAÇÕES E PERMISSÕES

16.1. É vedado à CONTRATADA interromper a execução do contrato sob alegação de inadimplemento por parte da CONTRATANTE, salvo nos casos previstos em lei.

16.2. É permitido à CONTRATADA caucionar ou utilizar este Termo de Contrato para qualquer operação financeira, nos termos e de acordo com os procedimentos previstos na Instrução Normativa SEGES/ME nº 53, de 8 de julho de 2020.

16.3. A cessão de crédito, a ser feita mediante celebração de termo aditivo, dependerá de comprovação da regularidade fiscal e trabalhista da cessionária, bem como da certificação de que a cessionária não se encontra impedida de licitar e contratar com o Poder Público, conforme a legislação em vigor, nos termos do Parecer JL-01, de 18 de maio de 2020.

16.4. A crédito a ser pago à cessionária é exatamente aquele que seria destinado à cedente (contratada) pela execução do objeto contratual, com o desconto de eventuais multas, glosas e prejuízos causados à Administração, sem prejuízo da utilização de institutos tais como os da conta vinculada e do pagamento direto previstos na IN SEGES/ME nº 5, de 2017, caso aplicáveis.

17. CLÁUSULA DÉCIMA SÉTIMA – DOS CASOS OMISSOS

17.1. Os casos omissos serão decididos pela CONTRATANTE, segundo as disposições contidas na Medida Provisória nº 1.026 de 2021; na Lei nº 8.666 de 1993, na Lei nº 10.520 de 2002 e demais normas federais de licitações e contratos administrativos e, subsidiariamente, segundo as disposições contidas na Lei nº 8.078, de 1990 - Código de Defesa do Consumidor - e normas e princípios gerais dos contratos.

18. CLÁUSULA DÉCIMA OITAVA – DA APROVAÇÃO DA DISPENSA DE LICITAÇÃO

18.1. A lavratura do presente Contrato referente à **Dispensa de Licitação nº 10/2021,** com base no artigo 2º, inciso I, da Medida Provisória nº 1.026, de 6 de janeiro de 2021, foi publicada no Diário Oficial - Edição Extra em 19/02/2021, conforme determinado pelo caput do artigo 26 da Lei 8.666/93.

18.2. Incumbirá à CONTRATANTE, no prazo de cinco dias úteis contados da assinatura deste instrumento, providenciar a disponibilização, em sítio oficial específico na rede mundial de computadores (internet), do ato de autorização da contratação direta, bem como as disposições da Medida Provisória nº 1.026, de 6 de janeiro de 2021, observados, no que couber, os requisitos previstos

Mensagem Parte 01 (0021609932) SEI 25000.100536/2021-98 / pg. 55

no § 3° do art. 8° da Lei n° 12.527, de 18 de novembro de 2011.

18.3. O presente Termo de Contrato se vincula ao Termo de Referência da Contratante e à proposta da Contratada.

19. CLÁUSULA DÉCIMA NONA – ALTERAÇÃO SUBJETIVA

19.1. É admissível a fusão, cisão ou incorporação da contratada com/em outra pessoa jurídica, desde que sejam observados pela nova pessoa jurídica todos os requisitos de habilitação exigidos na contratação; sejam mantidas as demais cláusulas e condições do contrato; não haja prejuízo à execução do objeto pactuado e haja a anuência expressa da Administração à continuidade do contrato.

20. CLÁUSULA VIGÉSIMA - DA SUBCONTRATAÇÃO

20.1. Não será admitida a subcontratação do objeto do Contrato.

21. CLÁUSULA VIGÉSIMA PRIMEIRA - DO FORO

21.1. É eleito o Foro da Judiciária do Distrito Federal - Justiça Federal para dirimir os litigios que decorrerem da execução deste Termo de Contrato que não possam ser compostos pela conciliação, conforme art. 55, §2º da Lei nº 8.666/93.

E, para firmeza e prova de assim haverem, entre si, ajustado e acordado, após ter sido lido juntamente com seu(s) anexo(s), o presente Contrato é assinado eletronicamente pelas partes.

22. TESTEMUNHAS

Marcelo Batista Costa

CPF: 052.126.897-40

Departamento de Logística em Saúde - DLOG/SE

Túlio Belchior Mano da Silveira

CPF: 189.185.558-14

Precisa Comercialização de Medicamentos Ltda.

Documento assinado eletronicamente por **TÚLIO BELCHIOR MANO DA SILVEIRA**, **Usuário Externo**, em 25/02/2021, às 14:28, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

Documento assinado eletronicamente por **Emanuela Batista de Souza Medrades**, **Usuário Externo**, em 25/02/2021, às 14:31, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

Documento assinado eletronicamente por **Roberto Ferreira Dias**, **Diretor(a) do Departamento de Logística**, em 25/02/2021, às 16:28, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

Documento assinado eletronicamente por **Marcelo Batista Costa**, **Coordenador(a)-Geral de Aquisições de Insumos Estratégicos para Saúde substituto(a)**, em 25/02/2021, às 16:22, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

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Referência: Processo nº 25000.175250/2020-85 SEI nº 0019155275

Divisão de Análise das Aquisições de Insumos Estratégicos para Saúde - DIVAN
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa, Brasília/DF, CEP 70058-900
Site - saude.gov.br

William Amorim Santana

De: William Amorim Santana
Enviado em: quinta-feira, 18 de março de 2021 16:40
Para: Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; emanuela.medrades@precisamedicamentos.com.br; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID
Anexos: IMPORTAÇÃO DE VACINA PARA COVID 19 AUTORIZADAS PARA USO EMERGENCIAL POR AUTORIDADE ESTRANGEIRA.pdf

Prezada Regina Célia,

Boa tarde!

Conforme contato, recebemos essa mensagem da Empresa Precisa Medicamentos solicitando providências quanto a execução do contrato 29/2021 para importação da vacina COVAXIN, bem como as tratativas junto a ANVISA para liberação da mesma.
Tendo em vista tratar-se de aquisição via contrato, encaminho a área demanda para manifestação junto ao fornecedor quanto aos procedimentos necessários.
Caso julgue pertinente qualquer manifestação desta DIIMP, nos colamos à disposição.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>

Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Itapevi, 17 de março de 2.021.

À

DLOG/MS – DEPARTAMENTO DE LOGÍSTICA DO MINISTÉRIO DA SAÚDE.

DOSSIÊ PARA CONCESSÃO PARA AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO DE VACINA PARA O COVID-19 AUTORIZADOS PARA USO EMERGENCIAL POR AUTORIDADES SANITÁRIAS ESTRANGEIRAS NOS TERMOS DO ART/15 DA RDC 476 DE 10 DE MARÇO DE 2.021.

Ref. IMPORTAÇÃO DE VACINA PARA COVID 19 AUTORIZADAS PARA USO EMERGENCIAL POR AUTORIDADE ESTRANGEIRA

A Precisa Comercialização de Medicamentos Ltda, inscrita no CNPJ. 03.394.819/0005-00, representante exclusiva da Bharat Biotech International Limited desenvolvedora da vacina COVAXIN contra SARS-CoV-2, desenvolvida com base na tecnologia de virion inteiro inativado, com origem na Índia, o qual firmou o contrato de número 29/2.021 com o Ministério da Saúde em 25 de fevereiro de 2.021 com o compromisso de fornecer 20.000.000 (vinte milhões) de doses para utilização pela união através do PNO – Plano Nacional de Operacionalização da Vacina contra Covid19, conforme cronograma apresentado no TR.

Considerando que:

- Os prazos acordados estão diretamente relacionados as aprovações da Agência Nacional de Vigilância Sanitária -ANVISA no momento da assinatura do contrato em vigor;
- Conforme RDC 476 de 2.021, seguindo as exigências de tal resolução, iremos apresentar a documentação exigida para as vacinas que possuem autorização de uso emergencial em autoridades sanitárias estrangeiras;
- Com base no contrato assinado, o importador e *consignee* será o Ministério da Saúde através do Departamento de Logística em Saúde – DLOG.

Da Caracterização do produto e sua origem:
CARACTERÍSTICAS FÍSICO-QUÍMICAS, ORGANOLÉPTICAS E BIOLÓGICAS
Informações gerais e Caracterização do Insumo Farmacêutico Ativo:

Nomenclatura

Denominação Comum Brasileira (DCB)	12473
Denominação Comum Internacional (DCI)	NA
Nome químico	Antígeno do Vírus Corona Inativado, Virion Inteiro
Código da empresa ou Laboratório e Chemical Abstracts Service (CAS)	NA

Estrutura

Estrutura	SARS-COV-2 (NIV 2020-770) abriga um linear genoma de RNA de fita simples com sentido positivo, que codifica 4 proteínas estruturais pico (S), envelope (E), membrana (M) e nucleocapsídeo (N)] dos quais S é um principal antígeno protetor que induz anticorpos neutralizantes altamente potentes (NAbs), 16 proteínas não estruturais (nsp1-nsp16) e várias proteínas acessórias

Proteínas específicas do SARS-COV-2 (NIV 2020-770):

	Nome da Proteína	Peso Molecular
Proteína Spike	Monômero de Proteína S Trimérica	~180 kDa
	Proteína S1	~114 kDa
	Proteína S2	~91.5kDa
Nucleoproteína	-	~48kDa
Proteína-M	-	~ 25 kDa

Propriedades Gerais

Descrição física	Líquido límpido, incolor, translúcido, livre de partículas
pH	7,00 – 8,00
Esterilidade	Nenhum crescimento deve ser observado (produto estéril)
Conteúdo total de proteína	NLT 15.00 µg/ mL
Teste amplificação do vírus Corona	Nenhum vírus vivo residual deve ser observado
Teste da Inativação de do vírus Corona	Nenhum CPE (células com Efeitos Citopático deve ser observado
Conteúdo de Residual de DNA celular	NMT 10.00 ng/mL
Conteúdo de Residual de albumina sérica bovina	NMT 50.00 ng/mL
Pureza antigênica por SDS - PAGE	Deve mostrar apenas bandas específicas do vírus Corona
Endotoxinas bacterianas	Menos que 25 unidades internacional (IU) / mL

Conteúdo Residual de β-propiolactone (BPL)	Nenhum Residual de β-propiolactone (BPL) deve estar presente
Conteúdo residual de tripsina por método Elisa	Informativo

Componente	**DCB /CAS**	**Função**	**Forma farmacêutica:** suspensão injetável Concentração: **Qtde/dose**
Antígeno do Vírus Corona Inativado, Virion Inteiro	DCB: 12473	Ingrediente Biológico ativo	6.0 µg
Hidróxido de Alumínio Gel equivalente a Alumínio (Al3+)	CAS: 21645-51-2	Adjuvante	0,25 mg
AgonistaTLR7/8		Adjuvante	15 µg
2-fenoxietanol	DCB: 03991 CAS: 122-99-6	Conservante	2.5 mg
Phosphate Buffered Saline	NA	Diluente	q.s to 0.5 mL

#TLR7/8 Agonist is Imidazo quinolin gallamide (IMDG)
#During development Algel-IMDG is referred as Algel2; IMDG is Imidazo quinolin gallamide is an Agonist molecule also referred as TLR7/8.
*SHD: Single human dose

NOME E ENDEREÇO DO FABRICANTE

Fabricantes

Nome	Endereço	Responsabilidade	Fase do ensaio clínico
Bharat Biotech International Limited.	Sy.No.230, 231 & 235, Turkapally, Genome Valley, Shamirpet Mandal, Medchal-Malkajgiri District, Telangana, India – 500078.	Processo Produtivo completo	Fase II/III

1. [Ofício do Ministério da Saúde de solicitação de autorização excepcional e temporária para importação de vacina contra Covid19 autorizada excepcionalmente por autoridade sanitária estrangeira á ANVISA];

   Solicitamos a este departamento de logística que provejam este documento que deverá ser necessária para apresentação a Agência Nacional de Vigilância Sanitária.

2. [Anexo 2 - Declaração informando tratar-se de importação de vacina contra Covid19 nos termos da Lei 14.124/21] país de origem, a identificação do produto e o cronograma pretendido para importação];

3. [Anexo 3 - Comprovação AUE estrangeira/Relatório técnico de avaliação de AUE emitido pela autoridade sanitária internacional -CDSCO];

4. [Anexo 4 - Declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância – Modelo em anexo a RDC];

5. [LI – SISCOMEX – a ser preenchida pela equipe de importação (DIIMP/Despachante)].

Documentos complementares

6. [Documentos que atestam Qualidade, Eficácia e Segurança da Vacina]
   6.1. [Anexos Fase 1 Publicação Científica/ Fase 2 Publicação Científica/ Fase 3 Report Interino] ;
   6.2. Qualidade: GMP CDSCO [Anexo CDSCO UEL], GMP WHO [Anexo GMP WHO] e avaliação submetida de CBPF nos expedientes 1040299211 e 1040161219 em fase final de apreciação pela ANVISA;

   6.3. Segurança: Farmacovigilância;

7. [Condições gerais para transporte, armazenagem para garantia da manutenção da qualidade – Estudos de Estabilidade];

   7.1. [Certificados do equipamento de acondicionamento Anexos Qualificação Envirotainer]

   7.2. [Anexo – DOU Autorização de Funcionamento – Fornecedora e Armazém]

   7.3. [Anexo - Estudos de estabilidade de longa e curta duração;]

Nos mantemos a disposição para maiores esclarecimentos,

Atenciosamente.

PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA.
03.394.819/0005-00

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: sexta-feira, 19 de março de 2021 10:15
Para: William Amorim Santana; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Tulio Silveira
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Algum retorno sobre o assunto ?

Nos mantemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: quinta-feira, 18 de março de 2021 16:39
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezada Regina Célia,

Boa tarde!

Conforme contato, recebemos essa mensagem da Empresa Precisa Medicamentos solicitando providências quanto a execução do contrato 29/2021 para importação da vacina COVAXIN, bem como as tratativas junto a ANVISA para liberação da mesma.
Tendo em vista tratar-se de aquisição via contrato, encaminho a área demanda para manifestação junto ao fornecedor quanto aos procedimentos necessários.
Caso julgue pertinente qualquer manifestação desta DIIMP, nos colamos à disposição.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

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Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

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File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

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4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

CDSCO CDSCO
CENTRAL DRUGS STANDARD CONTROL ORGANISATION
MINISTRY OF HEALTH, GOVERNMENT OF INDIA
सत्यमेव जयते

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=171d0331d5d9c2d4f4e32179a1411bf, serialNumber=2bea56c83bfbfee215de199b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

DECLARAÇÃO

Ateste de adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância nos termos da RDC/ANVISA 476, de 10 de março de 2021 artigo 12 inciso III e Anexo

A **PRECISA - COMERCIALIZACAO DE MEDICAMENTOS LTDA**., pessoa jurídica de direito privado, com endereço na Avenida Portugal, n.º 1100, Rua 5, parte A-14, Bairro Itaqui, Cidade de Itapevi, Estado de São Paulo, CEP 06696-060, CNPJ 03.394.819/0005-00, neste ato representada por **Emanuela Batista de Souza Medrades**, brasileira, farmacêutica, portador do RG 35.435.759-1- SSP-SP e CPF 330.976.208-42, considerando o disposto na Resolução de Diretoria Colegiada - RDC nº 476, de 10 de março de 2021, considerando o disposto na Resolução de Diretoria Colegiada - RDC nº 476, de 10 de março de 2021, o importador, na pessoa de **PRECISA - COMERCIALIZACAO DE MEDICAMENTOS LTDA**, CPF/CNPJ 03.392.918/0005-00, **DECLARA** cumprir o disposto nas normas sanitárias vigentes para a importação e distribuição de medicamentos e vacinas para Covid-19. O importador declara que realiza todos os procedimentos necessários e possui capacidade técnica e administrativa para garantir a qualidade, segurança e eficácia do medicamento ou vacina para Covid-19 objeto da importação, bem como adotará as estratégias de monitoramento e cumprirá as diretrizes de farmacovigilância estabelecidas pela Anvisa. O importador, na pessoa de **PRECISA - COMERCIALIZACAO DE MEDICAMENTOS LTDA**, se responsabiliza pela veracidade e fidedignidade das informações aqui prestadas e declara que está ciente de que é responsável pela qualidade, segurança e eficácia do medicamento ou vacina para Covid-19, bem como assegura que este está adequado aos fins a que se destina e cumpre os requisitos legais e sanitários. Declaro estar ciente que o descumprimento das disposições contidas nesta Resolução e nas demais vinculadas constitui infração sanitária, nos termos da Lei nº 6437, de 20 de agosto de 1977, sem prejuízo das responsabilidades civil, administrativa e penal cabíveis.

Por ser expressão da verdade, firmamos a presente para que surta os seus efeitos legais.

Brasília/DF, 17 de março de 2021.

EMANUELA BATISTA DE SOUZA MEDRADES:33097620842

Assinado de forma digital por EMANUELA BATISTA DE SOUZA MEDRADES:33097620842
Dados: 2021.03.17 17:38:27 -03'00'

EMANUELA BATISTA DE SOUZA MEDRADES
CPF 330.976.208-42
Representante Legal/Técnica

INTEGRATED CLINICAL AND STATISTICAL REPORT

Title:	An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.
Protocol Number:	BBIL/BBV152-C/2020
Design:	This is a randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.
Phase:	III
Version:	1.0
Sponsor:	Bharat Biotech International Limited (BBIL), Genome Valley, Shameerpet, Hyderabad, Telangana, India. & Indian Council of Medical Research (ICMR), New-Delhi, India
Study Initiation Date:	16th November 2020
Study Completion Date:	Ongoing
Co-ordination Unit (Responsible for Preparation of the Report) Clinical Operations Management Unit	IQVIA & BHARAT BIOTECH INTERNATIONAL LIMITED

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Sponsor Representative:	Dr. V. Krishna Mohan Whole-time Director Bharat Biotech International Limited (BBIL) Genome Valley, Hyderabad India Tel +91 40 2778 4003 Fax: +91 40 2348 0560 Email:kmohan@bharatbiotech.com. and Dr. Nivedita Gupta Scientist F, Epidemiology and Communicable Diseases, Indian Council of Medical Research (ICMR), New-Delhi, India Tel: +91-11-26589397 Email: guptanivedita.hq@icmr.gov.in
GCP Statement:	The trial is being conducted in compliance with the protocol, GCP, Schedule Y (Drugs and Cosmetics Act, 2005) and Ethical Guidelines for Biomedical Research on Human Participants (Indian Council of Medical Research, 2006)
Date of Report:	05th March 2021
Prepared by:	Medical Affairs Department Bharat Biotech International Limited
Study period (years):	1 Year
Date of 1st Dose 1st Subject:	November 16, 2020
Date of 1st Dose last subject:	January 8, 2021
Trial Registration:	CTRI/2020/11/028976

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Signature Page:

Study Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Review and approval of the Integrated Clinical and Statistical report.

We have read this report and confirm that, to the best of our knowledge, it accurately describes the conduct and results of the trial.

Signature & Date

08/03/21

Dr. V. Krishna Mohan
Whole-time Director
Bharat Biotech International Limited (BBIL)
Genome Valley, Hyderabad India
Tel +91 40 2778 4003 Fax: +91 40 2348 0560
Email: kmohan@bharatbiotech.com

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Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Protocol No.: BBIL/BBV152-C/2020

Investigational Vaccine: Whole-Virion Inactivated SARS-CoV-2 vaccine (BBV152B).

Study Population: A total sample size of 25,800 volunteers ages 18 years and above were recruited and administered with vaccine and placebo in 1:1 ratio.

The study was conducted in 25 sites all zone of India.

Study Centres and Investigators:

S No.	Site Codes	Site Name & Location	Zone
1	308	MG Medical College, Sri Balaji Vidyapeeth - Dr. PajanivelRanganadin (Pondicherry)	South
2	311	Vydehi institute of medical sciences – Dr. Akshata (Bangalore)	South
3	312	Director of Public Health & Preventive Medicine – Dr. SelvaVinayagam - (Chennai)	South
4	317	Government Fever Hospital, Guntur - Dr. Laxmi Kumari (Guntur)	South
5	320	Nizam's institute of Medical Sciences -Dr. Prabhakar Reddy (Hyderabad)	South
6	325	SRM Hospital & Research Center - Dr. Satyajit Mohapatra (Chennai)	South
7	326	Jeevan Rekha Hospital - Dr Amit Bhate, (Belgaum)	South
8	309	People's University - Dr. Raghavendra Gumashta (Bhopal)	Central
9	302	All India Institute of Medical Sciences – Dr. Chadramani Singh (Patna)	East
10	305	ICMR-National Institute of Cholera and Enteric Diseases - Dr. Suman Kanungo (Kolkata)	East
11	318	(IMS) & SUM Hospital - Dr. E Venkata Rao (Bhubaneswar)	East
12	301	All India Institute of Medical Sciences – Dr. Sanjay Rai (New Delhi)	North
13	303	ESIC Medical College and Hospital – Dr. Anil Pandey (Faridabad)	North
14	313	Aligarh Muslim University - Dr. Md. Shameem (Uttar Pradesh)	North
15	321	PGIMS - Dr. Savita Verma (Rohtak)	North
16	323	Gangaram - Dr Anupam Sachdeva (New Delhi)	North
17	324	Prakhar Hospital – Dr. Jitendra Kushwaha, Kanpur	North
18	307	Lokmanya Tilak Municipal General Hospital-Dr. N.T. Awad (Mumbai)	West
19	310	Rahate Surgical Hospital & ICU - Dr. Manish Multani (Nagpur)	West
20	315	GMERS Medical College and Civil Hospital - Dr. Parul Bhatt (Ahmedabad)	West
21	316	Sir J.J. Group of Hospitals - Dr. PritiMeshram (Mumbai)	West
22	322	Redkar Hospital and Research Centre - Dr. Sagar Redkar (Goa)	West
23	327	Maharaja Agrasen Multi speciality Hospital – Dr. Manish Kumar Jain - (Jaipur)	West
24	328	RCSMGMC & CPR Hospital – Dr. Sunita Jaiprakash Ramanand (Kolhapur)	West
25	329	Prakash Institute of Medical Science & Research – Dr. Vijaykumar Patil (Sangli)	West

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1. INTRODUCTION

The outbreak of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2/COVID-19) has, as on March 05th,2021, spread to over 216 countries across the globe, with a total of ~115 Million confirmed cases and ~ 2.5 Million deaths. The number of reported SARS-CoV-2 cases in India is also on an increase with ~11 Million confirmed cases and ~157000 deaths(1). Coronaviruses are a severe threat to the humans and other animals, earlier other members of the same family coronaviridae, SARS-CoV infected ~8000 people with a death rate of 10% and another member Middle East Respiratory Syndrome (MERS) virus was outbroken in the Middle East region and infected ~2000 people with 35% fatality rate(2) . Porcine epidemic diarrhea coronavirus (PEDV) has swept throughout the United States of America, causing an almost 100% fatality rate in piglets and wiping out more than 10% of America's pig population in less than a year(2).

Coronaviruses are the enveloped positive-stranded RNA viruses which have the largest genome among all RNA viruses with approximately 27 to 32 kb2. The viral genome is packed inside a helical capsid formed by the nucleocapsid protein (N) which is surrounded by an envelope. SARS-CoV viral envelope is associated with at least three structural proteins: The membrane protein (M) and the envelope protein (E) are involved in virus assembly, whereas the spike protein (S) mediates virus entry into host cells. Among these structural proteins, the spike forms large protrusions from the virus surface, giving coronaviruses the appearance of having crowns(2).

The SARS-CoV-2 virus transmits from person to person mainly through respiratory droplets(3).
The inhaled virus SARS-CoV-2 likely binds to epithelial cells in the nasal cavity and starts replicating. ACE2 is the main receptor for both SARS-CoV-2 and SARS-CoV(4,5). There is local propagation of the virus but a limited innate immune response. At this stage, the virus can be detected by nasal swabs. Although the viral burden may be low, these individuals are infectious. The RT-PCR value for the viral RNA might be useful to predict the viral load and the subsequent infectivity and clinical course. The virus propagates and migrates down the respiratory tract along the conducting airways, and a more robust innate immune response is triggered. Nasal swabs or sputum should yield the virus (SARS-CoV-2) as well as early markers of the innate immune response(6). The symptoms of SARS-CoV-2 infection appear after an incubation period of ~5 days(7). The period from the onset of SARS-CoV-2 symptoms to death ranged from 6 to 41 days with a median of 14 days. This period is dependent on the age of the patient and the status of the patient's immune system. It was shorter among patients >70 years old compared with those under the age of 70(8). The most common symptoms at the onset of SARS-CoV-2 illness are fever, cough, and fatigue, while other symptoms include sputum production, headache, hemoptysis, diarrhea, dyspnoea, and lymphopenia(9).

Till date, no specific treatment was recommended for SARS-CoV-2 infection hence, vaccines are a critical new tool in the battle against COVID-19. Various types of COVID-19 vaccines, such as DNA, RNA- based formulations, Recombinant subunit vaccines containing the viral protein (Spike) epitopes, vector based formulations (eg: Adeno virus) and traditional inactivated vaccines were developed(10–12). Bharat Biotech Int. Ltd., India has developed a whole-virion inactivated Covid-19 vaccine and evaluated for its safety and immunogenicity in a Phase 1 followed by phase 2 study and found that vaccine is safe and immunogenic(13,14). Bharat Biotech has been conducting a phase 3 efficacy study in 25,800 participants to evaluate the efficacy of the vaccine.

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2. STUDY DESIGN

The study is an endpoint-driven randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.

A total of 25,800 subjects were enrolled across India in 25 sites (3 Categories) and randomized in a 1:1 ratio to receive BBV152B vaccine and control. All participants will be assessed for efficacy and safety endpoints and provide a NP swab and blood sample before the first dose of IP. The NP swab and blood collected will be subject to RT-PCR and Anti-SARS-CoV-2 IgG antibodies. The results of this will not affect enrolment of the participant. Participants who are found to be positive for either RT-PCR or Anti-SARS-CoV-2 IgG antibodies will be excluded from the primary efficacy analysis.

The purpose of this Phase 3 study is to evaluate the protective efficacy, safety, and immunogenicity of the whole-virion inactivated SARS-CoV-2 vaccine, BBV152B. The Phase 3 study will follow randomized study participants for efficacy until virologically confirmed (RT-PCR positive) symptomatic COVID-19 participants will be eligible for the primary efficacy analysis. After reaching the target number (n=130) of symptomatic COVID-19 cases, the study will continue to assess safety until the completion of the study duration.

Case Definition of symptomatic COVID-19

The study is designed to accrue 130 symptomatic COVID-19 cases.This includes any participant who meets any of the two below following criteria:

• Case Definition for Primary Efficacy Symptomatic Endpoint

• Case Definition for Severe Symptomatic COVID-19

Any one of the below mentioned criteria (A or B) must be met, along with a positive SARS-CoV-2 RT-PCR confirmation to be a confirmed symptomatic case

Criteria A: One or More		**Criteria B: Two or More**
1. Shortness of Breath/Difficulty in Breathing 2. New onset Anosmia/Aguesia 3. Oxygen saturation of <94% or escalation by requiring supplemental Oxygen. 4. Pneumonia: diagnosed by chest X ray or CT scan 5. Evidence of Shock **6.** ICU Admission/Death	or	1. Fever 2. Chills 3. New cough 4. Myalgia/Fatigue 5. Headache 6. Sore throat 7. Nausea/Vomiting 8. Diarrhea 9. Congestion/ Runny Nose
	AND	
Positive SARS-CoV-2 RT-PCR test		

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SITE CATEGORIES:

Category 1 (Symptomatic): In addition to administering the IP, a series of post-dose telephonic follow-up visits will be scheduled to detect suspect symptomatic COVID-19 infections. If a suspect is identified, a nasopharyngeal sample will be collected from the participant for detecting the presence of COVID-19 infection. Telephonic follow-up will occur at 15 day intervals.

Category 2 (Symptomatic/Asymptomatic): In addition to administering the IP, a series of post-dose Nasopharyngeal samples for detecting incidence of Asymptomatic COVID-19 infection at 1-Month intervals will be collected.

Category 3 (Symptomatic/Asymptomatic+Immunogenicity): In addition to administering the IP, repeated NP swabs for asymptomatic, a series of blood samples will be collected for analyzing serum for immunological assessments.

3. STUDY POPULATION

As per the approved protocol, a total of 25,800 subjects were enrolled and received either vaccine or placebo in 1:1 ratio. Among these 25,800 participants 24,455 were received second dose and detailed site wise enrolled participants, second dose recipients and the participants who were followed up till Day 42 were listed in the Table 1.

TABLE 1: SUMMARY OF ENROLLED SUBJECTS AT EACH SITE

S No.	Site Name and Location	Subjects completed 1st dose	Subjects completed 2nd dose	Subjects Completed follow up (Day 42)
	Category 1: Sites			
1	All India Institute of Medical Sciences - (New Delhi)	659	629	629
2	All India Institute of Medical Sciences - (Patna)	1216	1137	1129
3	ESIC Medical College and Hospital - (Faridabad)	1126	1002	997
4	ICMR-National Institute of Cholera and Enteric Diseases - (Kolkata)	988	969	967
5	Lokmanya Tilak Municipal General Hospital - (Mumbai)	197	191	191
6	MG Medical College, Sri Balaji Vidyapeeth - (Pondicherry)	901	868	831
7	People's University - (Bhopal)	1725	1426	1424
8	Rahate Surgical Hospital & ICU - (Nagpur)	1670	1594	1579
9	Vydehi institute of Medical Sciences - (Bangalore)	496	476	429
10	Director of Public Health & Preventive Medicine - (Chennai)	29	27	27
11	Gangaram - (New Delhi)	318	276	276
12	Prakhar Hospital – (Kanpur)	2250	2244	2243
13	Jeevan Rekha – (Karnataka)	2227	2216	2216
14	Maharaja Agrasen Multi speciality Hospital - (Jaipur)	1494	1431	1124
15	Sunita Jaiprakash Ramanand - RCSMGMC & CPR Hospital - (Kolhapur)	887	882	737
16	Vijaykumar Patil - Prakash Institute of Medical Science & Research - (Sangli)	611	594	409
	Category 2: Sites			
17	Aligarh Muslim University - (Uttar Pradesh)	1008	938	937

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18	Gmers Medical College and Civil Hospital - (Ahmedabad)	1081	1018	1018
19	Sir J.J. Group of Hospitals - (Mumbai)	438	379	378
20	Government Fever Hospital - (Guntur)	1358	1351	1350
21	(IMS) & SUM Hospital - (Bhubaneswar)	510	495	494
22	SRM Hospital & Research Center – (Chennai)	603	446	404
	Category 3: Sites			
23	Nizam's institute of Medical Sciences - (Hyderabad)	1998	1888	1883
24	PGIMS - (Rohtak)	456	433	433
25	Redkar Hospital and Research Centre - (Goa)	1554	1544	1544
	Total	**25800**	**24454**	**23649**

3.1 AT-RISK POPULATION

In this study both healthy volunteers and participants with high risk for Covid-19 who is, either ≥ 60 years of age or < 60 years of age with co-morbid conditions, and HCPs were recruited.

Participants who are < 60 years old will be categorized as at risk for severe COVID-19 illness if they have at least 1 of the following risk factors at Screening:

- Stable chronic lung disease (eg, emphysema and chronic bronchitis), idiopathic pulmonary fibrosis and cystic fibrosis) or mild to moderate asthma.
- Stable cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, hypertension, and pulmonary hypertension).
- Severe obesity (body mass index ≥ 35 kg/m2).
- Controlled Diabetes (Type 1, Type 2).
- Stable Liver disease.

Participants who has high risk for Covid-19 were summarized in the Table 2 (>60 Years) and Table 3 (< 60 with Co-morbid condition).

TABLE 2: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900) n (%)	Placebo (N= 12, 900) n (%)	Total (N = 25,800) n (%)
At Risk Participants at baseline, Age ≥ 60 years			
Stable chronic heart disease	158 (1.22)	142 (1.10)	300 (1.16)
Stable chronic lung disease	12 (0.09)	16 (0.12)	28 (0.11)
Controlled Diabetic	101 (0.78)	107 (0.83)	208 (0.81)
Stable Liver Disease	4 (0.03)	8 (0.06)	12 (0.05)
Severe obesity (BMI >35)	2 (0.02)	2 (0.02)	4 (0.02)
Other stable co-morbid condition	129 (1.00)	142 (1.10)	271 (1.05)
None of the above	32 (0.25)	28 (0.22)	60 (0.23)
Multiple risk categories*	245 (1.90)	296 (2.29)	541 (2.10)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

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TABLE 3: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900) n (%)	Placebo (N= 12, 900) n (%)	Total (N = 25,800) n (%)
At Risk Participants at baseline, Age < 60 years			
Stable chronic heart disease	370 (2.87)	357 (2.77)	727 (2.82)
Stable chronic lung disease	108 (0.84)	148 (1.15)	256 (0.99)
Controlled Diabetic	593 (4.60)	613 (4.75)	1206 (4.67)
Stable Liver Disease	17 (0.13)	17 (0.13)	34 (0.13)
Severe obesity (BMI >35)	53 (0.41)	90 (0.70)	143 (0.55)
Other stable co-morbid condition	613 (4.75)	676 (5.24)	1289 (5.00)
None of the above	125 (0.97)	118 (0.91)	243 (0.94)
Multiple risk categories*	209 (1.62)	200 (1.55)	409 (1.59)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

3.2 GENDER AND AGEWISE CLASSIFICATION OF THE PARTICIPANTS:

In the study both the genders were recruited, among 25800 participants 17332 (67.2%) were male and 8468 (32.8%) were female participants. Detailed description of the participants categorized by their age and gender was depicted in the Table 4.

TABLE 4: GENDERAND AGE WISE CLASSIFICATION OF THE PARTICIPANTS

Gender	≥18 to ≤50	≥51 to ≤60	≥61 to above
Male	13790 (53.45%)	2085 (8.08%)	1457 (5.65%)
Female	6242 (24.19%)	1250 (4.84%)	976 (3.78%)

3.3 INFECTION RATE & SEROPREVALENCE

As per the protocol, all the participants were examined for their status on the Covid-19 infection and seroprevalence at baseline. Nasopharyngeal swab and serum were collected from all the participants and estimated the COVID-19 infection rate and seroprevalence among all the sites across India. The results were reported that 0.82% infection rate and 34.33% of the seroprevalence across the India. Site wise and zone wise seroprevalence and infection rate is depicted in the Table 5.

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TABLE 5: INFECTION RATE AND SEROPREVALENCE OF THE COVID-19

Site Code	Site	RTPCR Tested	RTPCR Positive	Infection Rate (%)	ELISA Samples	Positive	Seroprevalence (%)
NORTH							
301	AIIMS, Delhi	658	3	0.46	658	293	44.53
303	ESIC, Faridabad	1126	8	0.71	1126	290	25.75
313	AMU, Aligarh	1008	20	1.98	1002	311	31.04
321	PGIMS, Rohtak	456	14	3.07	456	72	15.79
323	Gangaram, New-Delhi	319	2	0.63	319	107	33.54
324	PRAKHAR, Kanpur	2250	5	0.22	2250	1031	45.82
				1.18			**32.75**
EAST							
302	AIIMS, Patna	1216	20	1.64	1216	801	65.87
305	NICED, Kolkata	989	8	0.81	989	264	26.69
318	IMS, Odisha	510	3	0.59	510	123	24.12
				1.01			**38.89**
WEST							
307	Sion Hospital, Mumbai	202	3	1.49	197	105	53.30
310	RAHATE, Nagpur	1672	11	0.66	1672	192	11.48
315	GMERS, Ahmadabad	1081	25	2.31	1081	387	35.80
316	JJ Hospital, Mumbai	437	5	1.14	437	200	45.77
322	REDKAR, Goa	1554	1	0.06	1554	497	31.98
326	Jeevan Rekha, Belgavi	2227	4	0.18	2227	936	42.03
327	MAMSH, Jaipur	1494	12	0.80	1494	698	46.72
328	RCSMGMC & CPR, Kolhapur	887	0	0.00	887	248	27.96
329	PIMSR, Sangli, MH	611	0	0.00	611	198	32.41
				0.74			**36.38**
SOUTH							
308	MGMCR, Pondicherry	901	3	0.33	901	433	48.06
311	VIMS, Bangalore	496	2	0.40	496	172	34.68
312	DPH, Chennai	29	1	3.45	29	13	44.83
317	Guntur, AP	1358	5	0.37	1358	380	27.98
320	NIMS, Hyderabad	1998	31	1.55	1998	423	21.17
325	SRM, Chennai	605	0	0.00	605	453	74.88
				1.02			**41.93**
CENTRAL							
309	Peoples University, Bhopal	1746	26	1.49	1736	234	13.48
TOTAL				**0.82**			**34.33**

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4. SAFETY

There are 25,800 participants were recruited in the study. It is decided to consider all AEs reported till 11 am (IST) March 1, 2021 for first 8000 enrolled participants. All the participants were followed up telephonically for 7 days after each dose of vaccination and reported all the solicited AEs. Unsolicited AEs from all the participants were reported throughout follow-up period (Till Day 42). A total of 655 adverse events were reported and equally distributed in both vaccine and placebo groups. Among these 655 AEs 605 were mild, 34 were moderate and 16 were severe and the severity of the AEs is similar in both the groups. All the AEs except 20 were resolved without sequelae. Detailed AEs list is summarized in the Table 6.

TABLE 6: SUMMARY OF ADVERSE EVENTS

Description	Treatment Arm		
	BBV152 (N=4,061) n (%)	**Placebo (N=3,804) n (%)**	**Total (N=7,865) n (%)**
No of Subject with at least one Adverse Event	335 (8.25)	300 (7.89)	635 (8.07)
No of Subjects with at least one Local Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	99 (2.44)	94 (2.47)	193 (2.45)
No of Subjects with at least one Local Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	55 (1.35)	39 (1.03)	94 (1.20)
No of Subjects with at least one Systemic Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	94 (2.31)	55 (1.45)	149 (1.89)
No of subjects with at least one Systemic Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	30 (0.74)	23 (0.60)	53 (No 0.67)
No of subjects with at least one Unsolicited Adverse Events	50(1.23)	67(1.76)	117 (1.49)
All Ongoing Adverse Events	9 (0.22)	11 (0.29)	20 (0.25)
Severity			
Mild	317 (7.81)	288 (7.57)	605 (7.69)
Moderate	17 (0.42)	17 (0.45)	34 (0.43)
Severe	9 (0.22)	7 (0.18)	16 (0.20)

4.1 SERIOUS ADVERSE EVENTS

All the participants (25800) were followed up for serious adverse events (SAEs) and 43 SAEs were reported till date and among those cases 33 were resolved, 3 cases are ongoing and 7 deaths were reported. All the SAEs were not related to the vaccine and distributed equally among the two treatment groups. Detailed description of the SAEs is given in the Table 7.

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TABLE 7: SAEs Line Listing

S. No	Study site (Screening Number)	Date of administration	Date of occurrence of SAE	Seriousness Criteria	Diagnosis of the Event	Causality Assessment by PI	Causality Assessment by Sponsor	Outcome of the Event
1	NIMS, Hyderabad (32000107)	19-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	20-11-2020	Hospitalization	Road traffic accident (RTA)- Crush Injury left foot and Fracture neck of 2nd 3rd and 4thmetatarsal.	Unrelated	Unrelated	Recovered and discharged from hospital on 23rd Nov 2020.
2	NIMS, Hyderabad (32000073)	18-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	29-11-2020	Hospitalization	Uncontrolled Type-2 Diabetes mellitus with Diabetic ketoacidosis and dyselectrolytemia.	Unlikely	Unrelated	Recovered and discharged from hospital on 12th Dec 2020
3	PGIMS, Rohtak (32100001)	20-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from hospital 30th Dec 2020 in stable condition
4	NIMS, Hyderabad (32000428)	28-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	Shortness of breath, pedal edema and fever (3 days).	Unlikely	Unrelated	Recovered and discharged from hospital 6th Dec 2020 in stable condition
5	NIMS, Hyderabad (32000272)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 11th Dec 2020 in stable condition
6	NIMS, Hyderabad (32000242)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	10-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 15th Dec 2020 in stable condition
7	Grant Medical College & JJ Hospital, Mumbai (31600192)	08-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	12-12-2020	Hospitalization	Homocysteine	Unrelated	Unrelated	Recovered and discharged from hospital in stable condition on 26th Dec 2020
8	SRM Medical College & Hospital, Chennai (32500018)	07-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	15-12-2020	Hospitalization	Clinical enteric fever with dehydration.	Unrelated	Unrelated	Recovered and discharged from hospital on 17th Dec 2020
9	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900546)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	17-12-2020	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from hospital on 18th Dec 2020 with advice to follow up for further treatment plan
10	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900809)	12-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	21-12-2020	Death	Death	Unrelated	Unrelated	Fatal
11	MGMCRI-SBV, Puducherry (30800390)	26-12-2020 (1st Dose) (Vaccine/Placebo; Blinded)	01-01-2020	Hospitalization	"Hollow viscus perforation with Acute Kidney Injury -? Cause"	Unrelated	Unrelated	Recovered

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		2nd dose was not administered						
12	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900578)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	06-01-2021	Hospitalization	Liver abscess	Unrelated	Unrelated	Recovered and discharged from hospital on 15th Jan 2021
13	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore. (31100060)	09-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-12-2020 (Date of awareness of SAE:06-01-2021)	Hospitalization	Left lung opacity-LRTI	Unrelated	Unrelated	Recovered and discharged from Hospital on 23rd December 2020
14	People's College of medical research center, Bhopal, Madhya Pradesh (30900546)	10/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-01-2021	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from Hospital on 21stJan 2021.
15	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901496)	18-12-2020 (1st Dose) (Vaccine/Placebo; blinded) 2nd dose was not administered	08-01-2021	Hospitalization	Injury in both the lower limbs (ankle)	Unrelated	Unrelated	Recovered and discharged from Hospital on 19th Feb 2021.
16	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901257)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	30-12-2020 (Date of awareness of SAE:13/01/2021)	Hospitalization	Mature cataract	Unrelated	Unrelated	Recovered and discharged from hospital on 1st Jan 2021.
17	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901279)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	03/01/2021 (Date of awareness of SAE: 13/01/2021)	Hospitalization	CAD with hypertension with B/L Pneuminitis /ACS/TVD. She was also positive with COVID-19.	Unrelated	Unrelated	Recovered and discharged from hospital on 6th Jan 2021.
18	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901436)	17/12/2020 (1st Dose) 14/01/2021 (2nd Dose) (Vaccine/Placebo; Blinded)	15/01/2021	Hospitalization	Acute cholecystitis and cholelithiasis.	Unrelated	Unrelated	Recovered and discharged from the hospital on 22 -01-2021
19	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901004)	14-12-2020 (1st Dose) 11-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	18-01-2021	Hospitalization	Renal Calculi with Hepatomegaly.	Unrelated	Unrelated	Recovered and discharged from the hospital on 19-01-2021
20	NIMS, Hyderabad (32001 145)	21-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-01-2021 (Date of awareness of the SAE:21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
21	Jawaharlal Nehru Medical college and Hospital,AMU, Aligarh (31300207)	25-11-2020 (1st Dose) 24-12-2020 (2nd dose) (Vaccine/Placebo; Blinded)	10-01-2021 (Date of awareness of the SAE-21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal

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22	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100290)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	11-01-2021 (Date of awareness of the SAE: 14-01-2021)	Hospitalization	Atypical viral pneumonia	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-01-2021
23	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901512)	18-12-2020 (1st Dose) 20-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	21-01-2021	Hospitalization	Generalised body pain	Unrelated	Unrelated	Recovered and discharged from the hospital on 25-01-2021
24	AIIMS, New Delhi (30100090)	5-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	22-01-2021 (Date of SAE Awareness: 24-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
25	GMERS Medical College and Civil Hospital, Sola, Ahmedabad (31500928)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	08-01-2021 (Date of awareness of SAE: 27-01-2021)	Death	Death	Unlikely	Unlikely	Fatal
26	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900901)	13-12-2020 (1st Dose) 10-01-2021 (2ndDose) (Vaccine/Placebo; Blinded)	01-02-2021	Hospitalization	Right eye mature cataract and left eye pseudophakia	Unrelated	Unrelated	Recovered and discharged from Hospital on 12th Feb 2021.
27	SRM Medical College Hospital & Research Centre, Kanchipuram,Tamil Nadu (32500447)	28-12-2020 (1st Dose) 25-01-2021 (2ndDose) (Vaccine/Placebo; Blinded)	31-01-2021 (Date of awareness by Sponsor: 01-02-2021)	Death	Death	Unrelated	Unrelated	Fatal
28	SRM Medical College Hospital & Research Centre Kanchipuram, Tamil Nadu (32500303)	23-12-2021 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	27-01-2021 (Date of awreness-02-02-2021)	Hospitalization	Viral pneumonia due to COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 9th Feb 2021 in stable condition
29	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900770)	12-12-2020 (1st Dose) 09-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Chronic Otitis media	Unrelated	Unrelated	Recovered and discharged from the hospital on18-02-2021
30	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Bronchial asthma	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-02-2021
31	Maharaja Agrasen Super speciality Hospital, Jaipur (32700845)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
32	Maharaja Agrasen Super speciality Hospital, Jaipur (32700848)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021

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33	AIIMS, New Delhi (30100013)	27-11-2020 (1st Dose) 26-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	03-02-2021 (Date of awreness-06-02-2021)	Hospitalization	Immune Thrombocytopenia Purpura.	Could be associated with the vaccine.	Under Evaluation	Recovered and discharged from the hospital on 08-02-2021
34	Director of Public Health & Medicine study site, Chennai (31200001)	09-12-2020 (1st Dose) 06-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 16-02-2021
35	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900391)	07-12-2020 (1st Dose) 05-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	Chronic otitis media	Unrelated	Un related	Recovered and discharged from the hospital on 22-02-2021
36	Prakash Institute of Medical Science & Research, Sangli, Maharashtra (32900012)	30-12-2020 (1st Dose) 26-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	13-02-2021	Hospitalization	Fever, headache, and cough	Unrelated	Unrelated	Recovered and discharged from the hospital on 14-02-2021
37	AIIMS, New Delhi (30100044)	02-12-2020 (1st Dose) 30-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	19-02-2021	Hospitalization	Myocardial infarction (MI)	Unlikely	Unrelated	Recovered and discharged from the hospital on 01-03-2021
38	NIMS, Hyderabad (32001185)	22-12-2020 (1st Dose) 19-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	COVID-19	Unlikely	Under Evaluation	Ongoing at the time of submission of the report by the investigator
39	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi (32300066)	19-12-2020 (1st Dose) 20-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	Fever and body ache	Under Evaluation	Under Evaluation	Ongoing at the time of submission of the report by the investigator
40	Aligarh Muslim University, Aligarh (31300560)	30-11-2020 (1st Dose) 31-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 27-02-2021)	Hospitalization	Epistaxis	Unrelated	Under Evaluation	Recovered and discharged from the hospital on 27-02-2021
41	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 03-03-2021)	Hospitalization	Acute exacerbation of COPD	Unrelated	Under Evaluation	Ongoing
42	AIIMS, New Delhi (30100314)	26-12-2020 (1st Dose) 23-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 05-03-2021)	Hospitalization	Cholecystitis	Unlikely	Under Evaluation	Recovered and discharged from the hospital on 02-03-2021
43	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100476)	06-01-2021 (1st Dose) 03-02-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	03-03-2021 (Date of Awareness:05-03-2021)	Death	Death	Under Evaluation	Under Evaluation	Fatal

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5. IMMUNOGENICITY

The Immunogenicity assessment was planned on the subset of the 600 participants who were recruited in the category 3 sites. All the blood samples from these participants were collected on Day 0, Day 28, Day 56 and these samples are being analysed. The immunogenicity data in terms geometric mean titers (GMTs) by neutralizing antibody, S-protein, and RBD specific anti-IgG binding titer will be submitted to CDSCO.

6. EFFICACY (INTERIM ANALYSIS)

We are considering first 43 RT-PCR (1/3 of 130 as proposed in 1st interim analysis) positive events and analysis has been done by taking data confirmed by sites. Participants who received two doses and not having PD (protocol deviation) are considered in efficacy population. The first interim analysis is based on 43 cases, of which 36 cases of COVID-19 were observed in the placebo group versus 7 cases observed in the BBV152 (COVAXIN®) group, resulting in a point estimate of vaccine efficacy of 80.6%.

TABLE 7: EFFICACY of BBV152

Description	Treatment Arm		
	BBV152 (N = 12218)	**Placebo (N=12199)**	**Total (N =24417)**
First occurrence of Virologically confirmed (RT-PCR) n (%)	7(0.057)	36(0.295)	43(0.176)
VE (%)	80.6		
95% CI	[78.1, 82.7]		
p value	<0.0001		

7. CONCLUSIONS

Phase 3 study is conducted to evaluate the efficacy and safety of the COVAXIN® vaccine. A total of 25800 participants were recruited, among these 67.2% were males and 32.8% were females. At-risk population, ages > 60 years (9.4%), participants (<60 Years) with co-morbid conditions (16.7%) were enrolled. COVID-19 seroprevalence was assessed among these 25800 participants at baseline and results reported that 34.3% of the participants were Seropositive.

All the participants were followed up for their safety, 43 SAEs were reported and among these 33 were resolved, 3 were ongoing and 7 deaths were reported. Among 25800 participants first 8000 enrolled participants AEs were recorded. A total of 655 AEs were reported and most of them were mild in severity. All the reported SAEs were not related to the vaccine.

COVAXIN® vaccine efficacy was assessed based on the 43 accrued COVID-19 cases and reported that the vaccine efficacy is 81%.

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COVID-19 WHOLE VIRION INACTIVATED CORONAVIRUS VACCINE BBV152

INVESTIGATOR'S BROCHURE FOR PHASE 3 CLINICAL TRIAL

Version 4.0 Effective Date 08 Mar 2021

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DECLARATION BY RESPONSIBLE SPONSOR REPRESENTATIVE(S)

This Investigator Brochure version # 4.0 with effective from 08 Mar 2021 is authored by:

08.03.2021
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This Investigator Brochure was critically and scientifically reviewed, and has been approved by me.

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LIST OF ABBREVIATIONS AND DEFINITIONS OF TERMS

2-PE	2-Phenoxyethanol
AGMK	African Green Monkey Kidney
ATCC	American type culture Collection
BBIL	Bharat Biotech International Limited
BRM	Bacterial Reverse Mutation
BSC	Biosafety Cabinet
BP	British Pharmacopoiea
CoA	Certificate of Analysis
CPCSEA	Committee for the Purpose of Control and Supervision on Experimental Animals
CPE	Cytopathic Effect
CVS	Control Virus Sample
DCG(I)	Drugs Controller General(India)
DMSO	Dimethyl Sulphoxide
DNA	Deoxyribonucleic Acid
DMEM	Dulbecco's Modified Eagle's Medium
DSMB	Data Safety Monitoring Board
EDTA	Ethylenediamine Tetra Acetic Acid
ELISA	Enzyme Linked Immunosorbent Assay
EoPC	End of Production Culture
EP	European Pharmacopoeia
IHS	In-House Specification
IP	Indian Pharmacopoiea
FBS	Fetal Bovine Serum
GCP	Good Clinical Practices
GMP	Good Manufacturing Practices
HIV	Human Immunodeficiency Virus
HTLV	Human T-lymphotropic virus
IAEC	Institutional Animal Ethics Committee
IBSC	Institutional Biosafety Committee
ICH	International Council for Harmonization
IM	Intramuscular
IPA	Isopropyl Alcohol
IPQC	In-Process Quality Control
IRB	Institutional Review Board
LAF	Laminar Air Flow
MCB	Master Cell Bank
MCHC	Mean Corpuscular Hemoglobin Concentration
MCV	Mean Corpuscular Volume
MEM	Minimum Essential Medium,Eagle
MOI	Multiplicity of Infection
MTD	Mean Time to Death
MTD	Maximum Tolerated Dose
MVB	Master Virus Bank
NA	Not Applicable
NGS	Next Generation Sequencing
NLT	Not Less Than
NMT	Not More Than
NOAEL	No Observed Adverse Effect Level
NOC	No Objection Certificate
NRA	National Regulatory Authority
NSP	Non-Structural Protein

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OD	Optical Density
OECD	Organization for Economic Co-operation and Development
PBS	Phosphate Buffered Saline
PCR	Polymerase Chain Reaction
PERT	Product Enhanced Reverse Transcriptase
QA	Quality Assurance
QCD	Quality Control Department
QPERT	Quantitative Product Enhanced Reverse Transcriptase
R&D	Research and Development
RDT	Repeat Dose Toxicity
RNA	Ribonucleic Acid
RT-PCR	Reverse Transcription-Polymerase Chain Reaction
SHD	Single Human Dose
$CCID_{50}$	50% Cell Culture Infectious Dose
TRS	Technical Report Series
USP	United States Pharmacopoeia
WCB	Working Cell Bank
WFI	Water for Injection
WHO	World Health Organization
WVB	Working Virus Bank

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1 INTRODUCTION

1.1 CORONAVIRUS

In December 2019, a novel coronavirus (CoV) started causing illness and death in Wuhan province of China (1). The International Committee on Taxonomy of Viruses (ICTV) named the new virus as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) because of its phylogenetically close relationship with SARS-CoV and the disease was named Coronavirus disease 2019 (COVID-19) by World Health Organization (WHO) (2,3). The WHO declared COVID-19 as global pandemic on March 11, 2020 as the number of confirmed cases increased outside China to 13-fold with increasing number of countries affected with the virus to three-fold(4). The number of confirmed cases and mortality keeps on increasing every day and at present (12th Sep 2020), there are about 30 million confirmed cases and 900,000 deaths reported worldwide (WHO) (5).

The first case of laboratory confirmed SARS-Cov-2 was detected on 1stDecember 2019 in Wuhan, China. The initial outbreak reported to occur in the Seafood market in Huanan involving about 41 people. An epidemiological alert was issued on 31st December 2019 to shut down the market on 1stJanuary 2020. The infection then spread many cities and provinces of China. The first exported case from china was detected in Thailand on 13thJanuary 2020 and simultaneously, the disease spread rapidly across many other countries involving 205 countries (6). As of 12th Sep 2020, about 30 million confirmed cases and 900,000 deaths have been reported worldwide involving 216 countries, territories or areas (5).The initial mortality rates for patients in the hospital were estimated to be 11%–15%, but more recent data were 2%–3%. The mortality rate also varies from country to country, co-morbid conditions, isolation practice of the country (6). As of March 08th 2021, the total number confirmed cases of COVID-19 cases and death in India are 11,229,398 and 157,853 deaths, respectively as per the Official data of Govt. of India official data and the first COVID-19 case in Brazil was reported on Feb 26, 2020, in the city of São Paulo, and as of 2 Feb 2021, approximately 224,504 deaths and 9,204,731 Cases have been reported (7).

1.2 STRUCTURE

Coronavirus is a spherical or pleomorphic enveloped particle containing single-stranded (positive-sense) RNA associated with a nucleoprotein within a capsid comprised of matrix protein. The envelope bears club-shaped glycoprotein projections. Some coronaviruses also contain a hem agglutinin-esterase protein (HE) [8].

Coronaviruses possess the largest genomes (26.4–31.7 kb) among all known RNA viruses, with G + C contents varying from 32% to 43%. Variable numbers of small ORFs are present between the various conserved genes (ORF1ab, spike, envelope, membrane and nucleocapsid) and, downstream to the nucleocapsid gene in different coronavirus lineages.

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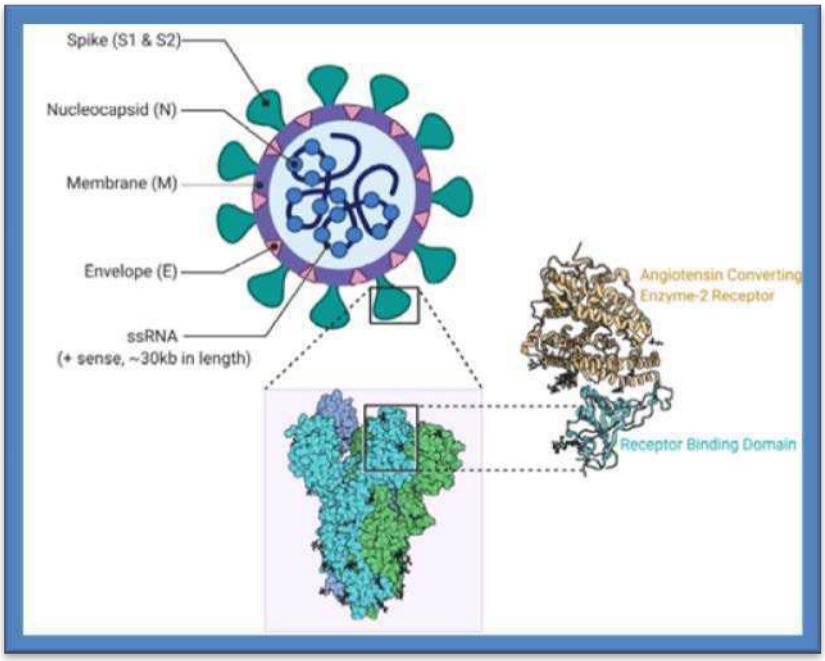
The viral genome contains distinctive features, including a unique N-terminal fragment within the spike protein. Genes for the major structural proteins in all coronaviruses occur in the 5′–3′ order as S, E, M, and N [9].

The structure of SARS-CoV-2 consists of the following: a spike protein (S), hemagglutinin-esterease dimer (HE), a membrane glycoprotein (M), an envelope protein (E) a nucleoclapid protein (N) and RNA as seen in the figure below. [10]



SARS-CoV-2 STRUCTURE

Source: https://www.ncbi.nlm.nih.gov/books/NBK554776/figure/article-52171.image.f3/)

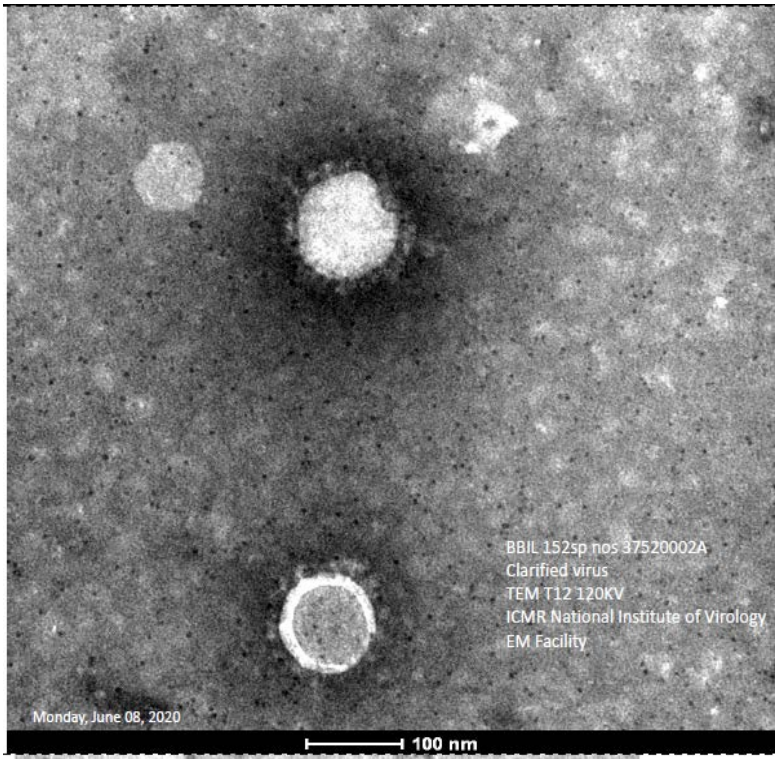


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Figure 1: Electron Microscope image of SARS-CoV-2 Structure of BBIL Clarified virus from EM Facility, National Institute of Virology, Pune

Spike protein (S) is heavily glycosylated, utilizes an N-terminal signal sequence to gain access to the ER and mediate attachment to host receptors. It is the largest structure and makes the distinct spikes on the surface of the virus. S protein is cleaved by cellular furin-like protease [11] into two separate polypeptides S1 and S2.

Nucleocapsid protein (N) binds to RNA in vitro and is heavily phosphorylated. N proteins binds the viral genome in a bead on a string type conformation. This protein likely helps tether the viral genome to replicase-transcriptase complex (RTC), and subsequently package the encapsulated genome into viral particles.

Membrane protein (M) is the most abundant structural protein. It does not contain signal sequence and exists as a dimer in the virion. It may have two different conformations to enable it to promote membrane curvature as well as bind to nucleocapsid.

Envelope protein (E) is found in small quantities in within the virus. It is most likely a transmembrane protein and with ion channel activity. The protein facilitates assembly and release of the virus and has other functions such as ion channel activity. It is not necessary for viral replication but it is for pathogenesis.

RNA is the genome of the SARS-CoV-2 virus and contains positive-sense, single-stranded RNA.

Receptor-binding domain (RBD): Receptor recognition by coronaviruses is the first and essential step for infecting host cells. Coronavirus entry into host cells is mediated by the transmembrane S glycoprotein that forms homotrimers protruding from the viral surface [12]. S glycoprotein comprises two functional subunits responsible for binding to the host cell receptor (S1 subunit) and fusion of the viral and cellular membranes (S2 subunit). The distal S1 subunit comprises the receptor-binding domain (RBD) and contributes to stabilization of the prefusion state of the membrane-anchored S2 subunit that contains the fusion machinery [13]. The receptor binding motif (RBM) in RBD is responsible for direct binding to ACE2 and its binding affinity may directly affect the virus infectivity and transmissibility [14].

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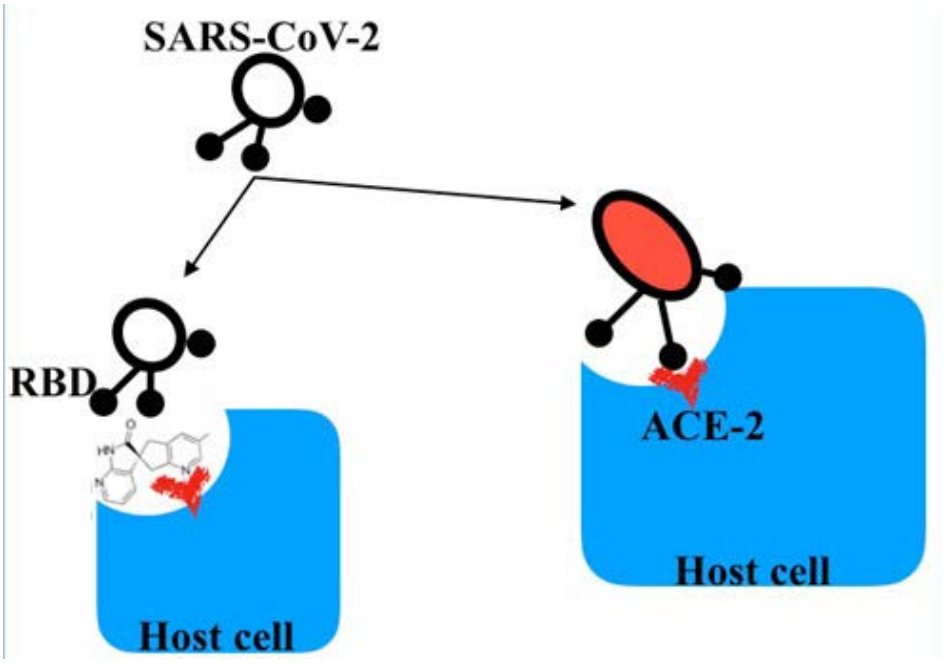

Figure 2: Receptor Binding Domain

[Source: Omotuyi, O.; Nash, O.; Ajiboye, B.; Metibemu, D.; Oyinloye, B.; Ojo, A.; Okaiyeto, K. The Disruption of SARS-CoV-2 RBD/ACE-2 Complex by Ubrogepant Is Mediated by Interface Hydration. Preprints 2020, 2020030466 (doi: 10.20944/preprints202003.0466.v1][15].

Coronavirus entry into susceptible cells is a complex process that requires the concerted action of receptor-binding and proteolytic processing of the S protein to promote virus-cell fusion. As the coronavirus S glycoprotein is surface-exposed and mediates entry into host cells, it is the main target of neutralizing antibodies (Abs) upon infection and the focus of therapeutic and vaccine design.

1.3 GENETIC DIVERSITY

Nucleotide substitution has been proposed to be one of the most important mechanisms of viral evolution in nature. The rapid spread of SARS-CoV-2 raises intriguing questions such as whether its evolution is driven by mutations. To assess the genetic variation, Tung Phan reported that eighty-six complete or near-complete genomes of SARS- CoV-2 were collected from GISAID [https://www.gisaid. org/]. These SARS-CoV-2 strains were detected in infected patients from China (50), USA (11), Australia (5), Japan (5), France (4), Singapore (3), England (2), Taiwan (2), South Korea (1), Belgium (1), Germany (1), and Vietnam (1). The pair-wise nucleotide sequence alignment was performed by ClustalX2, and the sequence of the strain China/WHU01/2020/EPI_ISL_406716 was used as a reference genome. Like other beta-coronaviruses, the genome of SARS-CoV-2 has a long ORF1ab polyprotein at the 5′ end, followed by four major structural proteins, including the spike surface glycoprotein, small envelope protein, matrix protein, and nucleocapsid protein. The genetic analysis discovered three deletions in the genomes of SARSCoV-2 from Japan (Aichi), USA

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(Wisconsin), and Australia (Victoria). Two deletions (three nucleotides and twenty-four nucleotides) were in the ORF1ab polyprotein, and one deletion (ten nucleotides) was in the 3′ end of the genome. The nucleotide sequence alignment also revealed ninety-three mutations over the entire genomes of SARS-CoV-2. Forty-two missense mutations were identified in all the major non-structural and structural proteins, except the envelope protein. Twenty-nine missense mutations were in the ORF1ab polyprotein, eight in the spike surface glycoprotein, one in the matrix protein, and four in the nucleocapsid protein. Of note, three mutations (D354, Y364, and F367) located in the spike surface glycoprotein receptor-binding domain. The spike surface glycoprotein plays an essential role in binding to receptors on the host cell and determines host tropism. It is also the major target of neutralizing antibodies. Mutations in the spike surface glycoprotein might induce its conformational changes, which probably led to the changing antigenicity. To date, a study on localization of amino acids involved in conformational changes of the SARS-CoV-2 spike surface glycoprotein structure is not available. The identification of these amino acids is of significance and should be investigated by further studies. [12].

2 CORONAVIRUS INFECTION

2.1 TRANSMISSION

The human-to-human transmissions occur via droplets and contact. The R0 currently is estimated by the WHO as 1.4–2.5. R0 describes about how many secondary cases that is expected to be produced from one primary infection in a susceptible population. For example, the median R0 for seasonal flu is reported as 1.28 with interquartile range of 1.19–1.37), whereas for measles it is reported as 12–18. As R0 value can be affected based on the local factors such as disease susceptibility, case detection rate and infection control measures, it should be calculated from population specific data taking local variability factors into consideration. Therefore, R0 value of COVID-19 may be changed in future when additional information on the disease become available [13].

2.2 CLINICAL SYMPTOMS

Signs and symptoms of coronavirus disease 2019 (COVID-19) may appear two to 14 days after exposure. This time after exposure and before having symptoms is called the incubation period. Common signs and symptoms can include:

- Fever
- Cough
- Tiredness

Other symptoms can include:

- Shortness of breath or difficulty breathing
- Muscle aches
- Chills
- Sore throat

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- Loss of taste or smell
- Headache
- Chest pain

This list is not all inclusive. Other less common symptoms have been reported, such as rash, nausea, vomiting and diarrhea. Children have similar symptoms to adults and generally have mild illness.

The severity of COVID-19 symptoms can range from very mild to severe. Some people may have only a few symptoms, and some people may have no symptoms at all. People who are older or who have existing chronic medical conditions, such as heart disease, lung disease, diabetes, severe obesity, chronic kidney or liver disease, or who have compromised immune systems may be at higher risk of serious illness. This is similar to what is seen with other respiratory illnesses, such as influenza.
Some people may experience worsened symptoms, such as worsened shortness of breath and pneumonia, about a week after symptoms start.

2.3 DISEASE BURDEN

In India, the first three SARS-CoV-2 cases were reported from Kerala during January 27-31, 2020. Later during March 2020, cases were also reported from a group of Italian tourists (n=15) and their contacts in New Delhi, India. Simultaneously, cases were reported in Agra, Uttar Pradesh, which was the outcome of close contact of an infected Delhi-based individual who returned from Italy. Subsequently, SARS-CoV-2 cases were reported from all over the country. As of Sep 12 2020, the total number confirmed cases of COVID-19 cases and death in India are ~ 5 million, and 77,000 deaths, respectively as per the Official data of Govt. of India official data [7].

2.4 DIAGNOSIS

2.4.1 MOLECULAR TEST

The WHO recommends collecting specimens from both the upper respiratory tract (naso- and oropharyngeal samples) and lower respiratory tract such as expectorated sputum, endotracheal aspirate, or bronchoalveolar lavage. The collection of BAL samples should only be performed in mechanically ventilated patients as lower respiratory tract samples seem to remain positive for a more extended period. The samples require storage at four degrees celsius. In the laboratory, amplification of the genetic material extracted from the saliva or mucus sample is through a reverse polymerase chain reaction (RT-PCR), which involves the synthesis of a double-stranded DNA molecule from an RNA mold. Once the genetic material is sufficient, the search is for those portions of the genetic code of the CoV that are conserved. The probes used are based on the initial gene sequence released by the Shanghai Public Health Clinical Center & School of Public Health, Fudan University, Shanghai, China on Virological.org, and subsequent confirmatory evaluation by additional labs. If the test result is positive, it is recommended that the test is repeated for verification. In patients with

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confirmed COVID-19 diagnosis, the laboratory evaluation should be repeated to evaluate for viral clearance prior to being released from observation. The availability of testing will vary based on which country a person lives in with increasing availability occurring nearly daily.

2.4.2 SEROLOGY

Despite the numerous antibody tests designed, to date serologic diagnosis has limitations in both specificity and sensitivity. Again, results from different tests vary. A CDC research on a test developed by the US Vaccine Research Center at the National Institutes of Health is ongoing. Of note, this test seems to have specificity higher than 99% with a sensitivity of 96%. Nevertheless, further research is needed for elucidating several aspects of the matter.

Inparticular:

- If IgG antibodies will provide immunity from future SARS-CoV-2 infection.
- On the protective titer of antibodies.
- On the duration of the protection.

Serologic, however, can have an important role in broad-based surveillance.

2.4.3 LABORATORY EXAMINATIONS

Concerning laboratory examinations:

- In the early stage of the disease, a normal or decreased total white blood cell count (WBC) and a decreased lymphocyte count can be demonstrated. Interestingly, lymphopenia appears to be a negative prognostic factor.
- Increased values of liver enzymes, lactate dehydrogenase (LDH), muscle enzymes, and C-reactive protein can be detected.
- Unless a bacterial overlap, a normal procalcitonin value is found.
- The elevated neutrophil-to-lymphocyte ratio (NLR), derived NLR ratio (d-NLR) [neutrophil count divided by the result of WBC count minus neutrophil count], and platelet-to-lymphocyte ratio, can be the expression of the inflammatory storm.[23] The correction of these indices is an expression of a favourable trend.
- Increased D-dimer.
- In critical patients, D-dimer value is increased, blood lymphocytes decreased persistently, and laboratory alterations of multiorgan imbalance (high amylase, coagulation disorders, etc.) are found.

2.4.4 IMAGING

2.4.4.1 CHEST X-RAY EXAMINATION

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Since the disease manifests itself as pneumonia, radiological imaging has a fundamental role in the diagnostic process, management, and follow-up. Standard radiographic examination (X-ray) of the chest has a low sensitivity in identifying early lung changes and in the initial stages of the disease. At this stage, it can be completely negative. In the more advanced stages of infection, the chest X-ray examination generally shows bilateral multifocal alveolar opacities, which tend to confluence up to the complete opacity of the lung. Pleural effusion can be associated.

2.4.4.2 CHEST COMPUTED TOMOGRAPHY

Given the high sensitivity of the method, chest computed tomography (CT), in particular

high-resolution CT (HRCT), is the method of choice in the study of COVID-19 pneumonia, even in the initial stages. Several non-specific HRCT findings and patterns can be found. Most of these findings may also be observed in other lung infections, such as Influenza A (H1N1), CMV, SARS, MERS, streptococcus, and Chlamydia, Mycoplasma. The most common findings are multifocal bilateral "ground or ground glass" (GG) areas associated with consolidation areas with patchy distribution, mainly peripheral/subpleural and with greater involvement of the posterior regions and lower lobes. The "crazy paving" pattern can be also observed. This latter finding is characterized by the presence of GG areas with superimposed interlobular septal thickening and intralobular septal thickening. It is a non-specific finding that can be detected in different conditions. Other findings are the "reversed halo sign" which is a focal area of GG delimited by a peripheral ring with consolidation, and the finding of cavitations, calcifications, lymphadenopathies, and pleural effusion.

2.4.4.3 LUNG ULTRASOUND

Ultrasound approach can allow evaluating the evolution of the disease, from a focal interstitial pattern up to "white lung" with evidence often of sub-pleural consolidations. It should be performed within the first 24 hours in the suspect and every 24/48 hours and can be useful for patient follow-up, choice of the setting of mechanical ventilation, and for indication of prone positioning. The main sonographic features are:

- Pleural lines often thickened, irregular, and discontinuous until it almost appears discontinuous; subpleural lesions can be seen as small patchy consolidations or nodules.
- B lines. They are often motionless, coalescent, and cascade and can flow up to the square of "White lung".
- Thickenings. They are most evident in the posterior and bilateral fields especially in the lower fields; the dynamic air bronchogram within the consolidation is a manifestation of disease evolution.
- Perilesional pleural effusion

In summary, during the course of the disease, it is possible to identify the first phase with focal areas of fixed B lines, a phase of numerical increase of the lines B up to the white

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lung with small subpleural thickenings, and further progress until evidence of posterior consolidations.

2.5 TREATMENT

There is no specific antiviral treatment recommended for COVID-19, and no vaccine is currently available. The treatment is symptomatic, and oxygen therapy represents the first step for addressing respiratory impairment. Non-invasive and invasive mechanical ventilation may be necessary in cases of respiratory failure refractory to oxygen therapy.

The clinical management of COVID-19 should be based on the stage and type of syndrome associated with disease at the time of presentation. Mild illness can be managed with conventional symptomatic treatment. Patients with severe illness may require immediate supplementary oxygen therapy. At present, there are no approved drugs with proven efficacy available for the treatment of COVID-19. Some of drugs approved drugs for other diseases are currently used worldwide for the treatment of the patients. The drugs/therapy currently used are either re-purposed or tried as experimental therapy for the treatment of COVID-19 [13,16]. These are:

1) Anti-malarial drugs: Hydroxychloroquine, Chloroquine
2) Anti-retroviral drugs: Lopinavir/Ritonavir (Protease inhibitors)
3) Anti-viral drugs: Remdesivir (nucleoside analogue), Favipiravir
4) Corticosteroids: Methylprednisolone
5) Monoclonal antibodies: Tocilizumab
6) Intravenous immunoglobulin (IVIG)
7) Convalescent plasma transfusion

Remdesivir has been authorized in US under Emergency Use Authorization for the management of adult and pediatric patients for whom use of an IV agent is clinically appropriate and who are under the care or consultation of a licensed clinician skilled in the diagnosis and management of patients with potentially life-threatening illness. Favipiravir has been approved for restricted emergency use in India.

Although none of the vaccines are approved for the prevention of COVID-19, many vaccine candidates are under development throughout the world.

3 COVID 19 VACCINE DEVELOPMENT

3.1 RATIONALE

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection is accelerating globally leading to an increase in morbidity and mortality. The high-risk group includes the health care workers (HCW) (physicians and paramedical staff), working amid SARS-CoV-2 infected patients, all other people including household contacts of COVID-19 confirmed patients, people currently residing or working in COVID-19 hotspots/outbreak areas where there is a high risk of transmission of SARS-CoV-2 infection and especially the elderly people (age >60 Years). Though SARS-CoV-2 infection may cause mild symptoms in many, nearly 14% develop a severe disease that requires hospitalization and oxygen support, and

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5% require admission to an intensive care unit. In severe cases, COVID-19 can be complicated by acute respiratory distress syndrome, sepsis, septic shock, and multiorgan failure with an estimated case fatality of 3.4%.
The COVID-19 pandemic is rapidly worsening in all parts of the world, overwhelming health systems. There is a serious threat to a densely populated country like India. Also, reports from all over the world demonstrate that the disease takes a severe course in elderly people and people with co-morbid conditions leading to higher mortality rates. Thus, there is an urgent need to ensure the safety and health of existing people living in COVID-19 affected areas where there is a high risk of disease transmission and find strategies to prevent the SARS-CoV-2 infection among such populations.

To date, no specific antiviral drug has been approved for COVID-19 although remdesivir has been given Emergency Use Authorization approval by USFDA, and Favipiravir has been used under restricted emergency use in India. Hence, there is a necessity to develop a vaccine to prevent SARS-CoV-2 infection. Various types of COVID-19 vaccines, such as DNA, RNA based formulations, recombinant subunit vaccines containing the viral protein (Spike) epitopes, vector-based formulations (eg: Adenovirus, Measles, Rabies,) and traditional inactivated vaccines are under development 10,11,12,13. Two Chinese based vaccine manufacturing company (Sinovac Biotech Ltd., and China National Pharmaceutical Group Co., Ltd. (Sinopharm)) have developed inactivated vaccine formulation against the SARS-CoV-2 virus and proved its safety and immunogenicity in animals such as mice, rats, and non-primate mammal, rhesus macaque monkeys [17,18]. The phase 1/2 (Sinopharm) and Phase 2 (Sinovac Biotech Ltd.) results have been published and the inactivated vaccine have demonstrated safety and immunogenicity in healthy adults [19,20]. Currently, the phase 3 clinical trials for these two inactivated vaccines are ongoing.

3.2 HISTORY AND CURRENT STATUS

The potential vaccine target could be whole cell antigen (WCA), spike protein (S protein) (The Full-Length S Protein, RBD, NTD, S1 subunit, FP), nucleocapsid protein (N Protein), membrane protein (M Protein) or envelope protein (E protein). The potential vaccine candidates for covid-19 can be categorized into various types such as whole-cell killed and live-attenuated vaccines, subunit vaccines, mRNA vaccines, DNA vaccine, live vector vaccines, synthetic peptide or epitope vaccine.

As of 10th Aug 2020, about 139 vaccine candidates are in preclinical evaluation stage and 28 candidate vaccines in clinical evaluation stage. (The COVID-19 vaccine development landscape, WHO).

3.3 CHALLENGES IN NEW VACCINE DEVELOPMENT

New vaccine development is challenging as usually the reference reagents like antibodies,

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reference vaccine for testing and virus strain suitable for vaccine development are not available. Hence fundamental work is required to qualify any virus strain to be used as a vaccine strain. Extensive validation is required to qualify primary in-house reference reagents. However, the most challenging aspect of a new vaccine development is the derivation and rationalization of vaccine doses for clinical testing. The use of different platform technologies renders comparison of protective correlates induced by the different candidate vaccines difficult to assess.

In the case of COVID19 vaccine development at Bharat Biotech there were additional challenges. The vaccine project was initiated at the time when very little or no information was available on virus pathogenesis, genetic diversity, transmission, diagnosis, serological correlates for protection or animal models to test the vaccine concepts. From vaccine point of view, there was no information on whether the virus can be cultured in vitro in cell substrates and if yes, which cell substrates are best suitable, mechanism of adaptation to cells, potential virus titers and the feasibility to manufacture the vaccine product for human administration, as the published information at that time pertained to passaging the virus in mouse brain which is not suitable for vaccine production. The extent of R&D work done on this vaccine has now led to the development of a very promising candidate vaccine being advanced into clinical development.

3.4 TARGET PRODUCT PROFILE

Table 1: Develop and license vaccine for reactive use in outbreak settings (Outbreak) and/or with **long-term protection for administration to those at high ongoing risk of COVID-19 (LT)**

BBV 152 Vaccine characteristics	**Preferred**	**Critical or Minimal**
Indication for use	Outbreak: For active immunization of at-risk persons in the area of an on-going outbreak for the prevention of infection of SARS-CoV-2; to be used in conjunction with other control measures to curtail or end an outbreak. Long Term (LT): For active immunization of at-risk persons to prevent COVID-19	Outbreak: For active immunization of at-risk persons in the area of an on-going outbreak for the prevention of COVID-19; to be used in conjunction with other control measures to curtail or end an outbreak Long Term (LT): For active immunization of at-risk persons to prevent COVID-19
Contraindication	None	Some contraindications (e.g., immunocompromised) may

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		be acceptable
Target population	All ages[1]. Suitable for administration to pregnant and lactating women.	Adults, including elderly
Safety/Reactogenicity	Safety and reactogenicity sufficient to provide a highly favourable benefit/risk profile in the context of observed vaccine efficacy; with only mild, transient adverse events related to vaccination and no serious AEs.	Outbreak: Safety and reactogenicity whereby vaccine benefits outweigh safety risks[2]. Long Term (LT): Safety and reactogenicity sufficient to provide a highly favourable benefit/risk profile in the context of observed vaccine efficacy; with only mild, transient adverse events related to vaccination.
Measures of Efficacy	At least 70% efficacy (on population basis, with consistent results in the elderly[3]. Endpoint may be assessed vs. disease, severe disease, and/or shedding/transmission. Outbreak: Rapid onset of protection (less than 2 weeks). Long Term (LT): Rapid onset of protection is less important.	Clear demonstration of efficacy (on population basis) ideally with ~50% point estimate. Endpoint may be assessed vs. disease, severe disease, and/or shedding/transmission[4].
Dose regimen	Outbreak: Two-dose primary series[5]. Long Term (LT): Lower frequency (yearly or less) of booster doses is preferred.	Outbreak: No more than two dose regimen[6]. Long Term (LT): Booster doses permitted
Durability of protection	Confers protection for at least 1 year.	Confers protection for at least 6 months[7].
Route of Administration	Outbreak: Any route of administration is acceptable, if vaccine is safe and effective.	Any route of administration is acceptable, if vaccine is safe and effective

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	Long Term (LT): Any route of administration is acceptable.	
Product Stability and Storage	Higher storage temperatures and higher thermostability will greatly enhance vaccine distribution and availability, and are thus strongly preferred.	Outbreak: Storage at 2°C – 8°C or higher; Long Term (LT): Storage at 2°C – 8°C or higher;
Co-administration with other vaccines	Outbreak: Stand-alone product. Long Term (LT): potential for coadministration with other vaccines (e.g, flu, polio, measles, pneumococcal) preferred	Stand-alone product
Presentation	Outbreak: Multi-dose presentation is preferred for ease of use in campaigns. Long Term (LT): Mono-dose or multidose presentations are acceptable Maximum parenteral dose volume: 0.5 mL Multi-dose presentations should be formulated, managed and discarded in compliance with WHO's multi-dose vial policy.	Multi- or mono- dose presentations are acceptable. Maximum parenteral dose volume: 1 mL Multi-dose presentations should be formulated, managed and discarded in compliance with WHO's multi-dose vial policy.

1.Recognize that herd immunity (and transmission blocking) will depend on broad immunization, likely including children.
2 Benefit/risk may depend on age, other factors. Benefit/risk assessment should take potential for enhanced disease into account.
3 The lower confidence limit of the efficacy estimate could be lower
4 If regulatory authorization is provided with incomplete clinical efficacy data, effectiveness data are to be generated during use
5 Note strong preference for single-dose, but do not desire to discourage development of 2-dose vaccines if that is what is feasible
6 note cholera is 2 dose, and many 2 dose vaccines confer partial protection after a single dose. For two-dose vaccines, protection after single dose should be assessed
7 This might not be demonstrated in initial clinical studies, but could be supported by follow-on studies, animal data, etc

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4 CORONAVIRUS VACCINE PRODUCT DEVELOPMENT AT BHARAT BIOTECH

4.1 SUMMARY

The aim was to manufacture a safe COVID-19 vaccine based on the whole-virion inactivated vaccine under BSL3 facility for human clinical trial. This vaccine was based on vero cell manufacturing platform, manufactured and characterized at Bioreliance USA. The safety is well established. This vaccine used the same platform used for vaccines, such as Rabies, Rotavirus, Chikungunya, Zika, Japanese Encephalitis, Inactivated Polio vaccines.

The coronavirus vaccine BBV152 is whole virion inactivated vaccine developed in collaboration with Indian Council of Medical Research and National Institute of Virology, Pune.

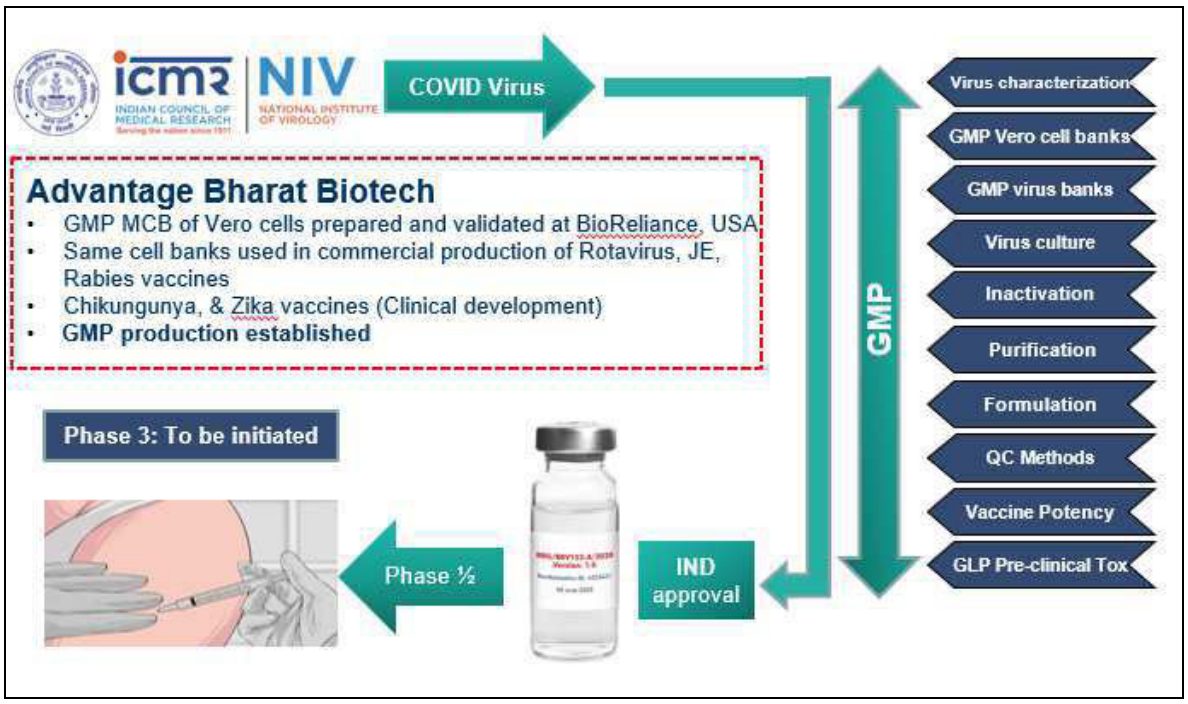

Figure 3: Summary of Vaccine product Development

4.2 VERO-CELL SUBSTRATE

4.2.1 MASTER CELL BANK (MCB) PREPARATION

Vero Cell MCB was prepared and characterized by BioReliance for BBIL. The preparation of MCB was initiated by BioReliance with 2 cryovials of Vero MCB (P/N: 5.41075L/N: 3006- 103388.) at passage #8 (equivalent to passage#130 of ATCC CCL-81). Vero Cells were seeded in 2 x 225 cm^2 flasks. Cells were serially passaged three more times up to the stage of 10^5 x 225 cm^2 flasks. Cells were harvested from all the 10^5 flasks and cryo preservation medium containing 90% FBS and 10% DMSO was added to the pooled cell suspension. The cell suspension was distributed in 1.0 mL aliquots into sterile cryo vials

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labelled as under:

Vero MCB, P-11
P/N: BHAMC1.FP, L/N: 3006-104986
10/07/03 1 mL Vial #
BioReliance. Stored: Liq. N2

The running passage level of notional P#11 is P#133 as per the records of BioReliance. The Vero Cell MCB was completely characterized at BioReliance.

4.2.2 MASTER CELL BANKCHARACTERIZATION

a) Sterility test in accordance with 21CFR, USP 26 AND EP. Result was satisfactory.
b) Test for Bacteriostatic/Fungistatic activity of a test article using direct inoculation method. Result was satisfactory.
c) Test for the presence of Agar cultivable and Non-Agar cultivable Mycoplasma. Results: Test was negative.
d) Cell culture identification and characterization. Results: Isoenzyme analysis is consistent with cells of Cercopithecus monkey origin.
e) Test for the presence of inapparent viruses in suckling mice, adult mice and embryonated hen's eggs. Results: No evidence of contamination with adventitious agents.
f) In vitro assay for the presence of viral contaminants. Results: Adventitious viral contaminants were not detected.
g) PCR assay for the detection of Simian Virus 40 in biological samples. Results: Negative for SV40 DNA
h) PCR assay for the detection of Simian Retrovirus in biological samples. Results: Negative for SRV sequence
i) Transmission electron microscopic evaluation of cultured cells. Results: Negative for virus like particles and other microbial agents.
j) Product Enhanced Revert Transcriptase (PERT) assay for the detection of Retrovirus in biological samples. Results: Negative for RT activity.
k) Cytogenetic analysis for the characterization of cell lines. Results: Identity confirmed as African Green Monkey Cells.

4.2.3 MANUFACTURER'S WORKING CELL BANK (MWCB) PREPARATION

One cryovial was taken from the Vero MCB P/N: (BioReliance) P#133 and seeded into 1xT- 150 flask (P#134). At the time of revival, cell count of the re-suspended cells was found to be $5.6x10^6$ cells and viability was found to be 56%. Cells were serially passaged further up to P#138 for expansion in order to obtain 144 x T-150 flasks. Cells were trypsinised, harvested and made into a cell suspension. To the cell suspension, cryopreservation medium (90% FBS+10% DMSO) was added. Cell suspension was

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aliquoted in 1.2 mL aliquots into sterile cryovials.

4.2.4 MANUFACTURER'S WORKING CELL BANK CHARACTERIZATION

MWCB cryovials were tested for sterility and mycoplasma at BBIL. Samples were sent to BioReliance for characterization.

a) Sterility test in accordance with 21 CFR, USP 27 AND EP for final product; Results: Satisfactory
b) Test for the presence of Agar-cultivable and Non-Agar Cultivable Mycoplasmas in accordance with EP and USFDA; Results: Negative
c) Cell culture identification and characterization; Results: Isoenzyme analysis consistent with cells of Cercopithecus monkey origin.
d) Cytogenetic analysis for the characterization of cell lines; Results: Identified as African Green Monkey Kidney (AGMK) Cells

4.2.5 CHARACTERIZATION OF END OF PRODUCTION CELLS (EOPC)

a) Evaluation of tumor formation in nude athymic mice following subcutaneous injection of cell suspension; Results: Non-tumorigenic.
b) 28 Day in vitro assay for the detection of viral contaminants in 3 detector cell lines; Results: Negative for the presence of viral contaminants.

5 CORONAVIRUS VACCINE STRAIN

GENERAL DESCRIPTION AND HISTORY OF STARTING MATERIAL

5.1 CELL SUBSTRATE

The origin of Vero Cells is from ATCC. Vero Cell CCL-81(Lot No. F-11497) was procured by Bio Reliance Corporation (BRC) from ATCC and Master Cell Bank was prepared by (BRC). The part number of the Vero Cell batch is BHAMCI.FP and the Lot Number is 3006-104986.

5.2 SYSTEM OF SEED/MASTER/WORKING BANKS

5.2.1 MASTER CELL BANK ESTABLISHMENT AND CHARACTERIZATION:

Bharat Biotech engaged BioReliance Corporation, Rockville, MD, USA, in 2005 to prepare and characterize Vero Cell Master Cell Bank for the production of viral vaccines. The origin of Vero Cell line used by BioReliance Corporation, for the preparation of Vero Master Cell Bank for Bharat Biotech was Vero ATCC®.CCL-81TM. Vero Cell line was developed in 1962 by Y. Yasumura and Y. Kawakita at the Chiba University in Chiba, Japan from the kidneys of a normal Cercopithecus aethiops monkey and was given to National Institutes of

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Allergy and Infectious Diseases (NIAID) in the USA in 1964 and NIAID, in turn, provided the cell line to the American Type Culture Collection (ATCC) in 1966.

Bio Reliance received Vero Cells from ATCC with a passage number 122 and prepared MCB with a passage number at 133. It was numbered as Vero MCB P/N: BHAMC1.FP, L/N: 3006-104986. The MCB was fully characterized by BioReliance, the tests and results of which are given Table: 2.

Table – 2: Various tests performed for characterization of MCB and the results

S. No	Test performed	Observation/Result
1.	Sterility Test in Accordance with 21CFR, USP 26 and/ or European Pharmacopeia (EP) for final product	Satisfactory
2.	Test for Bacteriostatic / Fungistatic Activity of a test article using direct inoculation method	Satisfactory
3.	Test for the presence of Agar cultivable and Non-Agar cultivable Mycoplasma	Negative
4.	Cell culture identification and characterization	Isoenzyme analysis consistent with cells of Cercopithecus Monkey origin
5.	Test for the Presence of inapparant viruses in suckling mice, adult mice and embryonated hen's eggs	No evidence of contamination with adventitious agents
6.	In vitro assay for the presence of Viral contaminants	Adventitious viral contaminants were not detected
7.	Polymerase chain Reaction assay for the detection of Simian Virus 40 (SV40) in Biological samples	Negative for SV40 DNA
8.	Polymerase chain Reaction assay for the detection of Simian Retrovirus (SRV) in Biological samples	Negative for SRV Sequence
9.	Transmission Electron Microscopic evaluation of cultured cells	Negative for Virus-Like Particles and other microbial agents
10.	Product Enhanced Reverse Transcriptase (PERT) Assay for the detection of Retrovirus in Biological samples	Negative RT activity at a sensitivity of $2x10^7$ RT Units/4.0µl of test article
11.	Cytogenetic Analysis for the characterization of cell lines	Identified as African Green Monkey

The tests done by BioReliance on End of Production Culture (EOPC), Vero-CCL81 EOPC P#159 is given in Table: 3

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Table – 3: Tests performed and the results

S. No	Test Performed	Results
1	Evaluation of Tumor formation in nude (NU/NU) athymic mice following subcutaneous injection of cell suspension	Not considered to be Tumorigenic
2	28 Day In vitro Assay for the Detection of Viral Contaminants-3 Detector cell lines	Negative

Each MCB cryovial contains approximately 10^7 cells/1.0mL. These cells are stored at -130°C or below in the cell bank storage area in Building 'C' and are controlled, monitored and issued by QA.

5.2.2 MANUFACTURER'S WORKING CELL BANK ESTABLISHMENT AND CHARACTERIZATION:

The MWCB was characterized by BBIL as per Specification no. SMS003

Table -4: Various tests performed for the characterization of MWCB and the results

S.No	Test Performed	Specification	Results
1	Identity	Should show 222 bp band after PCR amplification in Gel Analysis for AGMK species	222 bp band observed
2	Sterility	No Growth should be observed	No Growth observed (Sterile)
3	Mycoplasma	Should be Negative for Mycoplasma	Negative for Mycoplasma species
4	Adventitious agents (in-vivo and in-vitro)	Should be Free from Adventitious Agents	Free from Adventitious Agents
5	Haemadsorption	Should be Free from Haemadsorbing viruses	Free from Haemadsorbing viruses
6	Growth characteristics	Cells should be healthy and growing	Cells are healthy and growing
7	Homogeneity test	90% to 110% recovery should be observed from initial cell count in each cryovials	98.94%
8	Cell Viability	NLT 80%	98.7%
9	Cell count	NLT 5 x 10^6 cells/ cryovial	5.21 x 10^6 cells/ cryovial

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Flow chart of Vero MWCB Preparation:

Stage 1: Vials of MCB, *P# 133*

↓

Stage 2: Revival (1xT-25 flask), *P# 134*

↓

Stage 3: Cell Expansion I (1 x T-175 cm^2 flask), *P# 135*

↓

Stage 4: Cell Expansion II (4 x T-175 cm^2 flask), *P# 136*

↓

Stage 5: Cell Expansion III (1x CS10), *P# 137*

↓

Stage 6: Cell Expansion IV (6 x CS10), *P# 138*

↓

Cryo-preserved, *P# 138*

5.3 DESCRIPTION, HISTORY AND CHARACTERIZATION & SEED LOT SYSTEM FOR VERO CELLS

5.3.1 EMBRYONATED EGGS AND OTHER CELLS SUBSTRATES:

Not Applicable.

5.3.2 MASTER SEED AND WORKING SEED OF VIRUS BANKS

5.3.2.1 VIRUS STRAIN

A new severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) associated with human to human transmission and extreme human sickness has been as of late announced from the city of Wuhan in China. The nucleocapsid protein (N-protein) and spike protein (S-protein) are encoded by all coronaviruses, including the coronavirus (SARS-CoV-2, COVID-19) that was first detected in Wuhan City, China, in December 2019.

5.3.2.2 VIRUS SEED LOT SYSTEM

The seed virus (Strain NIV 2020-770) were transferred from ICMR –National Institute of Virology to Bharat Biotech. This strain was the first successful virus isolation from the nasal and throat swabs of person with a travel history from Italy. The seed virus received from the NIV was adapted and amplified to produce MASTER VIRUS BANK (MVB). WORKING

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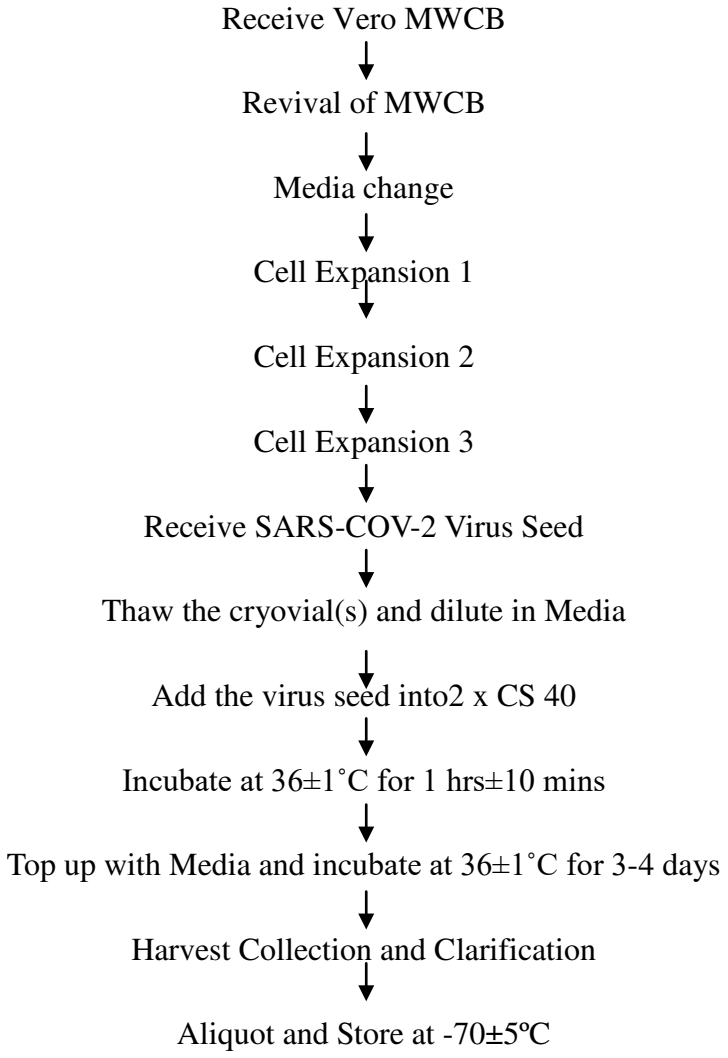
VIRUS BANK (WVB) was prepared from MVB and characterized. WVB is being used for the production.

5.4 PREPARATION OF MASTER VIRUS BANK (MVB)

SARS-COV-2 Master Virus Bank preparation flow chart



5.5 CHARACTERIZATION OF MVB

Characterization of MVB was done and the following QC tests certified the MVB for production of vaccine lots.

Table -5: Various tests performed for the characterization of MVB and the results

S.No	TEST	SPECIFICATION
1	Identity (By In-vitro method)	Virus titration by qPCR serve as an identity test
2	Sterility	No Growth should be observed
3	Mycoplasma	Should be negative for mycoplasma
4	Virus titration (*in vitro*)	NLT $10^{6.00}$ $CCID_{50}$/mL

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5	Virus Titration by qPCR	NLT $10^{6.00}$ Copies per mL
6	Adventitious agents (In-vitro)	Should be free from Adventitious agents
7	Haemadsorption	Should be free from Haemadsorption agents
8	Virus identity by NGS method	95% sequence should match with published Sequence

5.6 PREPARATION OF WORKING VIRUS BANK (WVB)

Working Virus Bank (WVB) was prepared from the well characterized MVB.
The working virus banks were prepared as follows:

Receive Vero MWCB

↓

Revival of MWCB

↓

Media change

↓

Cell Expansion 1

↓

Cell Expansion 2

↓

Cell Expansion 3

↓

Cell Expansion 4

↓

Receive Covid 19 Virus Seed

↓

Thaw the cryovial(s) and dilute in Media

↓

Add the virus seed into3 x CS 40

↓

Incubate at 36±1˚C for 1 hrs±10 mins

↓

Top up with Media and incubate at 36±1˚C for 3-4 days

↓

Harvest Collection and Clarification

↓

Aliquot and Store at -70±5ºC

5.7 CHARACTERIZATION OF WORKING VIRUS BANK (WVB)

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Characterization of WVB was done and the following QC tests certified the MVB for production of vaccine lots.

Table -6: Various test performed for the characterization of WVB with specification

S.No	TEST	SPECIFICATION
1	Identity (By In-vitro method)	Virus titration by qPCR serve as an identity test
2	Sterility	No Growth should be observed
3	Mycoplasma	Should be negative for mycoplasma
4	Virus titration (*in vitro*)	NLT $10^{6.00}$ $CCID_{50}$/mL
5	Virus Titration by qPCR	NLT $10^{6.00}$ Copies per mL
6	Adventitious agents (In-vitro)	Should be free from Adventitious agents
7	Haemadsorption	Should be free from Haemadsorption agents
8	Virus identity by NGS method	95% sequence should match with published sequence

6 CORONAVIRUS BANKS

6.1 VIRUS SEED LOT SYSTEM

A virus seed lot system was established to provide traceability to the virus stocks used in the production of vaccine lots.

6.2 PREPARATION OF P3 MASTER SEED VIRUS

Coronavirus Seed Virus as described earlier was used for the preparation of P3 Master Seed. The seed virus was passaged twice in C6/36 Ae. albopictus cells and plaque purified twice from Vero cells to obtain 'Coronavirus Master Seed which was advanced into preparation of GMP Master Virus Banks. The virus titer in the P3 Master Seed is $10^{7.40}$ CCID50 / mL.

6.3 CHARACTERIZATION OF P3 MASTER SEED VIRUS

The Corona P3 Master Seed Virus was extensively tested for mycoplasma, sterility, virus titer, whole genome sequencing by Next Generation Sequencing (NGS) platform before advancing to the preparation of GMP Master Virus Banks.

6.4 CHARACTERIZATION OF MVB

6.4.1.1 WHOLE GENOME SEQUENCING BY NGS PLATFORM

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The genomic RNA isolated from the pre-seed was sequenced using NGS platform at Genotypic Technologies, Bangalore. The sequence confirmed the identity of the MR 766 strain of Coronavirus.

6.4.1.2 MVB CHARACTERIZATION AS PER WHO TRS963

Table 7: QC Specification No. SMS 034

S.No.	Tests	Specifications	Results
1.	Virus identity by sequencing (NGS Method)	95% Sequence should match with published sequence	Under Test
2.	Virus identity by In-Vitro Method	Virus titration by qPCR serve as an Identity test	Complies
3.	Sterility by direct inoculation method	No growth should be observed	Sterile
4.	Mycoplasma by PCR method	Should be free from mycoplasma	Negative for mycoplasma
5.	Virus titration (In-Vitro)	NLT 106.00 CCID50/ml	106.25 CCID50/ml
6.	Virus titration by qPCR	NLT 106.00 Copies per mL	107.25 Copies per mL
7.	Adventitious agents (In-vitro)	Should be free from adventitious agents	Under Test
8.	Haemadsorption	Should be free from haemadsorbing viruses	Under Test

6.5 PREPARATION OF WORKING VIRUS BANK (WVB)

Working Virus Bank (WVB) was prepared from the well characterized MVB under GMP conditions.

6.6 CHARACTERIZATION OF WVB

6.6.1 WHOLE GENOME SEQUENCING BY NGS PLATFORM

The genomic RNA isolated from the WVB was sequenced by NGS platform using Illumina NextSeq500. The nucleotide sequence confirmed the identity of coronavirus.

6.6.2 WVB CHARACTERIZATION AS PER TRS963

Table 8: QC Specification No. SMS 034

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S.No	Test	Specification	Results
1	Virus identity by sequencing (NGS Method)	95% Sequence should match with	Under Test
2.	Virus identity by In-Vitro Method	Virus titration by qPCR serve as an Identity test	Complies
3	Sterilityby direct inoculation method	No growth should be observed	Sterile
4	Mycoplasma by PCR method	Should be free from mycoplasma	Negative for mycoplasma
5	Virus titration (In-Vitro)	NLT 106.00 CCID50/ml	106.88 CCID50/ml
6.	Virus titration by qPCR	NLT 106.00 Copies per mL	107.44 Copies per mL
7.	Adventitious agents (In-vitro)	Should be free from adventitious agents	Under Test
8.	Haemadsorption	Should be free from haemadsorbing viruses	Under Test

7 CORONAVIRUS VACCINE PRODUCTION

7.1 VACCINE BULK

GMP production of vaccine bulk was standardized at 80 L pilot scale. The flow chart below describes the steps involved in the bioprocess related to production of purified inactivated bulk of coronavirus vaccine. All the steps in production comply with the In-Process Quality Control (IPQC) parameters established for GMP production of vaccine bulk. In-process steps for quality checking of the vaccine bulk were developed at different stages of the bioprocess to ensure consistency and to prevent any inadvertent introduction of contamination from extraneous agents.

PROCESS FLOW CHART: drug substance

Dispensing of Raw Materials

↓

Washing and sterilization of Consumables

↓

Sterilization of glassware

↓

Solution preparation (pH)

↓

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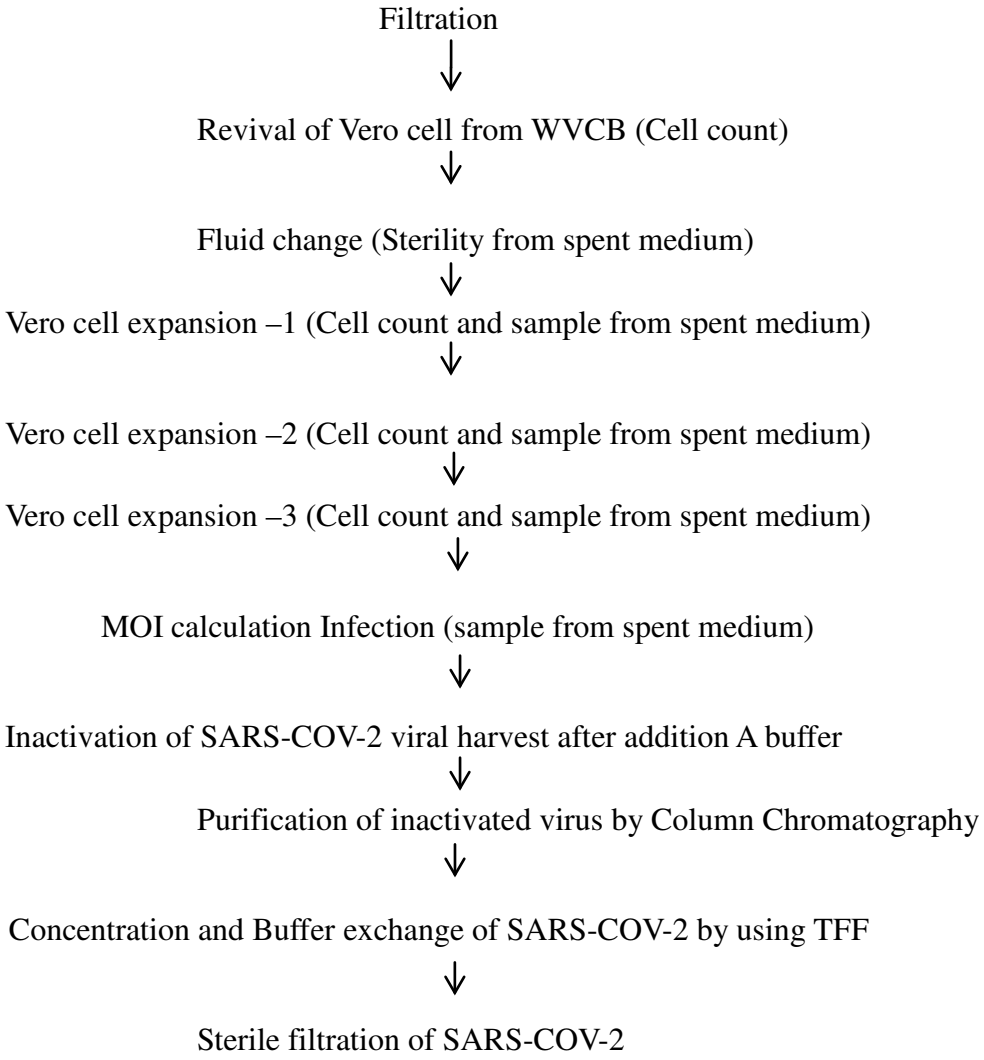

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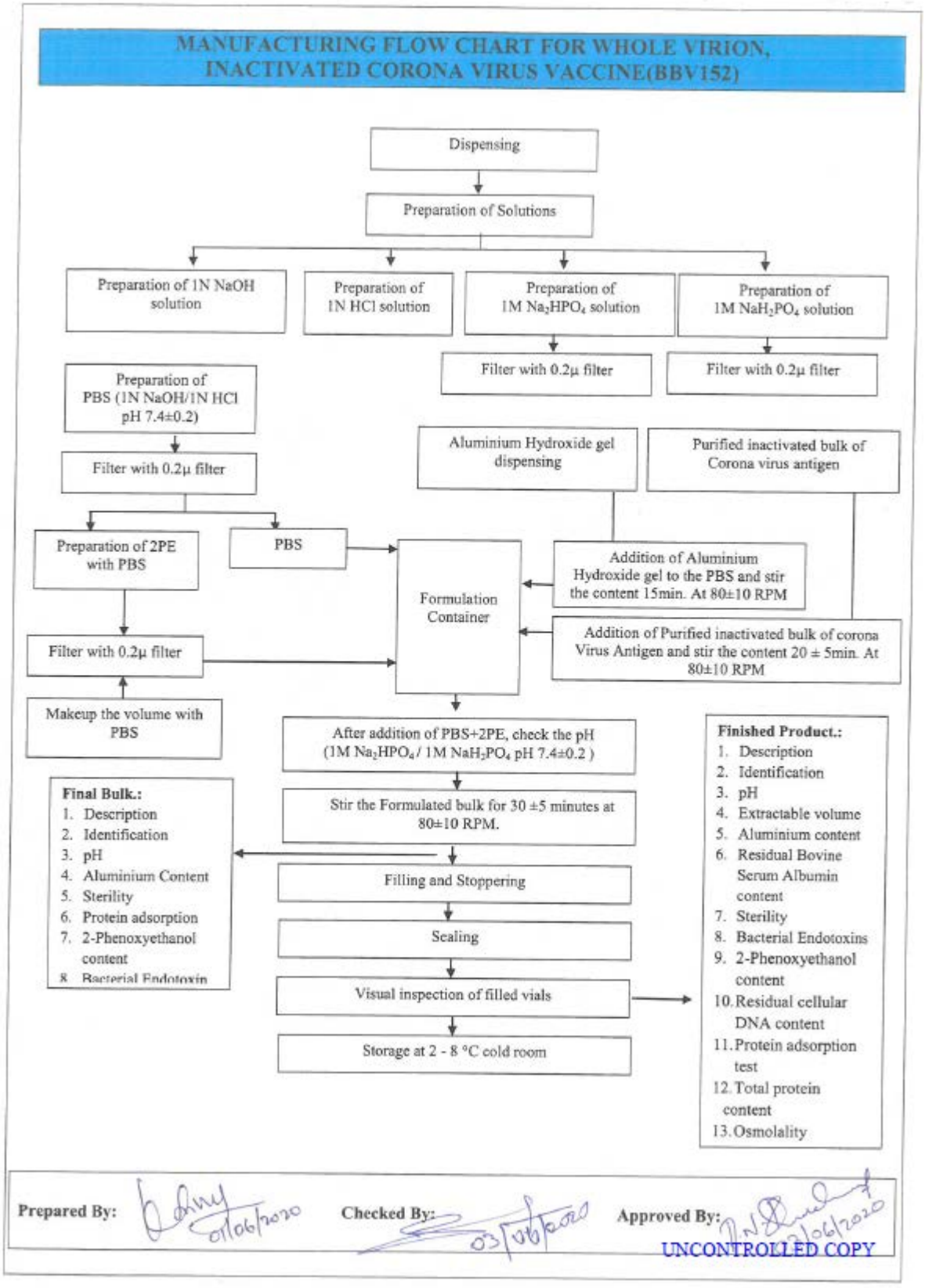

Figure 4: Manufacturing flow chart for Whole-virion Inactivated Coronavirus vaccine (BBV-152)

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7.2 LOT RELEASE SPECIFICATIONS

The table lists the in-house specifications and the proposed limits of the constituents and extraneous matter in the Coronavirus vaccine product. The limits were defined after performing tests for consistency from R&D pilot scale batches of the vaccine. The GMP pilot scale batches of the product described in this document comply with the following specifications and the limits.

Table 9: Lot Release Specifications

S.No	Tests Performed	Acceptance criteria
Final lot		
1.	Description	White, translucent liquid free from particulate matter
2.	Identification	The ratio of OD of test sample to OD of negative control should not be less than 2
3.	pH	For Information Only
4.	Extractable Volume	NLT 0.50 mL
5.	Aluminium Content	NLT 0.19 mg/SHD and NMT 0.29 mg/SHD
6.	Residual Bovine Serum Albumin content	NMT 50 ng per Single Human Dose
7.	Sterility	No growth should be observed (Sterile)
8.	Bacterial Endotoxins	Less than 25 international Units (IU) per single human dose (SHD)
9.	2-Phenoxyethanol content	NLT 85.0% and NMT 115.0% of the stated label claim
10.	Residual Cellular DNA Content	NMT 10 ng per Single Human Dose
11.	Protein adsorption Test	NLT 75% of the stated claim of total protein

7.3 VACCINESTABILITY

7.3.1 BULKSTABILITY

Thestabilitytestingofthebulkmaterialthatisstoredaftermanufacture,butpriortoformulation was studied. Stability testing has been planned for batches for which manufacture and storage are representative of the manufacturing scale of production. Hence, the qualities of the batches of vaccine bulk placed into the stability program are a representative of the quality of the material used in preclinical toxicology and to be used in clinical studies. During manufacture of the inactivated, purified Coronavirus bulk no specific intermediate

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that can potentially alter the stability of the final purified bulk substance was identified. The protocols used for stability indicating profile of purified, inactivated Coronavirus bulk provides methods to detect changes in the purity and sterility of the product. Bulk substance batches for Phase I trial are planned to keep under stability programme at real time temperature. .

7.3.2 FINISHED PRODUCTSTABILITY

Stability testing has been done on batches of the formulated material that have been derived from the same vaccine bulk which was entered into the stability testing program. Stability testing specifications of the pilot scale batches and storage conditions can be considered as representative of the manufacturing scale of operations. Hence the quality of the batches of vaccine product placed into the stability program is a representative of the quality of the material used earlier in Pre-Clinical toxicology studies and of the quality of the material to be made at manufacturing scale. The samples will be stored at 5±3ºC for real time stability and at 25±2ºCfor accelerated stability in an upright position and hence there was no interaction of the drug substance with the closure. The clinical batches manufactured under GMP will be kept for stability testing program and the studies are ongoing. At the accelerated storage condition of 25± 2ºC five time points, including the initial and final time points at 0, 1, 3 and 6 months would be carried out.

The stability of the vaccine product is planned to study under stress conditions with temperature stress of 37ºC for 07 days. Good thermal stability of the product was observed up to 37ºC during the above time period. This study helps us to understand the effect of minor or major excursions in temperature on the vaccine. From the results of the stability testing of the vaccine product from pilot scale batches, real time storage condition of 5±3ºC will be confirmed with proposed shelf life of at least two years.

7.4 FORMULATION DEVELOPMENT

This product development report is limited for "Whole Virion, Inactivated Coronavirus Vaccine (BBV152)" for intended use to prevent the Coronavirus infection.

7.4.1 SCOPE:

The scope of this report is applicable to development of "Whole Virion, Inactivated Corona Virus Vaccine (BBV152)" which is intended for prevention of Coronavirus infection, wherein Algel is used as an adjuvant while the Whole Virion Inactivated Corona Virus protein is used as an antigen, based on extensive literature survey 2 concentration of antigens ie 3 and 6 mcg/single human dose in as 0.5mL presentation were used.

7.4.2 TYPE OF FORMULATIONS EXECUTED IS GIVEN BELOW:

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1. 152A: 3µg of protein concentration /SHD with 0.25 mg/ml Algel2 (Al^{+++}) concentration
2. 152B: 6µg of protein concentration /SHD with 0.25 mg/ml Algel2 (Al^{+++}) concentration
3. 152C: 6µg of protein concentration/SHD with 0.25mg/ ml Algel1 (Al^{+++}) concentration

Three different formulations were carried out with varying concentration of the antigen as well as the Algel and in one formulation no Algel was added. In all the above formulations, 10mM PBS and 2Phenoxyethanol concentration 5mg/mL were common.
In brief the formulation was carried out using calculated quantity of sterile phosphate buffer, addition of the required quantity of the bulk protein, adjuvant, and 2-Phenoxyethanol 5mg/mL concentration and mixing for 60 minutes.
The formulations were tested for protein adsorption and it confirms that based on the above results it was concluded that the percentage of protein adsorption was meeting the criteria of over 75% binding of the protein to the gel.

8 ANALYTICAL METHODS ESTABLISHMENT

8.1 TESTS FOR VIRUS QUANTITATION

8.1.1 MEDIAN TISSUE CULTURE INFECTIOUS DOSE ($CCID_{50}$)

Tissue culture infectious dose is the amount of a virus which causes CPE in 50% of cell cultures and is expressed as CCID50/ml. This assay is performed to determine the infectious titer of coronavirus that causes CPE over a period of 5 days while the cells in culture remain viable. Briefly, standardized numbers of Vero cells are seeded in growth medium 24 hrs before the assay in 96-well flat bottom tissue culture plates and the plates were incubated overnight in 37˚C incubator with 5% CO_2.When the cells are 90-95% confluent, coronavirus vaccine was seeded at 10- fold serial dilutions (log dilutions) of the virus in serum free medium and incubated for 60 min at 37˚C with 5% CO_2. Equal volume of growth medium was added in the control wells. After incubation, the virus containing medium was discarded and 200 µl of growth medium was added to each well and the plates were incubated in a37˚C incubator with 5% CO_2 for 5 days. Signs of CPE were monitored in each well using inverted microscope at the end of the incubation period. The number of CPE positive and negative wells was recorded and CCID50 titer was calculated using Reed and Muench method.

Calculation:

$$\text{Proportionate Distance (PD)} = \frac{(\%\ \text{CPE at dilution above 50\%}) - (50\%)}{(\%\ \text{CPE at dilution above 50\%}) - (\%\ \text{CPE at dilution below 50\%})}$$

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50% end point titer = $10^{\text{log total dilution above 50\% - (PD x log DF)}}$
= $CCID_{50}$ /ml

*DF = Dilution factor

8.1.2 SAFETY AND IMMUNOGENICITY TESTING OF THE CANDIDATE VACCINE

8.1.2.1 INSTITUTIONAL ANIMAL ETHICS COMMITTEE (IAEC) APPROVAL

All the animal studies were performed after obtaining permission from the Institutional Animal Ethics Committee (IAEC). The functioning of Bharat Biotech's IAEC is overseen by the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA). CPCSEA is a statutory body constituted under the Prevention of Cruelty to Animals Act, 1960, Govt. of India.

8.2 GLP PRE-CLINICAL TOXICITYSTUDIES

8.2.1 8.2.1 GLP STATEMENT

The non-clinical (or pre-clinical) toxicity studies to assess the safety of the candidate Coronavirus vaccine 'BBV152' were performed in compliance with the norms of Good Laboratory Practice (GLP). The studies were carried out at RCC Laboratories India Pvt. Ltd Hyderabad, which is a OECD certified GLP laboratory. All the studies were conducted with the approval of the Institutional Biosafety Committee (IBSC) and the Institutional Animal Ethics Committee (IAEC) of the RCC Laboratories India Pvt. Ltd.

The pre-clinical studies complied with the following guidelines:

- Schedule Y (Amended version of 2005) of the Drugs and Cosmetics Act 1940 and Rules 1945 of the Government of India.
- ICH harmonized tripartite guidelines: Non-Clinical Safety studies for the conduct of Human Clinical Trials for Pharmaceuticals, 16 July 1997.
- WHO Guidelines on Nonclinical Evaluation of Vaccines, Adopted by the 64th meeting of the WHO Expert Committee on Biological Standardization, 21-25 November 2013.
- Annex 2 Guidelines on the nonclinical evaluation of vaccine adjuvants and adjuvanted vaccines. WHO Expert Committee on Biological Standardization Sixty-fourth report, TRS 987 Annex 2.
- CPCSEA Guidelines for Laboratory Animal Facility, India Journal of Pharmacology, 2003; 35: 257-274.
- OECD Guidelines for the Testing of Chemicals, Section 4, Health Effects, 1998

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8.2.2 ANIMAL MODELS

Human intended adjuvanted vaccine was tested for potency in 2 small animal models (Mice, and Rabbits) as per regulatory requirement**.** Animals were housed in Bharat Biotech, animal facility, after taking appropriate Institutional Animal Ethics Committee (IAEC) approvals. End point investigation (Histopathology, Biochemistry & Hematology) was carried out CRO (RCC Laboratories).

a. Mice: Balb/C (inbred) mice were be used for immunogenicity study. Swiss Albino (Outbred) mice were used for Repeated Dose toxicity.

b. *Rabbits: New England White Rabbits were tested for Safety. However, we collected blood to evaluate the antigen specific antibody titer elicited by the Inactivated SARS-CoV-2 vaccine.

c. *Rats: Wistar Rats were used to conduct repeated dose toxicity study for adjuvanted vaccine.

d. Hamster: Syrian Hamster was conducted also be used to test protective efficacy and immunogenicity of inactivated vaccine at NIV, Pune.

e. Non-Human Primates: Challenge studies were conducted to test protective efficacy and immunogenicity of BBV152 in Rhesus Macaques at NIV, Pune.

8.3 PRE-CLINICAL STUDIES:

8.3.1 SAFETY AND IMMUNOGENICITY IN MICE, RATS, AND RABBITS:

Study objective:

To evaluate the safety and immunogenicity of a whole-virion inactivated SARS-COV-2 vaccine (BBV152), adjuvanted with aluminium hydroxide gel (Algel), or anovel TLR7/8 agonist adsorbed Algel.

Study design:

We used a well-characterized SARS-CoV-2 strain and anestablished vero cell platform to produce large-scale GMP grade highly purified inactivated antigen, BBV152. Product development and manufacturing were carried out in a BSL-3 facility. Immunogenicity was determined at two antigen concentrations (3µg and 6µg), with two different adjutants in mice, rats, and rabbits.

Three animal models were used to evaluate the immunogenicity and safety of the three inactivated whole virion vaccine formulations (BBV152 A, B & C).

a) Mice: Balb/C or Swiss Albino mice (6-8week old) were vaccinated via an intraperitoneal or intramuscular route with either $1/10^{th}$ or $1/20^{th}$of full human single

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dose (BBV152 A, B or C) of inactivated vaccine with or without adjuvant on day 0, 7 & 14 days (n+1 (one extra dose compared to the intended human regimen doses). A formulation with 9µg was also tested.

b) **Rats:** Wistar Rats (6-8weeks old) were vaccinated intramuscularly with 9µgof inactivated whole-virion vaccine with Algel-1 or Algel-2 on days 0, 7 & 14 days (n+1 doses).

c) **Rabbits:** Zealand white rabbits (3-4 months old) were vaccinated via an intramuscular route with full Human intended single dose (BBV152 A, B or C; n+1 doses). The animals were observed up to 14 days, post third dose.

All studies were conducted with an equal number of males and females unless otherwise specified. The control group was injected with saline. Animals were bled from the retro-orbital plexus; 2hoursbefore each immunization on 0, 7, 14 & 21 days, and serum was separated and stored at -20°C until further use.

Pooled and individual sera from vaccinated mice and rabbits were used to test the antigen-specific antibody binding titer and antibody isotyping profile by Enzyme-Linked Immunosorbent Assay (ELISA). Pooled or Individual sera from all vaccinated species (mice, rabbits & rats) were used to test neutralization antibody titer by Plaque Reduction Neutralization Test ($PRNT_{90}$) or Micro Neutralization Test (MNT_{50}).

BBV152 vaccine candidates were formulated with two alum adjuvants: Algel (aluminium hydroxidegel) and Algel-IMDG, animidazoquinoline class molecule (TLR7/TLR8 agonist abbreviated as IMDG) adsorbed on aluminium hydroxide gel. The agonist molecule for Algel-IMDG was licensed from ViroVax LLC, USA. Three vaccine formulations were prepared with 3µg and 6µg with Algel-IMDG (BBV152A and BBV152B, respectively) and 6µg with Algel (BBV152C).

Results:

Both the adjuvanted vaccines (with Algel and Algel-IMDG), Antigen and Adjuvant alone did not reveal any treatment-related findings, except local reactions when administered through the human intended route (intramuscular) on days 0, 7, and 14 (n+1) with full Human single dose (HSD) or higher than HSD in rodents and non-rodents, thereby establishing the vaccine safety. All the three inactivated whole virion SARS-CoV-2 vaccine candidates showed 100% seroconversion with high titers of antigen binding and neutralizing antibody responses. The adjuvanted formulation, BBV152B, when immunized in Balb/C mice, showed 10 times higher dose sparing effect compared to antigen alone (Figure 5 & 6). These formulations also induced immunity that is biased towards Th1 mediated response, as demonstrated by the ratio between IgG2a and IgG1 (greater than 1) (Figure 7). Additionally, secretion of anti-viral cytokines such as IL-2, IL-4, IL-6, IL-10, IL-17, TNF-α, IFN-γ was observed on days 7 and 14 (7 days after the 1^{st}& 2^{nd} dose) of vaccination with Algel-IMDG adjuvanted formulations. A combination of high neutralizing antibody titers elicited against inactivated antigen alone

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and the presence intact spike protein on the surface of the virus confirms that the antigen is in the right confirmation and can itself may act as a Th1 inducer with its surface glycoproteins, intracellular viral proteins. The study publication is available as pre-print at bioRxiv (**doi:** https://doi.org/10.1101/2020.09.09.285445) [21].

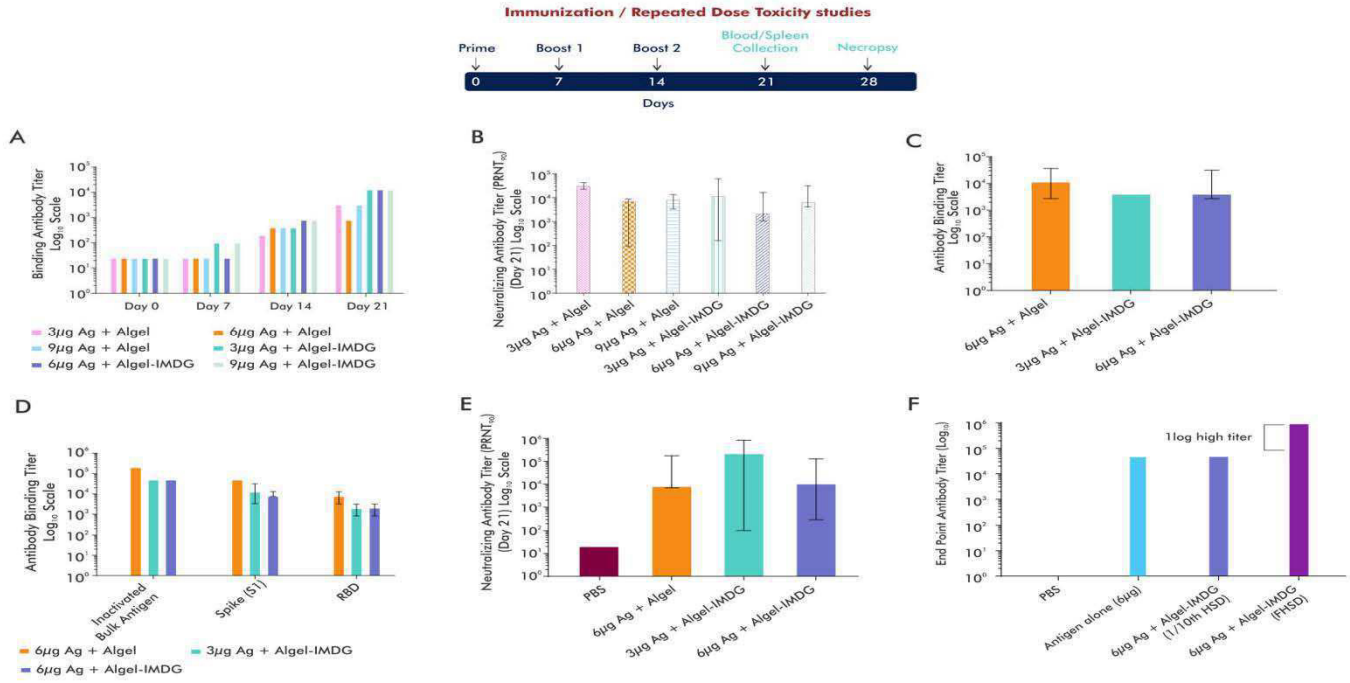

Figure 5: BBV152 Vaccines Induces High Virus-specific Antibody Response in Mice

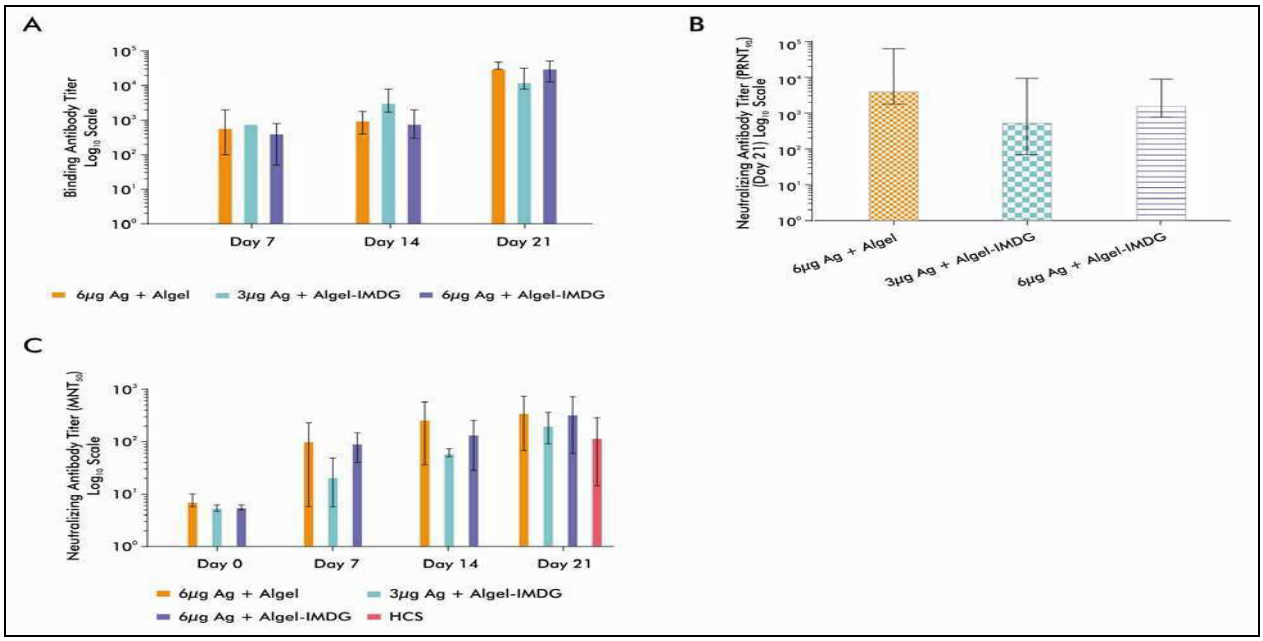

Figure 6: BBV152 Induces Robust Neutralizing Antibody Response in Rabbits

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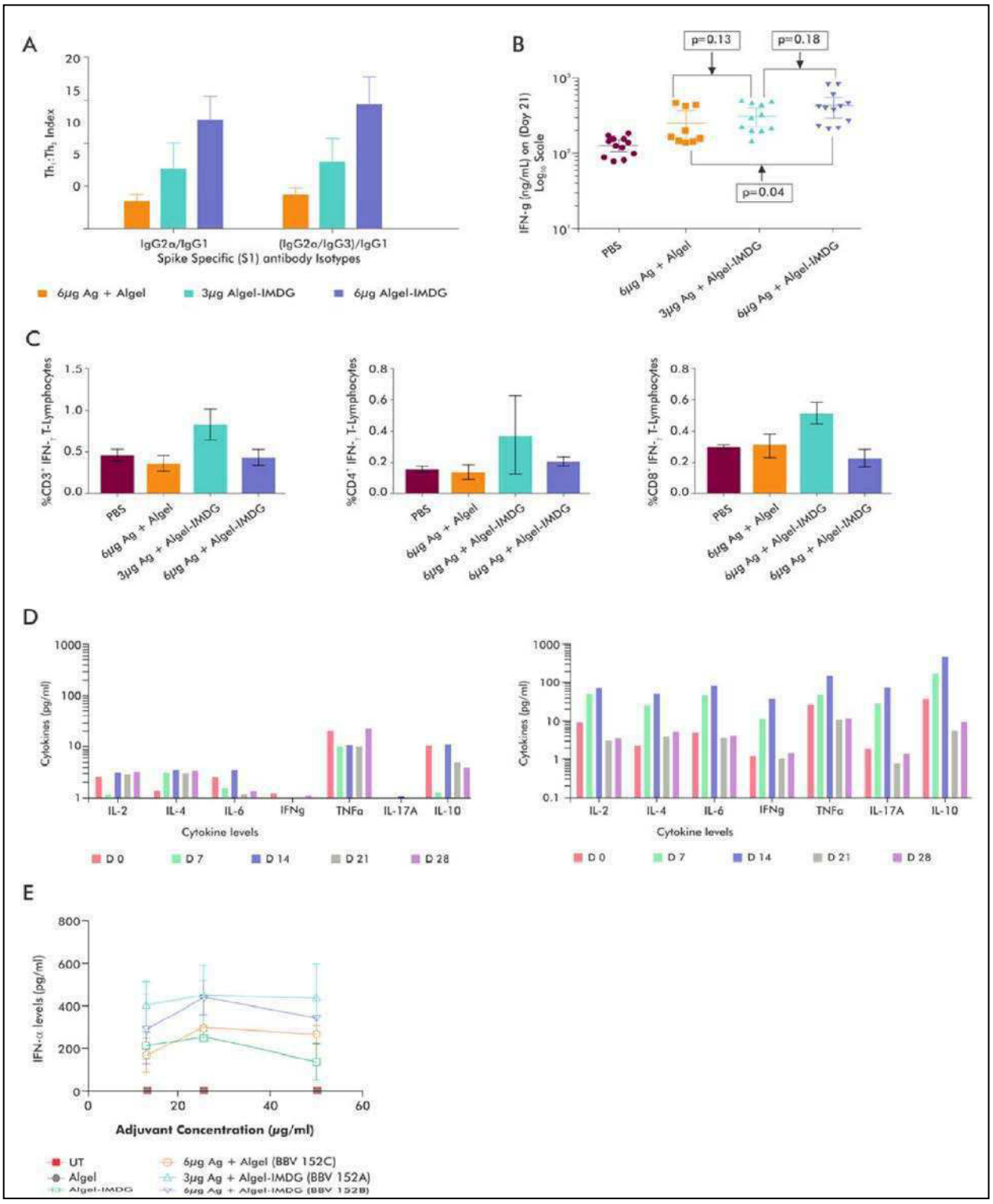

Figure 7: BBV152 Induces A Robust Virus-specific T Cell Response.

Conclusion:

BBV152 vaccine formulations generated significantly high antigen-binding and neutralizing antibody titers, at both concentrations, in all three species with excellent safety profiles. The inactivated vaccine formulation containing TLR7/8 agonist adjuvant-induced Th1 biased antibody responses with elevated IgG2a/IgG1 ratio and increased levels of SARS-CoV-2 specific IFN-γ + CD4 T lymphocyte response.

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8.3.2 IMMUNOGENICITY AND PROTECTIVE EFFICACY IN THE SYRIAN HAMSTERS

Study objective:
To assess the immunogenicity and protective efficacy of an inactivated SARS-CoV-2 vaccine (BBV152) in hamsters.

Study design:
Two different antigen concentrations (3 µg and 6 µg) and 2 adjuvants namely Algel 1 (Alum) and Algel 2 (TLR 7/8 (imidazoquinoline) agonist adsorbed alum) in combinations were used for the study. The vaccine formulations evaluated in the study were 6 µg antigen with Algel1, 3 µg with Algel 2, and 6 µg with Algel 2. Accordingly, the animals were divided into 4 groups (9 animals/per groups):

1. Placebo –PBS
2. 6 µg antigen with Algel1
3. 3 µg with Algel 2
4. 6 µg with Algel 2

Immunization of hamsters
Animals of each group were immunized with 0.1 ml of PBS/vaccine formulations intramuscularly in the left hind leg under isoflurane anaesthesia 0, 14, and 35 days. Post immunization hamsters were observed daily for clinical signs and injection site reaction. Rectal temperature was monitored every 24 hours for 3 days post-immunization and weekly thereafter. Body weight was measured every alternate day for the first week and weekly thereafter. The hamsters were bled on day 12, 21, and 48 post-immunization to check for antibody response.

Challenge study in hamsters
For optimization, of the intranasal virus challenge dose, SARS-CoV-2 dilutions ranging from $10^{1.5}$ TCID50 /0.1ml to $10^{5.5}$ TCID50 /ml were inoculated in 5 groups of 6 Syrian hamsters each in containment facility.

The immunized hamsters were challenged with 0.1 ml of $10^{5.5}$ TCID50 SARS-CoV-2 virus intranasally on the eighth-week post-immunization (day 50) in the containment facility of ICMR-National Institute of Virology, Pune under isoflurane anaesthesia.

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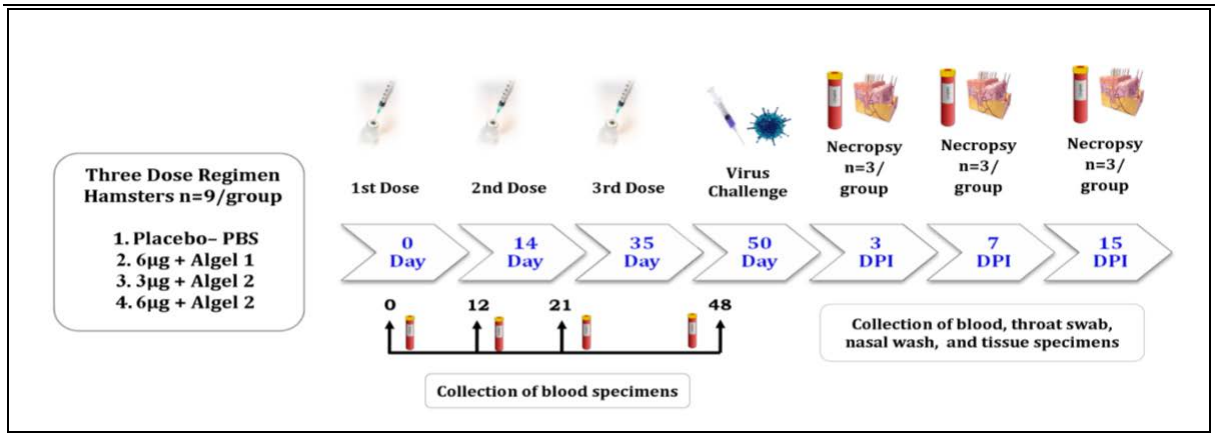

Figure 8: Experiment summary of the workflow Syrian Hamster study

Results

Three dose vaccination regimes with three formulations of BBV152 induced significant titres of SARS-CoV-2 specific IgG and neutralizing antibodies (Figure 9). The formulation with imidazoquinoline adsorbed on alum adjuvant remarkably generated a quick and robust immune response. Th1 biased immune response was demonstrated by the detection of IgG2 antibodies. Post-SARS-CoV-2 infection, vaccinated hamsters did not show any histopathological changes in the lungs. The protection of the hamsters was evident by the rapid clearance of the virus from lower respiratory tract, reduced virus load in upper respiratory tract, absence of lung pathology and robust humoral immune response. The study publication is available as pre-print at Research Square (DOI:10.21203/rs.3.rs-76768/v1) [22].

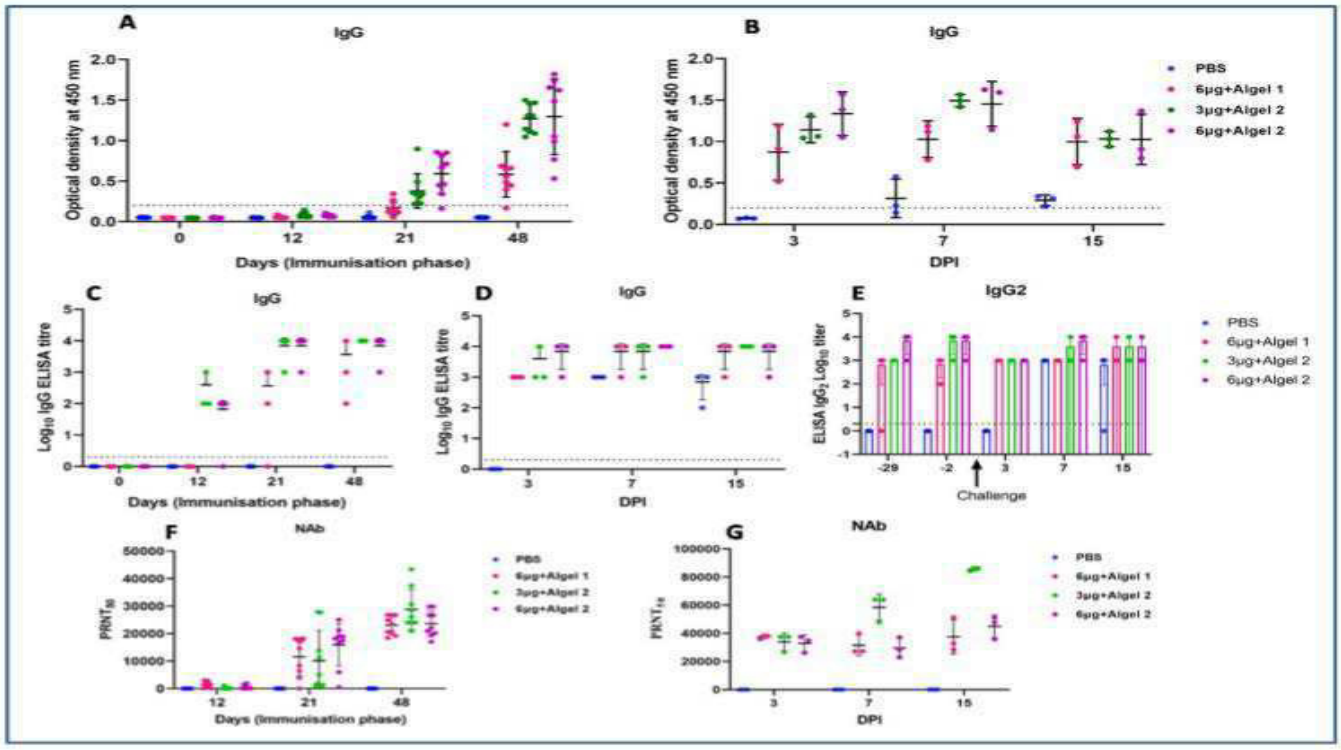

Figure 9: Humoral response in vaccinated animals

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Conclusion: These findings confirm the immunogenic potential of BBV152 and further protection of hamsters challenged with SARS-CoV-2.

8.3.3 IMMUNOGENICITY AND PROTECTIVE EFFICACY IN RHESUS MACAQUES

Study objective:
To assess the immunogenicity and protective efficacy of an inactivated SARS-CoV-2 vaccine (BBV152) in rhesus macaques.

Study design:
Twenty macaques were divided into four groups of five animals each. One group was administered a placebo while three groups were immunized with three different vaccine candidates at 0 and 14 days. The groups were:

1. Group I: Placebo –PBS
2. Group II: 6 µg + Adjuvant A
3. Group III: 3 µg + Adjuvant B
4. Group IV: 6 µg + Adjuvant B

All the macaques were challenged with SARS-CoV-2 fourteen days after the second dose.

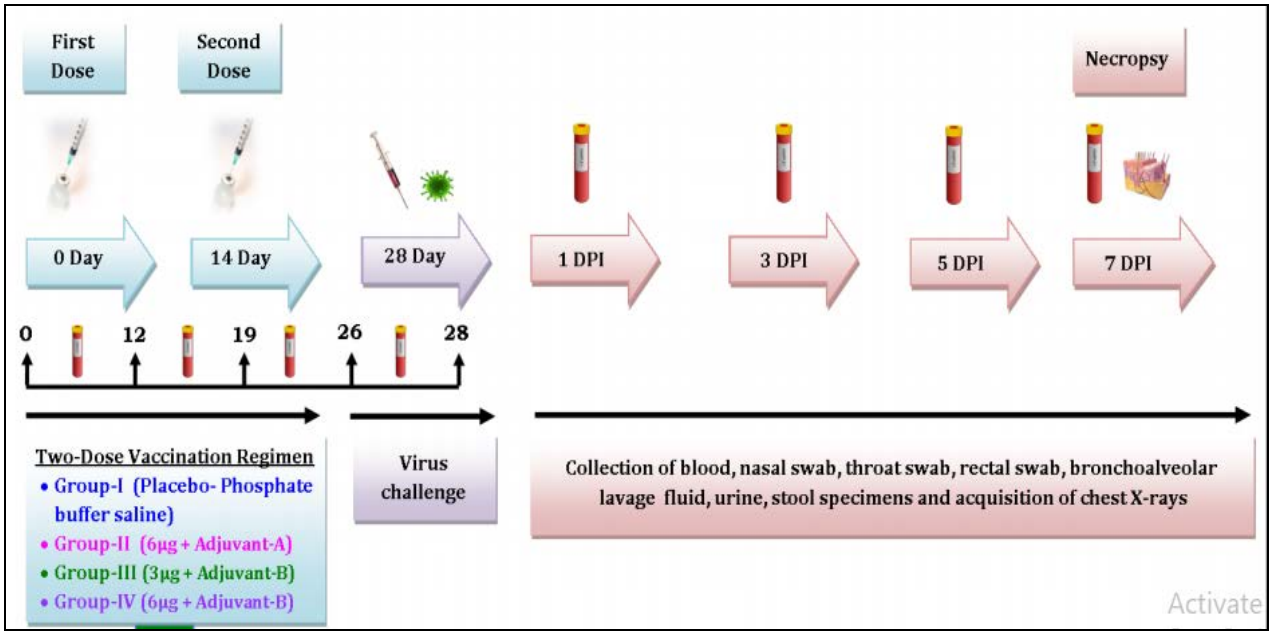

Figure 10: Experiment summary of the workflow of NHP study

Results
The protective response was observed with increasing SARS-CoV-2 specific IgG and neutralizing antibody titers from 3rd-week post-immunization. Weight loss, pyrexia and worsening of SpO_2 at room air, lethargy, reduced food and water intake, reduced self-grooming was observed in placebo group and persisted till 7 DPI whereas these features resolved in the other group II and IV. Viral clearance was observed from bronchoalveolar

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lavage fluid, nasal swab, throat swab, and lung tissues at 7 days post-infection in the vaccinated groups. No evidence of pneumonia was observed by histopathological examination in vaccinated groups, unlike the placebo group which showed features of interstitial pneumonia and localization of viral antigen in the alveolar epithelium and macrophages by immunohistochemistry. The study publication is available as pre-print at Research Square (DOI:10.21203/rs.3.rs-65715/v1) [23].

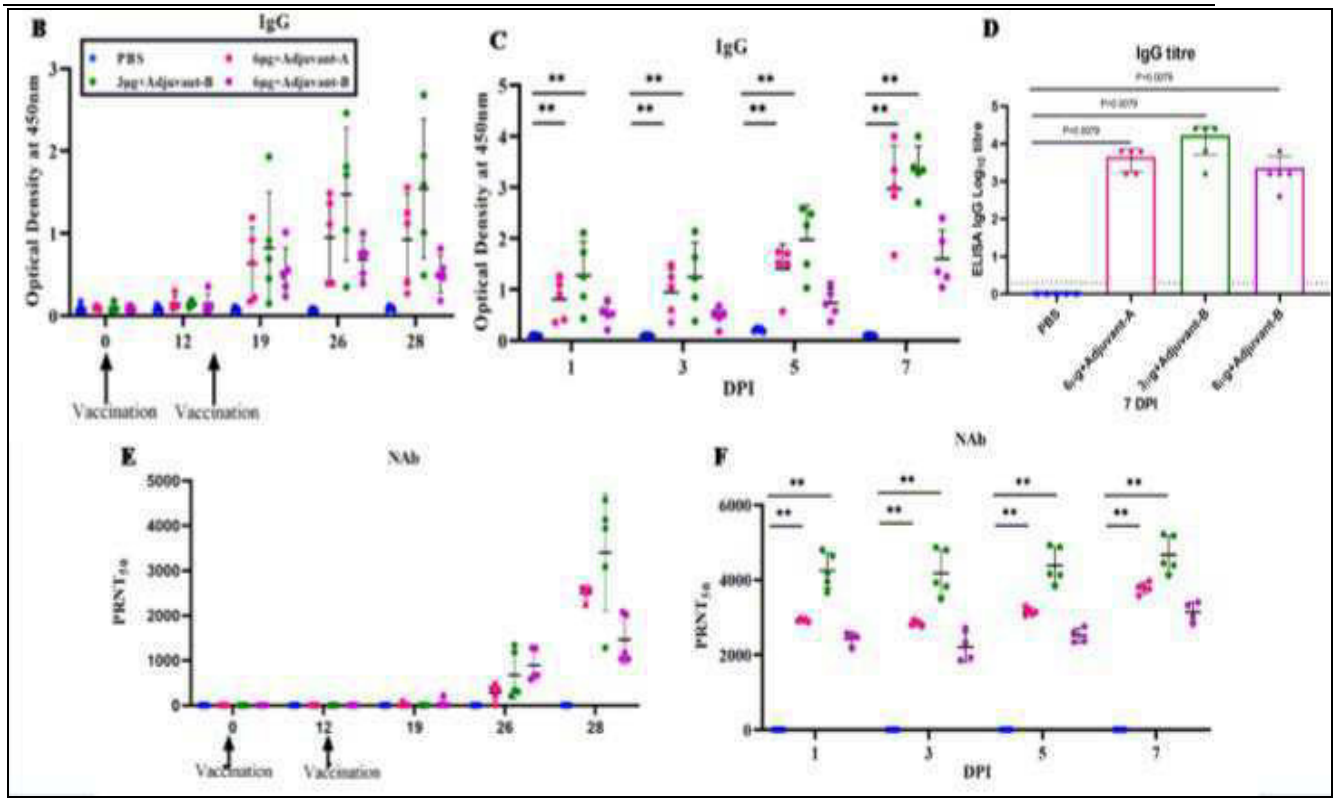

Figure 11: Humoral response in vaccinated animal

Conclusion:

The study demonstrates that a two-dose vaccination regimen induced a significant immune response and provided effective protection in animals challenged with SARS-CoV-2.

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Table 10: Overview of the pre-clinical studies:

Study Type	Test System	Test Item	Route of Administration	Dosing Regimen	Unit dose	Key Test Item result
Repeated dose toxicity studies	Wistar Rats	Antigen, Adjuvante vaccines, Adjuvants	Intramuscular	Day 0, 7 & 14	1/10th or 1/20th of human equivalent dose. (3µg and 6µg with Algel-IMDG(BBV152 A and BBV152B, respectively), and 6µg with Algel (BBV152C))	All the Test Items have been demonstrated to be safe from a Toxicology perspective.
	Swiss Albino Mice	Adjuvanted vaccines & Adjuvants	Intramuscular			
	BALB/c Mice	Antigen, Adjuvanted vaccines, &Adjuvants	Intraperitoneal			
	New Zealand White Rabbits	Adjuvanted Vaccines	Intramuscular			
Mutagenicity assay (Bacterial Reverse Mutation)	Salmonella typhimurium	Algel-IMDG	-	-	-	
Maximum Tolerated Dose studies	Swiss albino mice & Wistar Rats	Algel-IMDG	Intramuscular	Day 0	200µg Algel and 20µg IMDG	
Immunogenicity and protective efficacy	Syrian hamsters	BBV-152A, B, C, and placebo	Intramuscular	Day 0 & 14	3µg and 6µg with Algel-IMDG (BBV152A and BBV152B, respectively), and 6µg with Algel (BBV152C))	BBV152, an inactivated vaccine induced potent humoral immune response in hamsters Th1 biased immune response was elicited by BBV152. BBV152 protected Syrian hamsters from SARS-CoV–2 pneumonia.
Immunogenicity and protective efficacy	Rhesus macaques	BBV-152A, B, C, and placebo	Intramuscular	Day 0 & 14	3µg and 6µg with Algel-IMDG (BBV152A and BBV152B, respectively), and 6µg with Algel (BBV152C)	A two-dose vaccination regimen using 3µg dose of the vaccine candidate with adjuvant B induce a significant immune response and provide effective protection in animals challenged with SARS-CoV-2.

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8.3.4 OVERALL CONCLUSION OF THE PRECLINICAL STUDIES:

Based on the above pre-clinical study results, it was concluded that all formulations shown to be safe, immunogenic, in both mice, rats& rabbits. The vaccine candidates showed good immune response and protective efficacy in Syrian hamsters and Rhesus macaques. Hence, it can be concluded that the vaccine candidate manufactured was safe and effective.

9 CLINICAL DEVELOPMENT PATHWAY

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections are accelerating globally leading to an increase in morbidity and mortality. In view of the prevailing covid-19 pandemic, the clinical trial has been designed in a seamless manner (phase1/2) compared to conventional approach. The sample size has been deliberately kept large to assess the immune responses from the vaccine ensuring a high degree of power.

The Clinical study was designed as a adaptive, Seamless Phase 1, Followed by Phase 2.
The safety, reactogenicity, tolerability, and immunogenicity was evaluated through Four arms (BBV152-A, BBV152-B, BBV152-C and Placebo) in Phase I and Based on the Phase1 results two arms (BBV152-A and BBV152-B) were selected for Phase II.

WholeVirion, Inactivated SARS-CoV-2 Vaccine (BBV152) has proven to be safe and well-tolerated in the Phase II study. The vaccine containing 6 µg of whole virion plus adjuvant was selected for Phase 3.

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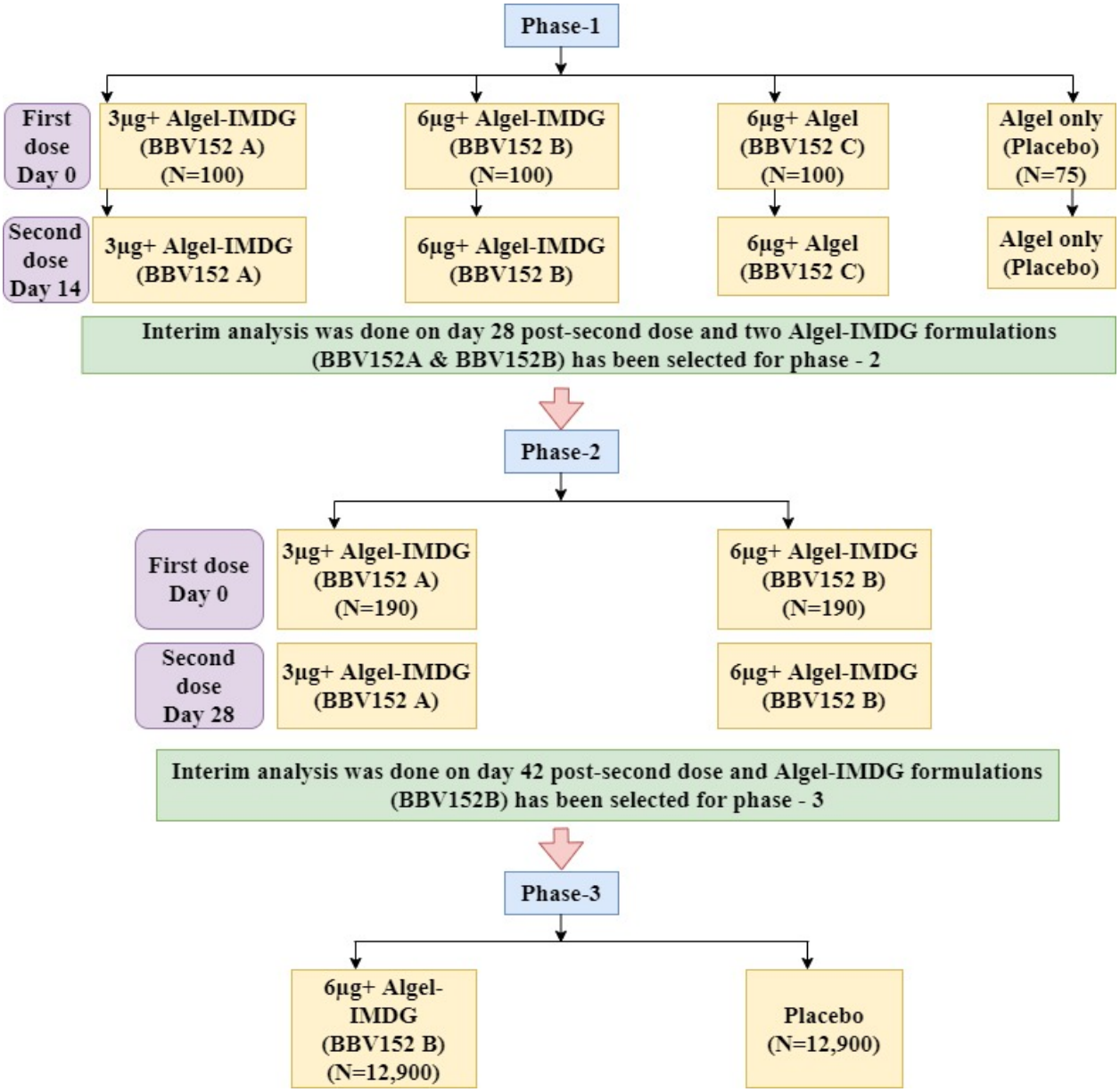

Figure 12: COVAXIN Clinical Trial Pathway

Preliminary Report of the Phase 1 Clinical Trial

We conducted a double-blind, multicentre, randomized, controlled phase 1 trial to evaluate the safety, reactogenicity, tolerability, and immunogenicity of three different formulations of BBV-152 (BBV-152A, BBV-152B, and BBV-152C) in healthy male and nonpregnant female volunteers.

9.1 STUDY DESIGN AND PARTICIPANTS

Healthy individuals aged 18-55 years were taken into study. All the individuals were screened for eligibility based on the health status, including medical history, laboratory findings, vital signs, and physical examination and enrolled after getting signed and dated

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written informed consent (audio/video consent for vulnerable participants). Participants who tested positive for Covid-19 at the screening by either nucleic acid test or serology were excluded from the trial. Details of inclusion and exclusion criteria can be found on www.clinicaltrials.gov: NCT04471519.

Participants were assigned a computer-generated randomization number (IWRS). After meeting eligibility, participants were randomized equally to receive three vaccine groups (BBV 152A, BBV 152B, BBV 152C) and a control group of aluminum hydroxide (alum) adjuvant only. A two-dose intramuscular regimen was adopted, 14 days apart at dose strength.
The trial was conducted across 11 sites in India. The trial was approved by the Central Licensing Authority (India), respective Ethics Committees, and was conducted in compliance with all International and local Ethical guidelines.

9.1.1 STUDY VACCINE

BBV152 (manufactured by Bharat Biotech) is a whole virion β-propiolactone-inactivated SARS-COV-2 vaccine. The candidates were formulated with two adjuvants: Algel (alum) and Algel-IMDG, an imidazoquinoline class molecule (TLR7/TLR8 agonist abbreviated as IMDG) adsorbed onto Algel. The agonist molecule for Algel-IMDG was licensed from ViroVax LLC, USA. Three vaccine formulations were prepared with 3µg and 6µg with Algel-IMDG (BBV152A and BBV152B, respectively) and 6µg with Algel (BBV152C). The placebo group contained only sterile phosphate-buffered solution and Algel adjuvant. The vaccine was provided as a sterile liquid for injection through the intramuscular route at a volume of 0.5mL/dose, as a two-dose regimen, 14 days apart.

9.1.2 STUDY PROCEDURES

Two doses of BBV 152 vaccine were administered at a volume of 0.5mL/dose injection intramuscularly (deltoid muscle) at days 0 and 14. The follow-up visits were scheduled on days 7, 28, 42, 104, and 194 days. The study was performed in a dose-escalation manner wherein after completing vaccination in the first 50 participants with BBV 152A (the lowest antigen concentration) and placebo, the participants were followed up for seven days and safety was assessed by an independent Data Safety Monitoring Board (DSMB). Based on the DSMB recommendation, the trial was allowed to continue by the remaining participants' enrollment across all groups.

9.1.3 BLINDING

The appearance, color, viscosity across all treatment, and control formulations were identical. Treatment groups were blinded against participants, investigators, study coordinators, study-related personnel, and the sponsor (excluding an unblinded CRO, tasked with the dispatch of vaccine vials and generation of master randomization code). Blinding was maintained using the randomization code.

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9.1.4 SAFETY ASSESSMENTS

The primary safety outcome was the number and percentage of participants with solicited local and systemic reactogenicity within -two hours, -7 days, -14 days, and 28 days after vaccination. Participants recorded local and systemic reactions using a diary card for seven days after each vaccination. No formal instructions on the use of analgesics were given to participants before or after vaccination. Laboratory values (serum chemistry and hematology) were compared between the pre-vaccination (day 0) and the post-vaccination (day 28) visits.

9.1.5 IMMUNOGENICITY ASSESSMENTS

Binding antibody (IgG) responses against RBD, S, and N proteins of SARS-CoV-2, were assessed by enzyme-linked immunosorbent assay (ELISA) and expressed as Geometric Mean Titers (GMTs). Neutralizing antibody titers (NAbs) were assessed by wild type virus neutralization assays: micro-neutralization assay (MNT_{50}) across the entire cohort. Seroconversion (SCR) rates were defined as titers remaining ≥4-fold above baseline. All serum samples were analyzed in a blinded manner at Bharat Biotech and NIV.

9.2 RESULTS

Among the 555 screened between July 13th and July 29th, 2020, 375 participants were randomized. Among the three treatment arms, 100 each were randomized into the BBV152-A, -B, and C groups, respectively, and 75 were randomized into the control arm.

9.2.1 SAFETY

After the first and second vaccination, all AEs were mild or moderate in severity and resolved transiently. Pain at the injection site was the most common local adverse event reported. The other adverse events reported were fever, headache, fatigue, body pain, cold, cough, nausea, vomiting, and dizziness. The distribution of local and systemic AEs was equal amongst all groups, and is mentioned in the below table. A total of 7 AEs was reported within 2 hours after Dose 1 (3 µg with Algel-IMDG: 0; 6 µg with Algel-IMDG: 2, 6 µg with Algel: 1, Control arm: 4) The AEs were pain at injection site, swelling of arm, headache, giddiness, feeling hungry. No immediate AEs were reported after Dose 2.

One serious adverse event was reported in the BBV152 C arm. The participant was found positive for SARS-CoV-2 (by RT-PCR) 9 days after screening and 5 days following the administration of vaccine. The participant was hospitalized, and recovered after treatment. Based on the causality assessment, the serious adverse event was not related to the vaccine.

Table 11: Adverse events reported in Phase 1 study

Adverse Events	3 µg with Algel-IMDG N=100	6 µg with Algel-IMDG N=100	6 µg with Algel N=100	Control Arm N=75
0-7 Days				
Local reactions				
Pain at injection site				

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Mild	**4(4%; 1.1 – 9.9)**	**4(4%; 1.1 – 9.9)**	**1 (1%; 0.0-5.5)**	**2(3%; 0.3-9.3)**
Moderate	1(1%; 0.0-5.5)	1(1%; 0.0-5.5)	0	0
Swelling				
Mild	0	0	0	1(1%; 0.0-7.2)
Moderate	0	0	0	0
Systemic reactions				
Fever				
Mild	0	1(1%; 0.0-5.5)	1(1%; 0.0-5.5)	0
Moderate	0	1(1%; 0.0-5.5)	2 (2%; 0.2-7.0)	0
Body ache				
Fatigue				
Mild	1(1%; 0.0-5.4)	0	0	0
Moderate	2(2%; 0.2- 7.0)	3(3%; 0.6-8.5)	0	0
Headache				
Mild	1(1%; 0.03-5.5)	2(2%; 0.2-7.0)	0	5(7%; 2.2-14.9)
Moderate	0	3(3%; 0.6-8.5)	2(2%; 0.2-7.0)	0
Nausea or vomiting				
Mild	1(1%; 0.03-5.5)	2(2%; 0.2-7.0)	2(2%; 0.2-7.0)	2(3%; 0.3-9.3)
Moderate	0	0	0	0
0-14 Days				
Local reactions				
Pain at injection site				
Mild	2(2%; 0.2-7.0)	1(1%; 0.03-5.5)	1(1%; 0.0-5.5)	0
Moderate	0	0	0	0
Swelling				
Mild	0	0	0	0
Moderate	0	0	0	0
Systemic reactions				
Fever				
Mild	2	1	1	0
Moderate	0	0	0	0
Body ache				
Mild	0	0	0	0
Moderate	1(1%; 0.0-5.5)	0	0	0
Fatigue				
Mild	1(1%; 0.03-5.4)	0	3(3%;0.6-8.5)	0
Moderate	1	0	0	0
Headache				
Mild	0	0	0	0
Moderate	0	0	0	0
Nausea or vomiting				
Mild	0	0	0	0
Moderate	0	0	0	0

Data are n (%; 95% CI). The safety set includes all participants who received one dose of the vaccine (n=375). Dose 1 events are from days 0–7 and dose 2 events are days 14–21. The grading scale for most adverse events was based on the US Food and Drug Administration

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(FDA) guidance document for toxicity grading scale for healthy adult and adolescent volunteers enrolled in preventive vaccine clinical trials. For adverse events where grading was not mentioned in the FDA guidance document, we have used the common terminology criteria for adverse events grading. There were no severe adverse events.

9.2.2 IMMUNE RESPONSES

Neutralizing Antibody Titers

Since all recruited participants were screened for IgM and IgG antibodies to SARS-CoV-2, no participants had detectable NAbs at baseline (analyzed by MNT_{50}). The proportion of participants that demonstrated seroconversion (after Day 28) was 87.88%, 91.92%, and 82.8% in the BBV152 -A, -B, and -C, groups, respectively. Post second dose GMTs (Day 28) among the three vaccine arms were 61.7, 66.4, and 48 in the BBV152 -A, -B, and -C groups, respectively. Responses in BBV152 -A and -B were noticeably higher than BBV152C, albeit not statistically significant. Anti-spike glycoprotein IgG antibodies secretion was seen on day 104 post vaccination, which shows the long-lasting T-cell memory response generated by BBV152. Similar results of long-term immunity were reported in convalescent patients who previously had COVID-19. Presently, memory B-cell responses from BBV152 are currently being evaluated [24, 25].

Table 12: Neutralizing titers and Seroconversion rates in different treatment groups

Groups	Day 0	Day 14		Day 28	
	GMT (95% CI)	**GMT (95% CI)**	**n (SC%) (95% CI)**	**GMT (95% CI)**	**n (SC%) (95% CI)**
Treatment A N=99	6.21 (5.92,6.52)	9.14 (8.05, 10.40)	10 (10.1%) (4.16, 16.04)	61.70 (49.50, 76.90)	87 (87.88%) (81.45, 94.31)
Treatment B N=99	6.01 (5.81, 6.23)	11.20 (9.56, 13.00)	21 (21.21%) (13.16, 29.27)	66.4 (53.40, 82.40)	91 (91.92%) (86.55, 97.29)
Treatment C (N=93)	5.95 (5.80, 6.10)	9.45 (8.20, 10.90)	7 (7.53%) (2.16, 12.89)	48.00 (37.70, 61.10)	77 (82.8%) (75.12, 90.47)
Treatment D (N=73)	6.13 (5.84, 6.43)	6.07 (5.86, 6.28)	--	7.20 (6.39, 8.11)	6 (8.22%) (1.92, 14.52)

9.3 CONCLUSION:

Based on the interim results of the Phase 1 clinical trial, the BBV-152 B formulation (6µg + adjuvant B (Alum + imidazoquinoline)) produced better immune response compared to BBV-152A and C although the difference was not statistically different.

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In conclusion, Whole-Virion Inactivated SARS-CoV-2 Vaccine (BBV152) has been proven to be safe and well tolerated, and immunogenic in the Phase 1 study.

COVAXIN Phase I clinical study publication and Supplementary data is enclosed as **Annexure 1**

10 PRELIMINARY REPORT OF THE PHASE 2 CLINICAL TRIAL

We conducted a double-blind, randomized, multicentre phase 2 trial to evaluate the immunogenicity and safety of BBV-152 in healthy adults and adolescents.

10.1 STUDY DESIGN AND PARTICIPANTS

Healthy individuals aged 12-65 years were taken into study. All the individuals were screened for eligibility based on the health status, including medical history, laboratory findings, vital signs, and physical examination and enrolled after getting signed and dated written informed consent (audio/video consent for vulnerable participants). Participants who tested positive for Covid-19 at the screening by either nucleic acid test or serology were excluded from the trial. Details of inclusion and exclusion criteria can be found on www.clinicaltrials.gov: NCT04471519.

Participants were assigned a computer-generated randomization number (IWRS). After meeting eligibility, participants were randomized equally to receive two groups BBV152 and a control group of aluminum hydroxide (alum) adjuvant only. A two-dose intramuscular regimen was adopted, 28 days apart.
The trial was conducted across 9 sites in India. The trial was approved by the Central Licensing Authority (India), respective Ethics Committees, and was conducted in compliance with all International and local Ethical guidelines.

10.2 STUDY VACCINE

BBV152 (manufactured by Bharat Biotech) is a whole virion β-propiolactone-inactivated SARS-COV-2 vaccine. The vaccine candidate is formulated with Algel-IMDG, an imidazoquinoline class molecule (TLR7/TLR8 agonist abbreviated as IMDG) adsorbed onto Algel. The agonist molecule for Algel-IMDG was licensed from ViroVax LLC, USA. The vaccine was provided as a sterile liquid for injection through the intramuscular route at a volume of 0.5mL/dose, as a two-dose regimen, 28 days apart.

10.3 STUDY PROCEDURES

Two doses of BBV 152 vaccine were administered at a volume of 0.5mL/dose injection intramuscularly (deltoid muscle) at days 0 and 28. The follow-up visits were scheduled on days 42, 56, 118, and 208 days.

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10.4 BLINDING

The appearance, color, viscosity across all treatment, and control formulations were identical. Treatment groups were blinded against participants, investigators, study coordinators, study-related personnel, and the sponsor (excluding an unblinded CRO, tasked with the dispatch of vaccine vials and generation of master randomization code). Blinding was maintained using the randomization code.

10.5 SAFETY ASSESSMENTS

The primary safety outcome was the number and percentage of participants with solicited local and systemic reactogenicity within -two hours, 7 days (days 0-7 and days 28-35) post vaccination. All the events are to be recorded in a memory aid containing fields for symptom onset, severity, time to resolution, and concomitant medications, and participants were instructed to complete the form daily. The form was collected during the next visit to the site. Routine telephone calls were scheduled following the first 7 days after each vaccination.
Laboratory values (serum chemistry and hematology) were compared between the pre-vaccination (day 0) and the post-vaccination (day 28) visits.

10.6 IMMUNOGENICITY ASSESSMENTS

Anti-IgG responses against the spike (S1) glycoprotein, receptor-binding domain (RBD), and nucleocapsid protein of SARS-CoV-2 were assessed by ELISA (Syngene, Bangalore, India), and are expressed as geometric mean titres (GMTs). Wild-type virus neutralising antibody titres in serum samples were analysed with a microneutralisation assay (MNT50) and a plaque-reduction neutralisation test (PRNT50) at Bharat Biotech in a masked manner.MNT50 and PRNT50 were developed in-house. Seroconversion was defined as a post-vaccination titre at least four-fold higher than the pre-vaccination titre. To ensure the validity of our assay, an arbitrary number of serum samples (n=40) were selected at random and tested by PRNT50 at National Institute of Virology.

10.7 RESULTS

Among the 921 screened between September 7th and September 11th, 2020, 380 participants were randomized. Among the two treatment arms, 190 each were randomized into the BBV152-A, and B groups, respectively.

10.8 SAFETY

After the first and second vaccination, all AEs were mild or moderate in severity and resolved transiently. Pain at the injection site, followed by headache, fatigue and fever were the most common adverse event reported. No severe or life-threatening solicited adverse events were reported. No significant difference in safety was observed between these two groups. No serious adverse events were reported in this study.

Table 13: Adverse events reported in Phase 2

	Dose 1		Dose 2	
Adverse Events	**3 µg with Algel-IMDG**	**6 µg with Algel-IMDG**	**3 µg with Algel-IMDG**	**6 µg with Algel-IMDG**

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	N=190	N=190	N=190	N=190
Local reactions				
Pain at injection site				
Mild	**5(3%)**	**6(3%)**	**7(4%)**	**4(2%)**
Moderate	1 (1%)	0	0	1 (1%)
Redness at injection site				
Mild	1(1%)	1(1%)	0	0
Moderate	0	0	0	0
Itching				
Mild	1(1%)	1(1%)	0	2(1%)
Moderate	0	0	0	0
Stiffness in upper arm				
Mild	1(1%)	0	0	0
Moderate	0	0	0	0
Weakness injection arm				
Mild	0	0	1(1%)	0
Moderate	0	0	0	0
Systemic reactions				
Body ache				
Mild	0	2(1%)	1(1%)	2 (1%)
Moderate	0	1(1%)	0	0
Fever				
Mild	2 (1%)	5(3%)	5(3%)	4 (2%)
Moderate	1(1%)	3(2%)	0	0
Headache				
Mild	2(1%)	1 (1%)	1 (1%)	2 (1%)
Moderate	0	0	0	1 (1%)
Malaise				
Mild	4 (2%)	1 (1%)	3 (2%)	0
Moderate	0	0	0	0
Weakness				
Mild	0	0	1 (1%)	2 (1%)
Moderate	0	1 (1%)	0	0
Rashes				
Mild	0	0	1 (1%)	0
Moderate	0	0	0	0

Data are n (%). The safety analysis set includes all participants who received one dose of the vaccine (n=380). The number of participants who had a solicited adverse event after receiving dose 1 (days 0–7) and dose 2 (days 28–35) is shown.

10.9 IMMUNE RESPONSES

Neutralizing Antibody Titers

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Since all recruited participants were screened for IgM and IgG antibodies to SARS-CoV-2, no participants had detectable NAbs at baseline (analyzed by MNT_{50}). Seroconversion based on PRNT50 at day 56 was reported in 170 (92·9% [95% CI 88·2–96·2] of 184 participants in the 3 μg with Algel-IMDG group and 174 (98·3% [95·1–99·6]) of 177 participants in the 6 μg with Algel-IMDG group. GMTs (MNT50) at day 56 were 92·5 (95% CI 77·7–110·2) in the 3 μg with Algel-IMDG group and 160·1 (135·8–188·8) in the 6 μg with Algel-IMDG group. Seroconversion based on MNT50 at day 56 was reported in 161 (88·0% [95% CI 82·4–92·3]) of 184 participants in the 3 μg with Algel-IMDG group and 171 (96·6% [92·8–98·8]) of 177 participants in the 6 μg with Algel-IMDG group. The 3 μg with Algel-IMDG and 6 μg with Algel-IMDG formulations elicited T-cell responses that were biased to a Th1 phenotype at day 42. No significant difference in the proportion of participants who had a solicited local and systemic adverse reaction in the 3 μg with Algel-IMDG group (37 [9·7%; 95% CI 6·9–13·2] of 380) and the 6 μg with Algel-IMDG group (39 [10·3%; 7·4–13·8] of 380) was observed between days 0–7 and days 28–35; no serious adverse events were reported in the study. From the phase 1 trial, 3-month post-second-dose GMTs (MNT50) were 39·9 (95% CI 32·0–49·9) in the 3μg with Algel-IMDG group, 69·5 (53·7–89·9) in the 6 μg with Algel-IMDG group, 53·3 (40·1–71·0) in the 6 μg with Algel group, and 20·7 (14·5–29·5) in the Algel alone group.

10.10 CONCLUSION:

Based on the interim results of the Phase 2 clinical trial, the BBV-152 B formulation produced better immune response compared to BBV-152A.

In conclusion, Whole-Virion Inactivated SARS-CoV-2 Vaccine (BBV152) has been proven to be safe and well tolerated, and immunogenic in the Phase 2 study.

COVAXIN Phase II clinical study publication and supplementary data is enclosed as **Annexure 2**

11 INVESTIGATIONAL VACCINE (INV)

11.1 RATIONALE FOR PHASE 3 DOSE SELECTION:

- Two antigen concentrations (3μg and 6μg) with two different adjuvants were studied in different animal models such as mice, rats, rabbits, Syrian hamsters, and *Rhesus macaques*.
- All BBV152 vaccine formulations generated significantly high antigen-binding and neutralizing antibody titers, at both concentrations, in the three-animal species (mice, rats, and rabbits) with excellent safety profiles.
- Likewise, three dose vaccination regimens with three formulations of BBV152 induced significant titres of SARS-CoV-2 specific IgG and neutralizing antibodies in the Syrian Hamster challenge study. The formulation with imidazoquinoline adsorbed on alum adjuvant (BBV-152 A

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and B) remarkably generated a quick and robust immune response.

- In the *Rhesus macaques* challenge study, the protective response was observed with increasing SARS-CoV-2 specific IgG and neutralizing antibody titers from 3rd-week post-immunization. Based on the antibody titres, viral loads in nasal, throat, and bronchoalveolar lavage swab, respiratory tract, lungs, and extra-pulmonary organs, clinic-radiological analyses, histopathological examinations, and immunohistochemistry findings, the study demonstrated that a two-dose vaccination regimen adjuvant B (Alum + imidazoquinoline) induced a significant immune response and provided effective protection in animals challenged with SARS-CoV-2.
- Based on the interim results of the Phase 1 clinical trial, the BBV-152B formulation (6µg + adjuvant B (Alum + imidazoquinoline)) produced better immune response compared to BBV-152 A and C.

- Based on the results of the mice, rat, and rabbit study, Syrian hamster and rhesus macaques challenge study, and interim results of the Phase 1 clinical trial, the BBV-152 B formulation (6µg + adjuvant B (Alum + imidazoquinoline)) was selected for the Phase 3 Efficacy Study.

11.2 COMPOSITION OF STUDY VACCINE

Whole Virion Inactivated SARS-CoV-2 vaccine (BBV152-B) will be administered as an intramuscular injection.

Active Ingredient	**Quantity**
Whole Virion, Inactivated Corona Virus Antigen (Strain: NIV-2020-770)	BBV152B
	6µg
Inactive Ingredients	
Aluminium Hydroxide Gel equivalent to Al^{+++}	250 mcg
TLR7/8 Agonist	15 mcg
2-Phenoxyethanol (2PE) I.P.	2.5 mg
Phosphate Buffered Saline	q.s. to 0.5 mL

11.3 PLACEBO COMPOSITION

The vaccine composition of the placebo per single human dose (SHD) of 0.5 ml is as follows:

Ingredient	**Quantity**

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Aluminium Hydroxide Gel equivalent to Al^{+++}	250 mcg
2-Phenoxyethanol (2PE) I.P.	2.5 mg
Phosphate Buffered Saline	q.s. to 0.5 mL

11.4 DOSAGE FORM AND ROUTE OF ADMINISTRATION

COVID-19 Vaccine (BBV152-B) is a liquid 0.5 mL Vero cell-derived inactivated vaccine containing NLT 6µg and administered as a two-dose regimen intramuscularly (IM) 4 weeks apart (Day 0 and Day 28).

11.5 VACCINE STORAGE

Inactivated Whole-virion inactivated vaccine 'BBV152 B' and the placebo vaccine should be stored refrigerated at +2 to +8°C. The vaccine consignment will be shipped with a temperature logger. Any excursion in the temperature during storage below +2°C or above +8°C for more than 24 hours should be notified to the Sponsor, and should wait for Sponsor instructions for further action.

11.6 HANDLING OF STUDY VACCINE AND PLACEBO

The study vaccine and placebo will be stored at +2°C to +8°C at the study site. The required number of test articles and placebo vials will be transported from the Sponsor's manufacturing site in insulated vaccine vial containers containing cool packs. The vaccine vial should be taken from the refrigerator only minutes before injection and the used vial with remaining contents if any, should be immediately discarded.

11.7 STUDY DESIGN AND SUBJECT SELECTION

The study is conducted as Event-Driven, Phase3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults≥18 Years of Age.

11.8 BLINDING

The control is identical to the vaccine. Sufficient measures will be taken to assure that blinding of participants and evaluation staff is maintained. Study product assignments will be accessible to the data coordinating center staff and others who are required to know this information to ensure proper trial conduct. The DSMB members may also be unblinded to treatment assignment as required to review vaccine safety and efficacy. Emergency unblinding decisions are expected to be rare and justified only when that information is needed for the future clinical management of that participant.

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If in the opinion of the investigator, the event the health and safety of the participant will benefit from knowing the treatment code, efforts will be made to contact the medical monitor as long as patient safety is not at imminent risk. If the subject is at imminent risk, the investigator should have the ability to unblind although should notify the Medical Monitor (MM) and Sponsor as soon as possible thereafter.

11.9 METHOD OF ADMINISTRATION

The vials are taken from the refrigerator just before use and brought to ambient temperature. The contents of the vials are mixed well before drawing with a needle. Sterile, disposable, single use syringe and needle are to be used for injection. The vaccine is administered into the deltoid muscle above arm pit and below acromion.

11.10 PRECAUTIONS FOR HANDLING VACCINE SUPPLIES

A vaccine inventory log shall be maintained at the site of storage. Vaccine shall be stored in a refrigerator at +2°C to +8°C. The temperature should be monitored and recorded at regular intervals. A temperature log shall be posted on the refrigerator. An effective power back up shall be maintained to counter any power failures.

11.11 WARNING

- Do NOT allow access to any unauthorized person to the vaccine storage area. If possible, keep the refrigerator locked.
- Do NOT store food or any eatables, chemicals, drugs or any material other than the test articles in the refrigerator
- Once taken out of the refrigerator, the vaccine should be administered immediately or discarded.

11.12 EFFICACY ASSESSMENT

Success will be defined by a two-sided 95% CI for vaccine efficacy (adjusted as necessary for interim monitoring) with a lower bound ≥ 30%. The International Coalition of Medicines Regulatory Authorities noted that "a specific numeric value to be used for the lower bound and vaccine efficacy point estimate was not agreed upon at this stage". It was also reflected that efficacy estimates crossing a certain pre-specified lower bound for efficacy, due to factors such as epidemiological evolution of the pandemic, would not preclude the possibility of a positive benefit-risk conclusion if there also were other data supportive of efficacy.

It is anticipated that the 6-month COVID-19 attack rate in the control arm will be approximately 1 percent. The trial is endpoint driven; the primary efficacy analysis is triggered by the accrual of 130 primary endpoint events across the two arms, at which point the results will be analyzed and reported. In the event overwhelming efficacy is detected during the interim analysis, placebo participants may be provided with closeout vaccinations.

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11.13 SAFETY

There are 25,800 participants were recruited in the study. It is decided to consider all AEs reported till 11 am (IST) March 1, 2021 for first 8000 enrolled participants. All the participants were followed up telephonically for 7 days after each dose of vaccination and reported all the solicited AEs. Unsolicited AEs from all the participants were reported throughout follow-up period (Till Day 42). A total of 655 adverse events were reported and equally distributed in both vaccine and placebo groups. Among these 655 AEs 605 were mild, 34 were moderate and 16 were severe and the severity of the AEs is similar in both the groups. All the AEs except 20 were resolved without sequelae. Detailed AEs list is summarized in the Table 14.

TABLE 14 : Adverse events reported in Phase III (Interim Analysis)

Description	Treatment Arm		
	BBV152 (N=4,061) n (%)	**Placebo (N=3,804) n (%)**	**Total (N=7,865) n (%)**
No of Subject with at least one Adverse Event	335 (8.25)	300 (7.89)	635 (8.07)
No of Subjects with at least one Local Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	99 (2.44)	94 (2.47)	193 (2.45)
No of Subjects with at least one Local Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	55 (1.35)	39 (1.03)	94 (1.20)
No of Subjects with at least one Systemic Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	94 (2.31)	55 (1.45)	149 (1.89)
No of subjects with at least one Systemic Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	30 (0.74)	23 (0.60)	53 (No 0.67)
No of subjects with at least one Unsolicited Adverse Events	50(1.23)	67(1.76)	117 (1.49)
All Ongoing Adverse Events	9 (0.22)	11 (0.29)	20 (0.25)
Severity			
Mild	317 (7.81)	288 (7.57)	605 (7.69)
Moderate	17 (0.42)	17 (0.45)	34 (0.43)
Severe	9 (0.22)	7 (0.18)	16 (0.20)

11.13.1 SERIOUS ADVERSE EVENTS

All the participants (25800) were followed up for serious adverse events (SAEs) and 43 SAEs were reported till date and among those cases 33 were resolved, 3 cases are ongoing and 7 deaths were reported. All the SAEs were not related to the vaccine and distributed equally among the two treatment groups. Detailed description of the SAEs is given in the Table 15.

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TABLE 15: SAEs Line Listing of Phase III (Interim Analysis)

S. No	Study site (Screening Number)	Date of administration	Date of occurrence of SAE	Seriousness Criteria	Diagnosis of the Event	Causality Assessment by PI	Causality Assessment by Sponsor	Outcome of the Event
1	NIMS, Hyderabad (32000107)	19-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	20-11-2020	Hospitalization	Road traffic accident (RTA)-Crush Injury left foot and Fracture neck of 2nd 3rd and 4thmetatarsal.	Unrelated	Unrelated	Recovered and discharged from hospital on 23rd Nov 2020.
2	NIMS, Hyderabad (32000073)	18-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	29-11-2020	Hospitalization	Uncontrolled Type-2 Diabetes mellitus with Diabetic ketoacidosis and dyselectrolytemia.	Unlikely	Unrelated	Recovered and discharged from hospital on 12th Dec 2020
3	PGIMS, Rohtak (32100001)	20-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from hospital 30th Dec 2020 in stable condition
4	NIMS, Hyderabad (32000428)	28-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	Shortness of breath, pedal edema and fever (3 days).	Unlikely	Unrelated	Recovered and discharged from hospital 6th Dec 2020 in stable condition
5	NIMS, Hyderabad (32000272)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 11th Dec 2020 in stable condition
6	NIMS, Hyderabad (32000242)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	10-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 15th Dec 2020 in stable condition
7	Grant Medical College & JJ Hospital, Mumbai (31600192)	08-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	12-12-2020	Hospitalization	Homocysteine	Unrelated	Unrelated	Recovered and discharged from hospital in stable condition on 26th Dec 2020
8	SRM Medical College & Hospital, Chennai (32500018)	07-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	15-12-2020	Hospitalization	Clinical enteric fever with dehydration.	Unrelated	Unrelated	Recovered and discharged from hospital on 17th Dec 2020
9	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900546)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	17-12-2020	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from hospital on 18th Dec 2020 with advice to follow up for further treatment plan

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10	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900809)	12-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	21-12-2020	Death	Death	Unrelated	Unrelated	Fatal
11	MGMCRI-SBV, Puducherry (30800390)	26-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	01-01-2020	Hospitalization	"Hollow viscus perforation with Acute Kidney Injury -? Cause"	Unrelated	Unrelated	Recovered
12	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900578)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	06-01-2021	Hospitalization	Liver abscess	Unrelated	Unrelated	Recovered and discharged from hospital on 15th Jan 2021
13	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore. (31100060)	09-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-12-2020 (Date of awareness of SAE:06-01-2021)	Hospitalization	Left lung opacity-LRTI	Unrelated	Unrelated	Recovered and discharged from Hospital on 23rd December 2020
14	People's College of medical research center, Bhopal, Madhya Pradesh (30900546)	10/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-01-2021	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from Hospital on 21stJan 2021.
15	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901496)	18-12-2020 (1st Dose) (Vaccine/Placebo; blinded) 2nd dose was not administered	08-01-2021	Hospitalization	Injury in both the lower limbs (ankle)	Unrelated	Unrelated	Recovered and discharged from Hospital on 19th Feb 2021.
16	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901257)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	30-12-2020 (Date of awareness of SAE:13/01/2021)	Hospitalization	Mature cataract	Unrelated	Unrelated	Recovered and discharged from hospital on 1st Jan 2021.
17	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901279)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	03/01/2021 (Date of awareness of SAE: 13/01/2021)	Hospitalization	CAD with hypertension with B/L Pneuminitis /ACS/TVD. She was also positive with COVID-19.	Unrelated	Unrelated	Recovered and discharged from hospital on 6th Jan 2021.

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18	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901436)	17/12/2020 (1st Dose) 14/01/2021 (2nd Dose) (Vaccine/Placebo; Blinded)	15/01/2021	Hospitalization	Acute cholecystitis and cholelithiasis.	Unrelated	Unrelated	Recovered and discharged from the hospital on 22-01-2021
19	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901004)	14-12-2020 (1st Dose) 11-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	18-01-2021	Hospitalization	Renal Calculi with Hepatomegaly.	Unrelated	Unrelated	Recovered and discharged from the hospital on 19-01-2021
20	NIMS, Hyderabad (32001 145)	21-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-01-2021 (Date of awareness of the SAE:21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
21	Jawaharlal Nehru Medical college and Hospital,AMU, Aligarh (31300207)	25-11-2020 (1st Dose) 24-12-2020 (2nd dose) (Vaccine/Placebo; Blinded)	10-01-2021 (Date of awareness of the SAE-21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
22	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100290)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	11-01-2021 (Date of awareness of the SAE: 14-01-2021)	Hospitalization	Atypical viral pneumonia	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-01-2021
23	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901512)	18-12-2020 (1st Dose) 20-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	21-01-2021	Hospitalization	Generalised body pain	Unrelated	Unrelated	Recovered and discharged from the hospital on 25-01-2021
24	AIIMS, New Delhi (30100090)	5-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	22-01-2021 (Date of SAE Awareness: 24-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
25	GMERS Medical College and Civil Hospital, Sola, Ahmedabad (31500928)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	08-01-2021 (Date of awareness of SAE: 27-01-2021)	Death	Death	Unlikely	Unlikely	Fatal
26	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900901)	13-12-2020 (1st Dose) 10-01-2021 (2ndDose) (Vaccine/Placebo; Blinded)	01-02-2021	Hospitalization	Right eye mature cataract and left eye pseudophakia	Unrelated	Unrelated	Recovered and discharged from Hospital on 12th Feb 2021.

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27	SRM Medical College Hospital & Research Centre, Kanchipuram,Tamil Nadu (32500447)	28-12-2020 (1st Dose) 25-01-2021 (2ndDose) (Vaccine/Placebo; Blinded)	31-01-2021 (Date of awareness by Sponsor: 01-02-2021)	Death	Death	Unrelated	Unrelated	Fatal
28	SRM Medical College Hospital & Research Centre Kanchipuram, Tamil Nadu (32500303)	23-12-2021 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	27-01-2021 (Date of awreness-02-02-2021)	Hospitalization	Viral pneumonia due to COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 9th Feb 2021 in stable condition
29	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900770)	12-12-2020 (1st Dose) 09-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Chronic Otitis media	Unrelated	Unrelated	Recovered and discharged from the hospital on18-02-2021
30	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Bronchial asthma	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-02-2021
31	Maharaja Agrasen Super speciality Hospital, Jaipur (32700845)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
32	Maharaja Agrasen Super speciality Hospital, Jaipur (32700848)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
33	AIIMS, New Delhi (30100013)	27-11-2020 (1st Dose) 26-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	03-02-2021 (Date of awreness-06-02-2021)	Hospitalization	Immune Thrombocytopenia Purpura.	Could be associated with the vaccine.	Under Evaluation	Recovered and discharged from the hospital on 08-02-2021
34	Director of Public Health & Medicine study site, Chennai (31200001)	09-12-2020 (1st Dose) 06-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 16-02-2021
35	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900391)	07-12-2020 (1st Dose) 05-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	Chronic otitis media	Unrelated	Un related	Recovered and discharged from the hospital on 22-02-2021
36	Prakash Institute of Medical Science & Research, Sangli,	30-12-2020 (1st Dose) 26-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	13-02-2021	Hospitalization	Fever, headache, and cough	Unrelated	Unrelated	Recovered and discharged from the hospital on 14-02-2021

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	Maharashtra (32900012)							
37	AIIMS, New Delhi (30100044)	02-12-2020 (1st Dose) 30-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	19-02-2021	Hospitalization	Myocardial infarction (MI)	Unlikely	Unrelated	Recovered and discharged from the hospital on 01-03-2021
38	NIMS, Hyderabad (32001185)	22-12-2020 (1st Dose) 19-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	COVID-19	Unlikely	Under Evaluation	Ongoing at the time of submission of the report by the investigator
39	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi (32300066)	19-12-2020 (1st Dose) 20-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	Fever and body ache	Under Evaluation	Under Evaluation	Ongoing at the time of submission of the report by the investigator
40	Aligarh Muslim University, Aligarh (31300560)	30-11-2020 (1st Dose) 31-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 27-02-2021)	Hospitalization	Epistaxis	Unrelated	Under Evaluation	Recovered and discharged from the hospital on 27-02-2021
41	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 03-03-2021)	Hospitalization	Acute exacerbation of COPD	Unrelated	Under Evaluation	Ongoing
42	AIIMS, New Delhi (30100314)	26-12-2020 (1st Dose) 23-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 05-03-2021)	Hospitalization	Cholecystitis	Unlikely	Under Evaluation	Recovered and discharged from the hospital on 02-03-2021
43	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100476)	06-01-2021 (1st Dose) 03-02-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	03-03-2021 (Date of Awareness:05-03-2021)	Death	Death	Under Evaluation	Under Evaluation	Fatal

11.14 INTERIM PHASE 3 RESULTS:

The Phase 3 study enrolled 25,800 participants between 18-98 years of age, including 2,433 over the age of 60 and 4,500 with comorbidities. The primary endpoint of Phase 3 clinical trial is based on the first occurrence of PCR-confirmed symptomatic (mild, moderate, or severe) COVID-19 with onset at least 14 days after the second study vaccination in serologically negative (to SARS-CoV-2) adult participants at baseline.

The first interim analysis is based on 43 cases, of which 36 cases of COVID-19 were observed in the placebo group versus 7 cases observed in the BBV152 (COVAXIN®) group, resulting in a point estimate of vaccine efficacy of 80.6%.

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The interim analysis included a preliminary review of the safety database, which showed that severe, serious, and medically attended adverse events occurred at low levels and were balanced between vaccine and placebo groups. The trial's conduct and monitoring are as per Good Clinical Practice guidelines and have been outsourced to IQVIA.
Analysis from the National Institute of Virology indicates that vaccine-induced antibodies can neutralize the UK variant strains and other heterologous strains, which has been published in bioRxiv. https://doi.org/10.1101/2021.01.26.426986

Phase III efficacy interim report is enclosed as **Annexure 3**

12 RESTRICTED USE OF COVAXIN UNDER CLINICAL TRIAL MODE

Bharat Biotech International Limited (BBIL) in collaboration with Indian Council of Medical Research (ICMR) has developed an inactivated whole virion COVID-19 vaccine, COVAXIN®. The COVAXIN® has been evaluated for safety, reactogenicity and immunogenicity in phase 1 and 2 clinical trials and the trial reports were submitted to the Central Drugs Standard Control Organization (CDSCO) India. COVAXIN® has been approved under emergency use authorization with permission number MF/BIO/21/000002, dated 03.01.2021, F. No: BIO/MA/20/000103. This permission is given for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode, where COVAXIN® vaccine will be administered to the vaccine recipients and they will be followed up for safety. COVAXIN® (prepared under Good manufacturing practices, as required under the Drugs and Cosmetics Act, 1940 and the NCDT Rules 2019) has been approved by CDSCO for Restricted Use in Emergency situation in Public Interest as an abundant precaution in Clinical Trial Mode, in India on 3rd January 2021.

12.1 IMPLEMENTATION PLAN – PROCEDURES

Bharat Biotech along with ICMR has taken approval for the Implementation Plan from the Cental Ethic Committee of ICMR and and SEC committee of CDSCO. Subsequently, BBIL has sent lakhs of hard copies of Fact Sheets, Informed Consent forms and Information Leaflets to each designated vaccination sites across the country.

1. The Fact sheet in regional language was provided to the vaccine recipient before vaccination and vaccine recipients were given time to read (in case of inability to read – it was read out to him/her by vaccination staff) to understand it. Opportunity was given to the vaccine recipients to ask clarifying questions to the vaccinator. Vaccinator has used the information leaflet to answer the queries raised by the vaccine recipient. Following questions and clarifications, the fact sheet was returned by the vaccine recipients to the vaccinator.

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2. If the vaccine recipient agrees to be vaccinated with COVAXIN®, he/she has to sign an informed consent form (ICF) (in case of inability to write, he/she has put a left thumb impression on the ICF). Only after signing the informed consent, the vaccine recipients were vaccinated with COVAXIN®.

3. The informed consent is required at the time of first dose only. The separate consent is not required for subsequent dose.

12.1.1 VACCINATION PROCEDURE:

Vaccine recipients were provided information in local language pertaining to the vaccine administration with the help of a Fact Sheet containing details about COVAXIN®. On day 01 (Visit 1) and day 28 (Visit 2) recipients were administered with the doses of the COVAXIN® via the intramuscular route. After Day 1 and Day 28 vaccination, Vaccine recipients were given Adverse Event Form to record the adverse events and they were made to remain for at least 30 minutes after vaccination for observation to record any adverse event.

12.1.2 ADVERSE EVENTS AND SAEs COLLECTION PROCEDURE:

1. The designated staff has collated the consent forms obtained on the previous day for record keeping. These were files with date of vaccination, session site specifications and planning unit mentioned on it. A team, consisting of about 150 BBIL sales and marketing employees and ICMR employees, was set-up at the regional level to telephonically contact and enquire about the adverse events based on grouping of vaccine recipients as follows:

    - Day 7 after dose 1 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 28 after dose 1 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 7 after dose 2 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 28 after dose 2, including symptoms related to Covid-19 and positive RTPCR test (if any)

2. The list of the vaccine recipients was generated on a daily basis with contact numbers.

3. Adverse events and serious adverse events following immunization (AEFI) informed during the aforementioned contacts were recorded application against the respective personnel identified of a vaccine recipient.

4. Grouping of the vaccine recipients in minor, severe and serious adverse event (as the case may be) was done by District Immunization Officer (DIO) on a daily basis. For all

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serious and severe cases, the Case Report Form (CRF) has been raised for further investigation by District AEFI Committee.

5. In case of any serious adverse events linked to the COVAXINTM immunization program, the details of the serious adverse events were recorded by the designated Immunization officers or Health care workers of the vaccination site. BBIL has coordinated through email/telephone/other means to coordinate with the Immunization officers/Health care workers to get the required details of SAE. Upon receipt of these details, submitted SAE report to DSMB, ICMR Central Ethics Committee CDSCO/DCGI.

7. Drug regulators (Drugs Controller General of India, DCGI) has been provided with the collated data for review and assessment on vaccine safety, on a monthly basis.

8. The end point and the final outcome of the aforementioned AEFI monitoring related to COVAXIN was based on the recommendations made by the regulatory authority (DCGI).

A toll-free number and an email, the details of which are in the fact sheet, were assigned at BBIL to answer the queries of vaccine beneficiaries. Numerous queries via telephone and emails were addressed on a daily basis. Causality of all SAEs was assessed by the Immunization officer, BBIL, ICMR Central Ethics Committee.

12.1.3 CONCLUSIONS

The Restricted use of COVAXIN® under clinical trial mode was initiated on 16th Jan 2021. Under this program, a total of more than 13 lakh beneficiaries have been vaccinated with COVAXIN®. Despite numerous attempts by BBIL and ICMR, data was not shared in a timely manner by the site immunization officers. A total of 8149 beneficiaries have reported adverse events following immunization. No death cases were reported in the restricted use of COVAXIN® under clinical trial mode. In conclusion, the COVAXIN® can be considered as a safe vaccine.

Restricted Use of COVAXIN® under clinical trial mode report is as **Annexure-4.**

13 NEUTRALIZATION OF UK-VARIANT VUI-202012/01 WITH COVAXIN VACCINATED HUMAN SERUM

National Institute of Virology (NIV), India was successfully isolated and characterized the hCoV-19/India/20203522 SARS-CoV-2 (VOC) 202012/01 from UK returnees in India with all signature mutations of the UK-variant.

The plaque reduction neutralization test ($PRNT_{50}$) using sera collected from the 26 recipients of BBV152/COVAXIN™ against hCoV-19/India/20203522 (UK-variant) and hCoV27 19/India/2020Q111 (heterologous strain). A comparable neutralization activity

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of the vaccinated individuals sera showed against UK-variant and the heterologous strain with similar efficiency, dispel the uncertainty of possible neutralization escape.

Neutralization of UK-variant VUI-202012/01 with COVAXIN vaccinated human serum Publication is enclosed as **Annexure 5**

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ANNEXURE-1

Safety and immunogenicity of an inactivated SARS-CoV-2 vaccine, BBV152: a double-blind, randomised, phase 1 trial

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Summary

Background To mitigate the effects of COVID-19, a vaccine is urgently needed. BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine formulated with a toll-like receptor 7/8 agonist molecule adsorbed to alum (Algel-IMDG) or alum (Algel).

Methods We did a double-blind, multicentre, randomised, controlled phase 1 trial to assess the safety and immunogenicity of BBV152 at 11 hospitals across India. Healthy adults aged 18–55 years who were deemed healthy by the investigator were eligible. Individuals with positive SARS-CoV-2 nucleic acid and/or serology tests were excluded. Participants were randomly assigned to receive either one of three vaccine formulations (3 µg with Algel-IMDG, 6 µg with Algel-IMDG, or 6 µg with Algel) or an Algel only control vaccine group. Block randomisation was done with a web response platform. Participants and investigators were masked to treatment group allocation. Two intramuscular doses of vaccines were administered on day 0 (the day of randomisation) and day 14. Primary outcomes were solicited local and systemic reactogenicity events at 2 h and 7 days after vaccination and throughout the full study duration, including serious adverse events. Secondary outcome was seroconversion (at least four-fold increase from baseline) based on wild-type virus neutralisation. Cell-mediated responses were evaluated by intracellular staining and ELISpot. The trial is registered at ClinicalTrials.gov (NCT04471519).

Findings Between July 13 and 30, 2020, 827 participants were screened, of whom 375 were enrolled. Among the enrolled participants, 100 each were randomly assigned to the three vaccine groups, and 75 were randomly assigned to the control group (Algel only). After both doses, solicited local and systemic adverse reactions were reported by 17 (17%; 95% CI 10·5–26·1) participants in the 3 µg with Algel-IMDG group, 21 (21%; 13·8–30·5) in the 6 µg with Algel-IMDG group, 14 (14%; 8·1–22·7) in the 6 µg with Algel group, and ten (10%; 6·9–23·6) in the Algel-only group. The most common solicited adverse events were injection site pain (17 [5%] of 375 participants), headache (13 [3%]), fatigue (11 [3%]), fever (nine [2%]), and nausea or vomiting (seven [2%]). All solicited adverse events were mild (43 [69%] of 62) or moderate (19 [31%]) and were more frequent after the first dose. One serious adverse event of viral pneumonitis was reported in the 6 µg with Algel group, unrelated to the vaccine. Seroconversion rates (%) were 87·9, 91·9, and 82·8 in the 3 µg with Algel-IMDG, 6 µg with Algel-IMDG, and 6 µg with Algel groups, respectively. $CD4^+$ and $CD8^+$ T-cell responses were detected in a subset of 16 participants from both Algel-IMDG groups.

Interpretation BBV152 led to tolerable safety outcomes and enhanced immune responses. Both Algel-IMDG formulations were selected for phase 2 immunogenicity trials. Further efficacy trials are warranted.

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Introduction

Spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections has led to a global COVID-19 pandemic. Vaccines from multiple manufacturers will be needed to address the global need for SARS-CoV-2 vaccines and thus far, 194 vaccine candidates are in development.[1]

A desirable characteristic for any COVID-19 vaccine candidate is the ability to induce T-helper-1 cell (Th1) responses.[2] Whole-virion inactivated vaccines are usually formulated with Alum, which does not have the ability to induce cell-mediated responses.[3,4] An imidazoquinoline molecule, which is a toll-like receptor (TLR) 7/8 agonist, has been used to stimulate cell-mediated responses.[5,6] Algel-IMDG (an imidazoquinoline molecule chemisorbed on alum [Algel]) has been designed to traffic vaccine antigen directly to draining lymph nodes without diffusing into the systemic circulation. BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine adjuvanted with Algel-IMDG.

Preclinical studies in mice, rats, and rabbits showed appropriate safety profiles and humoral and cell-mediated responses.[7] Two live viral challenge protective efficacy studies in hamsters and non-human primates were done.

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For the **WHO COVID-19 dashboard** see https://covid19.who.int/

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Research in context

Evidence before this study

We searched PubMed on Jan 15, 2020, for published research articles using the search terms "SARS-CoV-2", "COVID-19", "vaccine", and "clinical trial", with no language or date restrictions. We found several publications on COVID-19 vaccine clinical trials from mRNA, adenovirus, protein subunit, and inactivated vaccines.

As of Jan 15, 2020, nine vaccines have received emergency use authorisation to be administered to prevent COVID-19. Inactivated vaccines have been approved for decades with well established safety profiles. Immune responses from two other inactivated vaccines have been reported; however, with few results on cell-mediated responses. Bharat Biotech has developed a vero cell-based whole-virion inactivated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccine (BBV152) formulated with alum and a TLR7/8 agonist producing a T-helper-1 cell skewed response. This vaccine candidate reported protection in two live viral non-human primate and hamster challenge models.

Added value of this study

We report the preliminary analyses for the safety and immunogenicity of the vaccine candidate BBV152 in 375 vaccinated adults. All vaccine groups had similar reactogenicity and serological outcomes to the control group. BBV152 led to enhanced immune responses; the 3-µg and 6-µg Algel-IMDG vaccines induced T-cell responses that were biased to T-helper-1 cells.

Implications of all the available evidence

Findings from other inactivated SARS-CoV-2 vaccine candidates are corroborating. However, to the best of our knowledge, ours is the only reported inactivated COVID-19 vaccine candidate inducing cell-mediated responses and humoral neutralising responses. Both Algel-IMDG formulations will be assessed in a phase 2 immunogenicity trial.

In both studies, protection was evident by rapid clearance of virus in the lower and upper respiratory tract, and absence of lung pathology (after viral challenge).[8,9] Here, we report the interim findings from the randomised, controlled, double-blind phase 1 trial on the safety and immunogenicity of three different formulations of BBV152 and one control group containing Algel (without antigen). This phase 1 trial was done with the intention of selecting two formulations for progression to the phase 2 trial.

Methods

Study design and participants

This is a randomised, double-blind, multicentre, phase 1 trial to assess the safety, reactogenicity, tolerability, and immunogenicity of the whole-virion inactivated SARS-CoV-2 vaccine (BBV152) in healthy adult volunteers, at 11 hospitals across nine states of India (appendix pp 5, 13). Participants were aged 18–55 years and deemed healthy by the investigator at the time of enrolment. At the screening visit, participants were tested with both SARS-CoV-2 nucleic acid (TRUPCR SARS-CoV-2 RT-PCR; 3B BlackBio Biotech, Bhopal, India) and serology (chemiluminescence immunoassay; LIAISON SARS-CoV-2 S1/S2 IgG; DiaSorin, Saluggia, Italy) tests (conducted at Dr Dangs Lab [New Delhi, India] using commercially available assays; appendix p 3). If found positive for any one test, they were excluded from the trial. The median time between the screening visit and vaccination visit was 4 days (range 3–6). Other key exclusion criteria were an axillary temperature of more than 37·0°C and known allergy to any vaccine component. Participants were screened for eligibility on the basis of their health status, including their medical history, laboratory findings (haematology, biochemistry, and urine tests), vital signs, and physical examination results, and were enrolled after providing signed and dated informed consent forms. Full inclusion and exclusion criteria are in the protocol.

See Online for appendix

The trial was approved by the National Regulatory Authority (India) and the respective ethics committees and was conducted in compliance with all International Council for Harmonization Good Clinical Practice guidelines.

Randomisation and masking

The master randomisation list was uploaded on the interactive web response system, which contained the randomisation number and intended allocation. The depot manager uploaded the kit code list and assigned the kits to the sites that had the kit codes and the allocation groups. At the site level, the system would set the randomisation number and the allotment of the kit without displaying the true group allocation, and the system would allocate the same treatment group for the second visit. For the first 50 participants, a block size of five with ten blocks was generated for the 3 µg with Algel-IMDG and control groups at a ratio of 4:1. In the remaining participants, the number of blocks was 20. For the first 15 blocks, a block size of 16 was used to randomly assign participants (3:5:5:3) to 3 µg with Algel-IMDG, 6 µg with Algel-IMDG, 6 µg with Algel, or Algel-only control. The next five blocks were size 17, and used to randomly assign participants (3:5:5:4) to 3 µg with Algel-IMDG, 6 µg with Algel-IMDG, 6 µg with Algel, or Algel-only control. An unmasked contract research organisation, Sclin Soft Technologies, generated the randomisation list for the study.

Participants, investigators, study coordinators, study-related personnel, and the funder were masked to treatment group allocation (excluding an unmasked member of the contract research organisation, who was

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tasked with the dispatch and labelling of vaccine vials and the generation of the master randomisation code). Participants were assigned a computer-generated randomisation code that maintained masking. The masked study nurse was responsible for vaccine preparation and administration. Each vial contained a unique code that ensured appropriate masking. The appearance, colour, and viscosity were identical across all vaccine and control formulations.

Procedures

The virus strain (NIV-2020-770) containing the Asp614Gly mutation, isolated from a COVID-19 patient and sequenced at the Indian Council of Medical Research National Institute of Virology, was provided to Bharat Biotech.[10] Biosafety level 3 manufacturing facilities and a well established Vero cell manufacturing platform (with proven safety in other licensed live and inactivated vaccines) were used for the rapid development of BBV152.[11–16]

BBV152 (manufactured by Bharat Biotech) is a whole-virion β-propiolactone-inactivated SARS-CoV-2 vaccine. The NIV-2020-770 strain contains the Asp614Gly mutation, which is characterised by aspartic acid to glycine shift at the amino acid position 614 of the spike protein.[10]

The candidates were formulated with two adjuvants: Algel (alum) and Algel-IMDG, an imidazoquinoline class molecule (TLR7 and TLR8 agonist) adsorbed onto Algel. After their eligibility was established, participants were assigned to the four groups. The control group contained only a sterile phosphate-buffered solution and Algel. Both the vaccine and control were stored at 2–8°C.

The vaccine (BBV152) and the control were provided as a sterile liquid that was injected intramuscularly (deltoid muscle) at a volume of 0·5 mL/dose in a two-dose regimen on day 0 (day of randomisation) and day 14. This accelerated schedule was chosen given the context of the ongoing pandemic. No onsite dose preparation was required. Each glass vial contained a single dose of either vaccine or control formulation that required no additional dilution steps. No prophylactic medication (ibuprofen or acetaminophen) was prescribed either before or after vaccination.

The follow-up visits were scheduled on days 7, 28, 42, 104, and 194 after vaccination. The study was done in a dose-escalation manner after completing vaccination in the first 50 participants with 3 µg with Algel-IMDG (the lowest antigen concentration) and the control; these participants were monitored for 7 days for safety. The independent data safety monitoring board reviewed masked safety data and decided whether the trial was allowed to continue with enrolment of the remaining participants into all groups.

Outcomes

The primary outcome was the number and proportion of participants with solicited local and systemic reactogenicity events at 2 h and 7 days after vaccination and throughout the full study duration, including serious adverse events. The secondary outcomes was immunogenicity, in terms of geometric mean titres (GMTs) and four-fold seroconversion rate of neutralising antibodies, from baseline to days 14, 28, 42, 104, and 194.

Safety assessments

The unsolicited adverse events were recorded for 28 days after vaccination. Laboratory values (serum chemistry, haematology, and urine) were compared before vaccination (day 0) and after vaccination (day 28).

Participants were observed for 2 h after vaccination to assess reactogenicity. They were instructed to record local and systemic reactions within 7 days (days 0–7 and days 14–21) after vaccination using a diary card. The diary card contained fields for symptom onset, severity, time to resolution, concomitant medication, and was collected during the next visit to the site. Routine telephone calls were scheduled after the first 7 days after each vaccination.

Solicited local adverse events were pain at the injection site and swelling, and systemic adverse events, including fever, fatigue or malaise, myalgia, body aches, headaches, nausea or vomiting, anorexia, chills, generalised rash, and diarrhoea. All unsolicited adverse events were reported by participants throughout the study. Adverse events were graded according to the severity score (mild, moderate, or severe) and whether they were related or not related to the investigational vaccine, as detailed in the protocol (appendix p 6).

Immunogenicity assessments

IgG responses against the spike (S1) glycoprotein, receptor-binding domain, and nucleocapsid protein of SARS-CoV-2 were assessed by an in-house-developed ELISA and are expressed as GMTs. Neutralising antibody titres were assessed by wild-type virus neutralisation assays: a microneutralisation assay (MNT_{50}) and a plaque-reduction neutralisation test ($PRNT_{50}$), at Bharat Biotech. These assays were based on the Asp614Gly strain (appendix p 4). To establish interlaboratory comparability, a subset of randomly selected serum samples (n=50) was analysed by MNT_{50} at the National Institute of Virology. Additionally, three laboratory strains were used in vitro for $PRNT_{50}$ at the National Institute of Virology: the BBV152 strain NIV-2020-770 homologous, and two heterologous strains from the O clade (nCoV-Q111 and nCoV-Q100). Genomic analyses of strains were reported by Potdar and colleagues.[17] Only the NIV-2020-770 strain contained the Asp614Gly mutation.[10]

To compare vaccine-induced responses to natural SARS-CoV-2 infections, 41 convalescent serum samples (collected within 1–3 months after nucleic acid test-based diagnosis) were tested by MNT_{50}. These serum samples were collected from both self-reported symptomatic (n=25) and asymptomatic (n=16) patients with COVID-19 at Nizam's Institute of Medical Sciences (NIMS;

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Hyderabad, India). The age of these participants was 23–62 years. For symptomatic patients, ascertainment of severity grading and requirement of supplemental oxygen was not obtainable. A participant who achieved seroconversion was defined as having a post-vaccination titre at least four-fold greater than their respective pre-vaccination titre. Serum samples were analysed in a masked manner at Bharat Biotech and the National Institute of Virology.

Cell-mediated responses were assessed in a subset of participants at one site (NIMS). The contract research organisation generated a random code containing randomisation numbers, which was provided to the staff to identify participants. Blood (3–5 mL) was collected from those participants who consented to the additional volume on days 0 and 28. Peripheral blood mononuclear cells were collected to assess IFN-γ by ELISpot (13 in vaccinated groups and six in the control group). Intracellular cytokine staining was used to assess T-cell responses in the remaining samples that contained an adequate number of cells. To ensure equal distribution, eight samples in each vaccine group were selected. These assays were done at Indoor Biotechnologies (Bangalore, India) and Bharat Biotech. All samples were analysed in a masked manner. The details of all assay methods are in the appendix (p 5).

Statistical analysis

Using a two-sided 5% significance level, power was calculated for several levels of the absolute difference between seroconversion rates for vaccine formulations, and we decided on the power to find a statistically significant difference between rates if the true underlying absolute difference was at least 20%. The allocation ratio was 1:1:1 for three vaccine formulations and 4:1 for the vaccine (all formulations combined) to placebo. The placebo group was not included in the sample size calculations. For a sample size of 90 for each formulation, the power to find a statistically significant absolute difference for a true underlying difference of 20% was at least 80% if the lower seroconversion rate for two formulations was at least 52%, which is lower than the seroconversion rate we expected for an effective vaccine. The sample size chosen was 100 per vaccine formulation, to allow for loss of data because of withdrawals or loss to follow-up. We did not incorporate an adjustment for multiple comparisons, because this phase 1 study was not a pivotal study for licensure, and we planned to

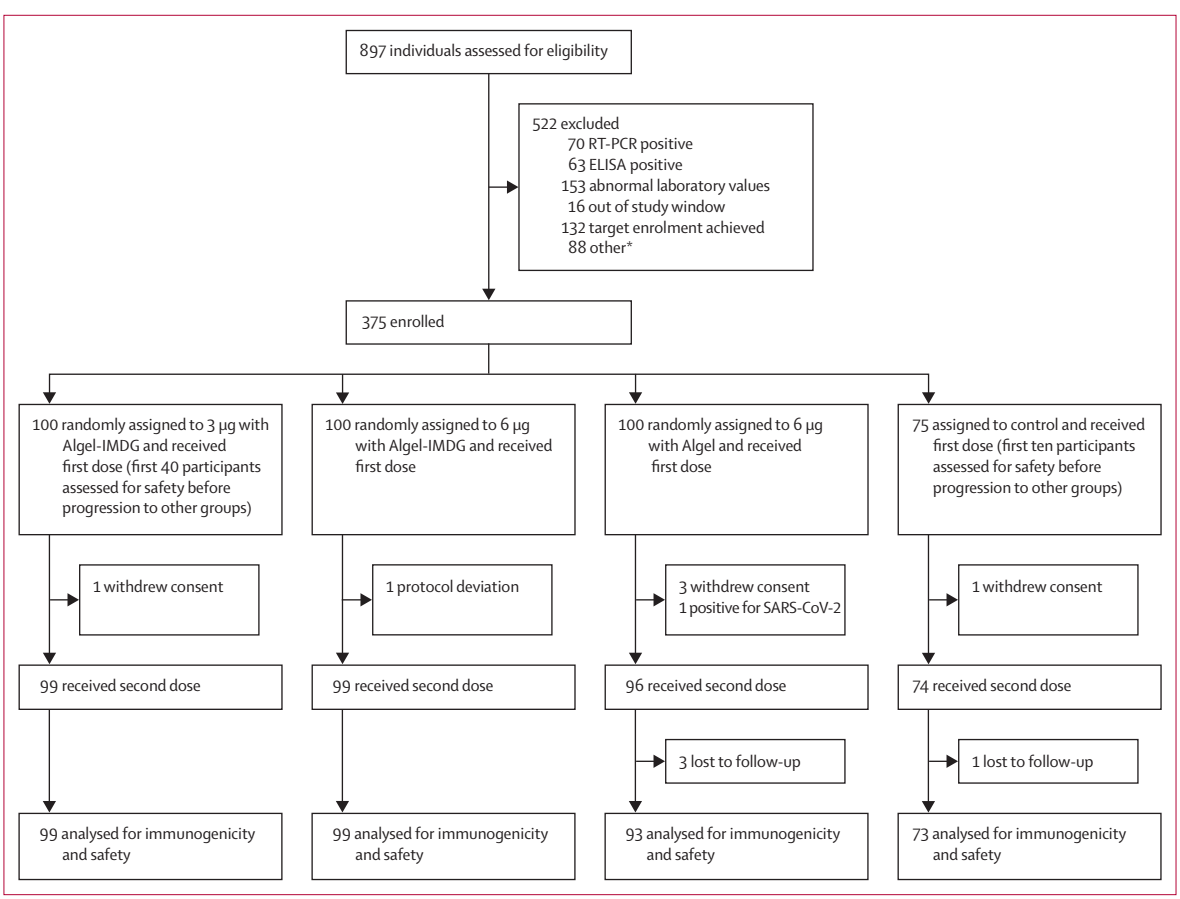

Figure 1: **Trial profile**

SARS-CoV-2=severe acute respiratory syndrome coronavirus 2. *Unable to contact the participant for vaccination or withdrawal of consent.

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choose two vaccine formulations from the phase 1 study for further assessment. Sample size estimation was done using PASS 13 software, version 13.0.17.

Safety endpoints are described as frequencies (%). GMTs with 95% CI are used for immunological endpoints. For continuous variables (<20 observations), medians and IQRs are reported. The exact binomial calculation was used for the CI estimation of proportions. The Wilson's test was used to test differences in proportions. CI estimation for the GMT was based on the $\log_{10}$ (titre) and the assumption that the $\log_{10}$ (titre) was normally distributed. A comparison of GMTs was done with *t* tests on the means of the $\log_{10}$ (titre). Significance was set at $p<0·05$ (two-sided). This preliminary report contains results regarding immunogenicity (days 0–28) and safety outcomes (days 0–42). Descriptive and inferential statistics were assessed using SAS, version 9.2. The trial was registered at ClinicalTrials.gov (NCT04471519).

Role of the funding source

The funder of the study had no role in data collection, data analysis, data interpretation, or writing of the report, but was involved in study design. All authors had full access to all the data in the study and had final responsibility for the decision to submit for publication.

Results

Between July 13 and 30, 2020, 897 individuals were screened and 375 were enrolled. Of the 522 initially screened individuals who were excluded, 133 participants were excluded because they were positive for SARS-CoV-2 by nucleic acid test or serology and 153 were excluded because of abnormal laboratory values (figure 1). The first 50 participants enrolled were monitored for 7 days after vaccination, and on the basis of the independent data safety monitoring board review of masked safety data, the trial was allowed to continue with enrolment of the remaining participants into all groups. Among the enrolled participants, 100 each were randomly assigned to the three vaccine groups, and 75 were randomly assigned to the control group (Algel only). Demographic characteristics of the participants were similar across groups (table 1).

After dose 1, solicited local adverse reactions were reported by five (5%; 95% CI 1·9–11·8) participants in the 3 µg with Algel-IMDG group, five (5%; 1·9–11·8) in the 6 µg with Algel-IMDG group, one (1%; 0·05–6·2) in the 6 µg with Algel group, and three (3%; 1·04–12·03), in the Algel-only control group. Solicited systemic adverse reactions were reported by five (5%; 1·9–11·8) participants in the 3 µg with Algel-IMDG group, 14 (14%; 8·1–22·7) in the 6 µg with Algel-IMDG group, eight (8%; 3·8–15·6) in the 6 µg with Algel group, and seven (7%; 4·2–18·9) in the Algel-only group (table 2; appendix p 14). The most common solicited adverse events were injection site pain (17 [5%] of 375 participants), headache (13 [3%]), fatigue (11 [3%]), fever (nine [2%]), and nausea or vomiting (seven [2%]). All adverse events were mild or moderate in severity and resolved within 24 h of onset. After both doses, solicited local and systemic adverse reactions were reported by 17 (17%; 95% CI 10·5–26·1) participants in the 3 µg with Algel-IMDG group, 21 (21%; 13·8–30·5) in the 6 µg with Algel-IMDG group, 14 (14%; 8·1–22·7) in the 6 µg with Algel group, and ten (10%; 6·9–23·6) in the Algel-only group. All adverse events were mild (43 [69%] of 62) or moderate (19 [31%]) and were more frequent after the first dose than the second. No significant differences were observed between the vaccinated and control groups.

44 unsolicited adverse events were reported by 24 (6%) of 375 participants (appendix p 6). Biochemical, haematological, and urine parameters outside of the normal

	BBV152 3 µg with Algel-IMDG (n=100)	BBV152 6 µg with Algel-IMDG (n=100)	BBV152 6 µg with Algel (n=100)	Algel only (n=75)
Age, years				
Median (IQR)	32·5 (25·0–40·0)	35·0 (25·0–40·0)	32·0 (25·0–40·0)	29·0 (24·0–38·0)
≥18 to ≤25	29 (29%)	28 (28%)	31 (31%)	22 (29%)
≥26 to ≤40	47 (47%)	47 (47%)	45 (45%)	37 (49%)
>40 to ≤55	24 (24%)	25 (25%)	24 (24%)	16 (21%)
Sex				
Men	78 (78%)	82 (82%)	76 (76%)	61 (81%)
Women	22 (22%)	18 (18%)	24 (24%)	14 (19%)
Body-mass index*, kg/m²	24·8 (3·5)	25·8 (4·2)	24·9 (3·7)	24·6 (3·5)
Vital signs				
Systolic blood pressure, mm Hg	122·9 (8·5)	123·5 (7·9)	121·6 (8·3)	123·6 (8·5)
Diastolic blood pressure, mm Hg	79·4 (5·9)	79·3 (6·5)	79·2 (5·3)	79·4 (6·4)
Pulse rate, beats per min	77·4 (7·3)	78·1 (8·2)	78·0 (5·9)	78·3 (7·6)
Respiratory rate, breaths per min	16·9 (2·3)	16·7 (2·6)	17·1 (2·6)	16·9 (2·2)
Temperature, °C	36·6 (0·4)	36·5 (0·6)	36·5 (0·4)	36·6 (0·4)
Sites				
All India Institute of Medical Sciences, New Delhi	3 (3%)	6 (6%)	3 (3%)	4 (5%)
All India Institute of Medical Sciences, Patna	25 (25%)	9 (9%)	6 (6%)	7 (9%)
Gillukar Multispeciality Hospital	10 (10%)	14 (14%)	19 (19%)	12 (16%)
Institute of Medical Sciences and SUM Hospital	4 (4%)	5 (5%)	9 (9%)	5 (7%)
Jeevan Rekha Hospital	1 (1%)	1 (1%)	2 (2%)	0
Nizam's Institute of Medical Sciences	11 (11%)	14 (14%)	15 (15%)	7 (9%)
Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences	22 (22%)	10 (10%)	15 (15%)	16 (21%)
Prakhar Hospital	8 (8%)	10 (10%)	11 (11%)	10 (13%)
Rana Hospital and Trauma Centre	1 (1%)	3 (3%)	2 (2%)	2 (3%)
Redkar Hospital	7 (7%)	14 (14%)	13 (13%)	9 (12%)
SRM Hospital and Research Center	8 (8%)	14 (14%)	5 (5%)	3 (4%)

Data are n (%) or mean (SD) unless otherwise stated. The intention-to-treat population included all participants who received at least one dose. *Calculation was based on the bodyweight and height measured at the time of screening. No data on race were collected; all participants were south Asian.

Table 1: **Demographic characteristics of the participants in the intention-to-treat population**

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	Dose 1				Dose 2			
	3 μg with Algel-IMDG (n=100)	6 μg with Algel-IMDG (n=100)	6 μg with Algel (n=100)	Algel only (n=75)	3 μg with Algel-IMDG (n=100)	6 μg with Algel-IMDG (n=100)	6 μg with Algel (n=100)	Algel only (n=75)
Local reactions								
Pain at injection site								
Mild	4 (4%; 1·1–9·9)	4 (4%; 1·1–9·9)	1 (1%; 0·0–5·5)	2 (3%; 0·3–9·3)	2 (2%; 0·2–7·0)	1 (1%; 0·03–5·5)	1 (1%; 0·0–5·5)	0
Moderate	1 (1%; 0·0–5·5)	1 (1%; 0·0–5·5)	0	0	0	0	0	0
Swelling								
Mild	0	0	0	1 (1%; 0·0–7·2)	0	0	0	0
Moderate	0	0	0	0	0	0	0	0
Systemic reactions								
Fever								
Mild	0	1 (1%; 0·0–5·5)	1 (1%; 0·0–5·5)	0	2 (2%; 0·2–7·0)	1 (1%; 0·0–5·5)	1 (1%; 0·0–5·5)	0
Moderate	0	1 (1%; 0·0–5·5)	2 (2%; 0·2–7·0)	0	0	0	0	0
Body ache								
Mild	0	1 (1%; 0·03–5·5)	0	0	0	0	0	0
Moderate	0	1 (1%; 0·0–5·5)	1 (1%; 0·0–5·5)	0	1 (1%; 0·0–5·5)	0	0	0
Fatigue								
Mild	1 (1%; 0·0–5·4)	0	0	0	1 (1%; 0·03–5·4)	0	3 (3%; 0·6–8·5)	0
Moderate	2 (2%; 0·2–7·0)	3 (3%; 0·6–8·5)	0	0	1 (1%; 0·0–5·5)	0	0	0
Headache								
Mild	1 (1%; 0·03–5·5)	2 (2%; 0·2–7·0)	0	5 (7%; 2·2–14·9)	0	0	0	0
Moderate	0	3 (3%; 0·6–8·5)	2 (2%; 0·2–7·0)	0	0	0	0	0
Nausea or vomiting								
Mild	1 (1%; 0·03–5·5)	2 (2%; 0·2–7·0)	2 (2%; 0·2–7·0)	2 (3%; 0·3–9·3)	0	0	0	0
Moderate	0	0	0	0	0	0	0	0

Data are n (%; 95% CI). The safety set includes all participants who received one dose of the vaccine (n=375). Dose 1 events are from days 0–7 and dose 2 events are days 14–21. The grading scale for most adverse events was based on the US Food and Drug Administration (FDA) guidance document for toxicity grading scale for healthy adult and adolescent volunteers enrolled in preventive vaccine clinical trials. For adverse events where grading was not mentioned in the FDA guidance document, we have used the common terminology criteria for adverse events grading. There were no severe adverse events.

Table 2: **Solicited adverse events in the safety set**

ranges had no corroborating clinical manifestations (appendix pp 7–9).

One serious adverse event was reported in the 6 μg with Algel group. The participant was screened on July 25 and vaccinated on July 30. 5 days later, the participant reported fever and headache (initially reported as a solicited adverse event), and on Aug 8 tested positive for SARS-CoV-2 (by a nucleic acid test). The symptoms were initially mild in nature, with the onset of relapsing fever requiring admission to hospital on Aug 15. The participant had stable vital signs (except body temperature) during their hospital stay and did not require supplemental oxygen. The participant was discharged on Aug 22 after a negative nucleic acid test result. The event was not causally associated with the vaccine. No other symptomatic SARS-CoV-2 infections were reported between days 0 and 75. However, follow-up of routine SARS-CoV-2 nucleic acid testing was not done on any scheduled or illness visit.

IgG titres (GMTs) to all epitopes (spike protein, receptor-binding domain, and nucleocapsid protein) increased rapidly after the administration of both doses (figure 2A–C; appendix pp 3–4). Both 3 μg and 6 μg with Algel-IMDG groups reported similar anti-spike, anti-receptor binding, and anti-nucleoprotein IgG titres (GMTs), adding to the dose-sparing effect of the adjuvant. Binding antibody titres to the whole-virion inactivated antigen are shown in the appendix (p 15). The mean isotyping ratios (IgG1/IgG4) were greater than 1 for all vaccinated groups, which was indicative of a Th1 bias (figure 2D).

Seroconversion rates (after the second dose), based on MNT_{50} were 87·9% (95% CI 79·8–94·3) in the 3 μg with Algel-IMDG group, 91·9% (84·6–96·0) in the 6 μg with Algel-IMDG group, and 82·8% (73·7–89·2) in the 6 μg with Algel group (figure 3A). Seroconversion (at day 28) in the control group was reported in six (8% [3·6–17·2]) of 75 participants, suggestive of asymptomatic infection. The post-second-dose GMTs (MNT_{50}) were 61·7 (49·5–76·9) in the 3 μg with Algel-IMDG group, 66·4 (53·4–82·4) in the 6 μg with Algel-IMDG group, and 48·0 (37·7–61·1) in the 6 μg with Algel group. Responses in the Algel-IMDG groups were not significantly different to the response in the 6 μg with Algel group. The vaccine-induced responses were similar to those observed in the convalescent

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serum collected from 41 patients who had recovered from COVID-19 (figure 3B). On these 41 patients, the median titre of symptomatic patients (n=25; median 142·2 [IQR 56·6–350]) was significantly higher than that of the asymptomatic patients (n=16; 22·6 [9·0–56·5]; appendix p 16). Seroconversion rates analysed by $PRNT_{50}$ (after the second dose) were 93·4% (95% CI 83·7–97·8) in the 3 µg with Algel-IMDG group, 86·4% (75·1–93·2) in the 6 µg with Algel-IMDG group, and 86·6% (74·3–93·6) in the 6 µg with Algel group (figure 3C).

MNT_{50} wild-type neutralising antibody responses for a subset of paired serum samples (n=50) were analysed at the National Institute of Virology and Bharat Biotech (on day 28, 2 weeks after the second vaccination in all groups). Additionally, neutralising antibodies were analysed by $PRNT_{50}$ at Bharat Biotech and the National Institute of Virology. Similar results were obtained for MNT_{50} and $PRNT_{50}$ assays at both laboratories (appendix p 17). Randomly selected serum samples from day 28 were analysed by $PRNT_{50}$ at the National Institute of Virology with homologous and heterologous strain assessments. Neutralisation responses, regardless of the challenge strain, were observed (figure 3D).

In a subset of randomly selected blood samples at one site, IFN-γ ELISpot responses against SARS-CoV-2 peptides peaked at about 100–120 spot-forming cells per million peripheral blood mononuclear cells in all vaccinated groups on day 28. Both the Algel-IMDG groups elicited $CD3^+$, $CD4^+$, and $CD8^+$ T-cell responses that were reflected in the IFN-γ production, albeit in a small number of samples. However, there was a minimal detection of less than 0·5% of $CD3^+$, $CD4^+$, and $CD8^+$ T-cell responses in the 6 µg with Algel group and the Algel only group (appendix p 16).

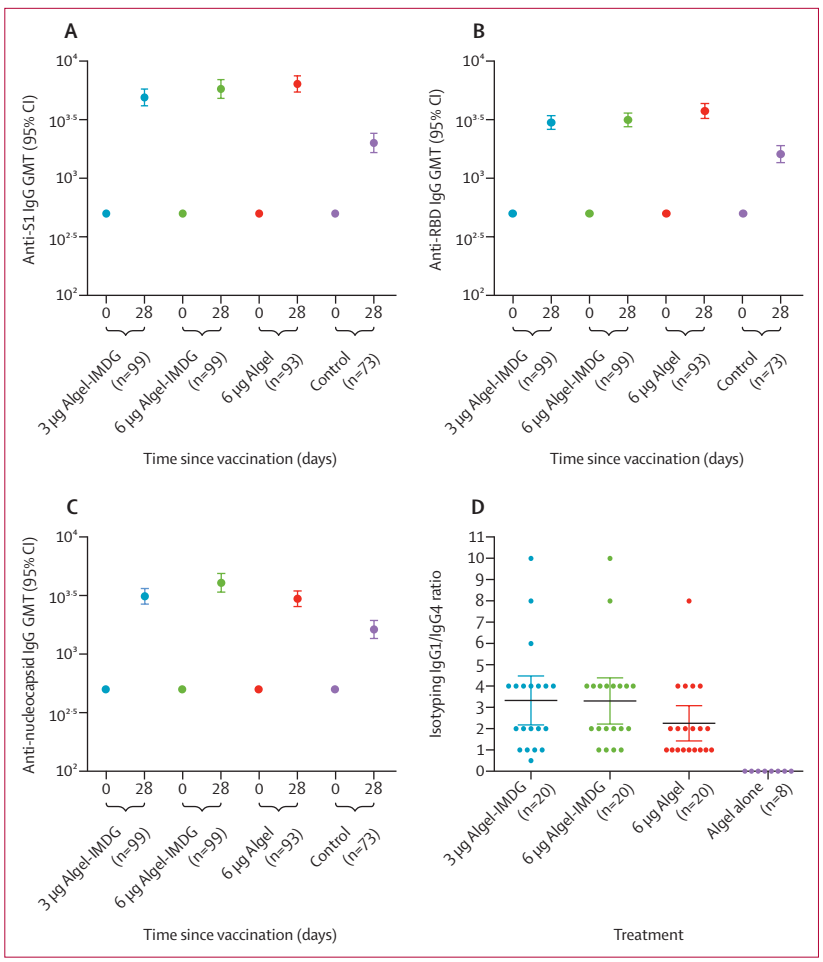

Figure 2: **SARS-CoV-2 IgG titres against anti-spike protein (A), receptor-binding domain (B), and nucleocapsid IgG (C) and anti-spike protein IgG1/IgG4 ratio (D)**
ELISA results at baseline (day 0) and 2 weeks after the second vaccination (day 28). In A–C, error bars show 95% CIs. The cutoff for detectable antibodies was 1/500. Some samples were positive for SARS-CoV-2 in the control group, as evident by the antibody titres on day 28. Endpoint titre dilution for day 28 sera samples was established with baseline (day 0), interpolated from the absorbance of the corresponding day 0 sample. Cutoff (mean ± 3 SD) for day 0 was calculated considering the absorbance of all sera dilutions (1/500 to 1/32000) tested, except the lowest dilution (1/500). ELISA titres (endpoint titres) on day 14 were not analysed. In D, the isotyping ratio was calculated (in a randomly selected subset) as IgG1/IgG4; dots show the individual datapoints and horizontal bars show means with error bars for 95% CIs. Endpoint titre=the highest sera dilution at which the absorbance was above the cutoff. GMT=geometric mean titre. SARS-CoV-2=severe acute respiratory syndrome coronavirus 2.

Discussion

We report the interim findings from the phase 1 clinical trial of BBV152, a whole-virion inactivated SARS-CoV-2 vaccine. The vaccine was well tolerated in all dose groups with no vaccine-related serious adverse events. Both humoral and cell-mediated responses were observed in the recipients of the Algel-IMDG-based vaccines.

The most common adverse event was pain at the injection site, followed by headache, fatigue, and fever. The overall incidence of solicited local and systemic adverse events in this study was 14–21% in all vaccine-treated groups, which is noticeably lower than the rates for other SARS-CoV-2 vaccine platform candidates[18–23] and similar to the rates for other inactivated SARS-CoV-2 vaccine candidates[24,25] One serious adverse event (positive for SARS-CoV-2 by a nucleic acid test) in an individual in the 6 µg with Algel group was not related to vaccination. Because the event occurred in the 5 days after vaccination, the development of a protective immune response was not likely.

BBV152 induced binding and neutralising antibody responses that were similar to those induced by other SARS-CoV-2 inactivated vaccine candidates.[24,25] Titres from the Anti-spike IgG ELISA assay correlated positively with live virus microneutralisation assay titres (R^2=0·51). We assessed an accelerated schedule (vaccination 2 weeks apart) and did not include a routine schedule (vaccination 4 weeks apart). It has been reported that a routine schedule for another SARS-CoV-2 vaccine candidate offers better immune responses, as is to be expected.[26] The 4-week schedule for BBV152 3 µg and 6 µg with Algel-IMDG is being assessed in a phase 2 trial in 380 volunteers (NCT04471519). Here, we showed that all vaccine formulations were Th1 skewed with IgG1/IgG4 ratios greater than 1. Furthermore, the Algel-IMDG formulations were associated with an increase in the frequency of $CD4^+$ $INF\text{-}\gamma^+$ T cells compared with the 6 µg

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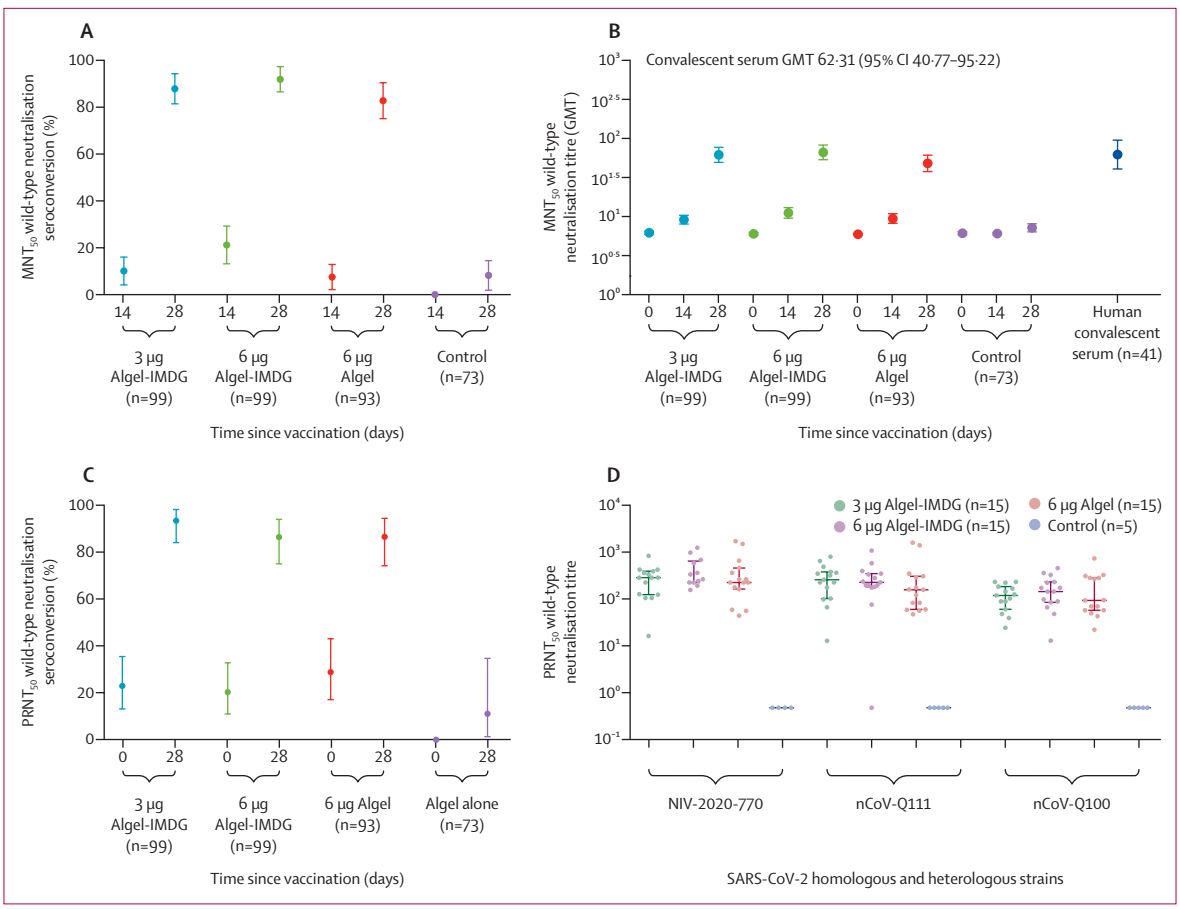

Figure 3: **SARS-CoV-2 wild-type MNT_{50} seroconversion rates (A) and GMT (B) and $PRNT_{50}$ seroconversion rates (C) and medians (D)**
Results at baseline (day 0), 2 weeks after the first vaccination (day 14), and 2 weeks after the second vaccination in the immunogenicity cohort. Seroconversion rates were defined by the proportion of titres achieving at least four-fold greater than baseline. In A–C, error bars show 95% CIs. In B, the human convalescent serum panel included specimens from participants with PCR-confirmed symptomatic or asymptomatic COVID-19, obtained at least 30 days after diagnosis (41 samples for MNT_{50}). In D, randomly selected serum samples from day 28 were analysed by $PRNT_{50}$ at the National Institute of Virology for homologous (NIV-2020-770) and heterologous (nCoV-Q11 and nCoV-Q100) assessments; dots show individual datapoints and horizontal bars show medians with error bars for IQRs. GMT=geometric mean titre. MNT_{50}=microneutralisation assay. $PRNT_{50}$=plaque-reduction neutralisation test. SARS-CoV-2=severe acute respiratory syndrome coronavirus 2.

with Algel formulation, which is indicative of a Th1 bias. Additionally, cell-mediated responses from other SARS-CoV-2 inactivated vaccine candidates have not been reported thus far.

A few animal studies of SARS-CoV and Middle East respiratory syndrome-CoV inactivated or vectored vaccines adjuvanted with alum have shown Th2 responses resulting in eosinophilic infiltration in the lungs.[27–29] Adverse events might be associated with the induction of weakly neutralising or non-neutralising antibodies that lead to antibody-dependent enhancement or enhanced respiratory disease, thus prompting the attempt to develop SARS-CoV-2 vaccines that induce a $CD4^+$ Th1 response with a minimal Th2 response.[2,30–32] Whole-virion inactivated vaccines are mostly developed with Algel (alum) as the adjuvant. The response generated by alum is primarily Th2 biased, with the induction of strong humoral responses by neutralising antibodies.[33] To circumvent this concern of antibody-dependent enhancement, we have assessed this vaccine with Algel and a TLR7/8 agonist that results in immune responses that are biased to Th1. Previous studies have shown that the toll-like receptors play an integral role in bridging the innate and adaptive immune responses, leading to the differentiation of $CD4^+$ T cells into Th1 cells, which produce IFN-γ.[34] Geeraedts and colleagues[35] reported that the stimulation of TLR7 by an influenza whole-virion inactivated vaccine was a significant determinant of a greater immune response and Th1 polarisation. Thus, it is imperative to develop such whole-virion inactivated vaccines with adjuvants that can synergistically contribute to the full potential. Algel-IMDG contains an imidaquizoquinoline class TLR7/8 agonist adsorbed to Algel. Preclinical studies on BBV152 adjuvanted with this molecule reported a Th1-biased response in mice.[7] Furthermore, in a non-human primate and hamster live viral challenge studies, Algel-IMDG formulations

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led to higher neutralising antibodies, which might have resulted in improved upper and lower airway viral clearance (after challenge).[8,9]

This study was done at a time of rapidly increasing daily diagnoses of COVID-19. Among all 897 individuals screened for this trial, 70 (8%) had positive SARS-CoV-2 nucleic acid test results and 63 (7%) had positive SARS-CoV-2 serology results. Seroconversion (at day 28) in the control group was reported in six (8%) of 75 participants from five separate study sites. Because substantial SARS-CoV-2 was observed at enrolment and some of the control group recipients seroconverted, post-vaccination titres from the vaccinated recipients might be slightly inflated, in the event of natural exposure to SARS-CoV-2. No symptomatic COVID-19 cases were reported in the control group.

Because this is an interim report, we are not reporting any data on the persistence of vaccine-induced antibody responses or long-term safety outcomes. The results reported here do not permit efficacy assessments. The analysis of safety outcomes requires more extensive phase 2 and 3 clinical trials. Pre-vaccination laboratory values were similar to values after vaccination. However, transient laboratory abnormalities might have been resolved by day 28. The analysis of T-cell responses by Th2 cytokines was not done and is planned for phase 2. We were unable to assess other immune responses of convalescent serum because of insufficient number of samples. The proportion of samples collected from asymptomatic individuals was high (39%), and no additional data on the severity of disease from symptomatic individuals was obtained. This study population did not have ethnic diversity and most of the participants were men, further underscoring the importance of assessing BBV152 in other populations.

However, this study has several strengths. To ensure generalisability, this study was conducted with participants from diverse geographic locations within India (appendix p 13), enrolling 375 participants across 11 hospitals. The first 50 participants were enrolled into the 3 µg with Algel-IMDG and control groups. Before granting the recommendation to proceed with the enrolment of other cohorts, masked safety data was reviewed by the data safety monitoring board. As a result, no operational bias was introduced. Despite enrolment occurring during a national lockdown, which led to several operational challenges, the overall participant retention rate was 97%. The sample size was intentionally large to enable the inference of meaningful conclusions regarding neutralising responses. With several reports questioning the efficacy of SARS-CoV-2 vaccines against antigenically divergent strains, we report neutralising responses to homologous and heterologous strains. The BBV152 vaccine strain, based on the Asp614Gly mutation, has been reported to have differential sensitivity to neutralisation by vaccine-elicited antibodies or by antibodies produced by natural infection.[36,37] The increase in Asp614Gly infectivity results in the virus being more susceptible to neutralising antibodies,[38] which is corroborated by marginal reductions in neutralising titres in the $PRNT_{50}$ assays with heterologous strains, which are devoid of the Asp614Gly mutation.

BBV152 induced binding and neutralising antibody responses and with the inclusion of the Algel-IMDG adjuvant, this is the first inactivated SARS-CoV-2 vaccine that has been reported to induce a Th1-biased response. BBV152 is stored at 2–8°C, which is compatible with immunisation cold-chain requirements. Both Algel-IMDG formulations were selected for the phase 2 immunogenicity trials. Further efficacy trials are warranted.

Contributors

RE and KMV accessed and verified the data. HJ, BG, PY, and GS led the immunogenicity experiments. KMV, SPr, VS, and RE contributed to the analysis and manuscript preparation. SR was the study coordinator and helped immensely with the protocol design and interim report generation. PA, SPr, NG, and BB contributed various neutralising antibody assays and participated in the writing of this manuscript. SPa reviewed the manuscript. PR, SV, SKR, CS, SVR, CSG, JSK, SM, VR, and RG were involved with the scientific review of this manuscript. KE was responsible for overall supervision of the project and review of the final paper.

Declaration of interests

RE, HJ, BG, KMV, SPr, VS, KE, and SR are employees of Bharat Biotech, with no stock options or incentives. KE is the Chairman and Managing Director of Bharat Biotech. PY, GS, PA, NG, SPa, and BB are employees of The Indian Council of Medical Research. All other authors declare no competing interests.

Data sharing

Deidentified individual participant data will be made available when the trial is complete, upon requests directed to the corresponding author; after approval of a proposal, data can be shared through a secure online platform.

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Supplementary Appendix to Manuscript Entitled

Safety and immunogenicity trial of an inactivated SARS-CoV-2 vaccine-BBV152: a phase 1, double-blind, randomised control trial

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Supplemental methods

i. RT-PCR (conducted at Dr. Dangs Lab, New Delhi) at Screening

TRUPCR SARS-CoV-2 RT qPCR (V 3.2) is a single tube, in vitro nucleic acid amplification test for the qualitative detection of severe acute respiratory syndrome coronavirus 2(SARS-CoV-2)specific RNA from respiratory specimens (nasopharyngeal or oropharyngeal aspirates, washes or swabs, bronchoalveolar lavage, sputum and tracheal aspirates) using Real-time PCR. The human RNasePgene serves as an endogenous internal positive control for human nucleic acid is also included in this kit.

E gene: For the detection of Sarbecovirus RdRp gene and N gene_dual targets for the detection of SARS-CoV-2

RNase P gene: endogenous internal control, which qualifies the sample for testing and is essential for testing Viral RNA in host organism. According to the Centre for Daises Control and prevention, Respiratory Viruses Branch, Division of Viral Diseases, all clinical samples should be tested for human RNAse P gene to assess specimen quality for RT PCR for detection of 2019-Novel Coronavirus

The assay runs for 38 cycles; however for any interpretation, threshold cut off cycle Ct is 35.

Interpretation is as follows:

Amplification Signals In

a) RNAse P +/- , E Gene +, RdRp&N gene + : SARS-CoV-2 POSITIVE
b) RNAse P +/- , E Gene -, RdRp&N gene + : SARS-CoV-2 POSITIVE
c) RNAse P +/- , E Gene +, RdRp&N gene - : SARBECOVIRUS POSITIVE
d) RNAse P + , E Gene -, RdRp&N gene - : NEGATIVE
e) RNAse P - , E Gene -, RdRp&N gene - : INVALID

100 percent concordance of results for submitted samples with ICMR designated QC Lab (AIIMS for Dr. Dangs Lab)

ii. CLIA (conducted at Dr. Dangs Lab, New Delhi) at Screening

The liaison SARS-CoV-2 IgG assay performed on the Liaison XL analyzer is an indirect chemiluminescence Immunoassay (CLIA) for the Quantitative determination of anti-S1 and anti- S2 antibodies to SARS-CoV-2 in human serum or plasma.The sensitivity of the above assay is 97.4 percent for 15 days post-diagnosis and specificity 98.9 percent for Laboratory routine testing. Testing of assay-specific calibrators allows the detected Relative light unit (RLU)to adjust the assigned master curve.The analyzer automatically calculates SARS-CoV- S1/S2 IgG antibody concentrations as arbitrary units (AU/mL) and grades the results.

Results are interpreted as follows:

Less than 12 AU/mL: NEGATIVE (A negative result may indicate the absence or a very low level of IgG antibodies to the Pathogen. The test could score negative in infected patients during the incubation period and during the early stages of infection>or equal to 12 and less than 15 AU/mL: Equivocal (Retest in duplicate. Samples with 2 out of 3 results more than or equal to 15 or less than 12 should be reported as positive or negative, respectively. A second sample should be collected and tested no less than one to two weeks later if the results are repeatedly equivocal) >or equal to 15: Positive (A positive result generally indicates exposure of the subject to the pathogen)

iii. Enzyme-linked immunosorbent assay (ELISA) (conducted at Bharat Biotech)

ELISA tests were performed as per standard protocols. Briefly, Microtiter plates were coated with SARS-CoV-2 specific antigens (Whole inactivated SARS CoV-2 antigen, spike (S1) (Syngene, Bangalore, India, Batch No# PRB026913/Receptor Binding Domain (RBD), Syngene, Bangalore, India, Batch No# PRB025485/ nucleocapsid (N), Syngene, Bangalore, India, Batch No# PRB025627 at a concentration of 1µg/ml, 100µl/well in PBS pH 7.4). After overnight incubation, wells were blocked and added serially diluted sera. After incubation, wells were added with Goat anti-Human IgG HRP conjugate (Sigma-Aldrich, Cat# A8667, dilution 1:5000) and incubated for 1hr at RT. Tetramethyl benzidine used as a substrate and measured absorbance at 450/630nm. Threshold value (Mean + 3SD) was established by taking the absorbance of Day 0 sera samples and antigen-specific endpoint titers were determined for Day 28 sera samples. The reciprocal antibody dilution, at which absorbance is above the threshold, was taken as antigen-specific antibody endpoint titers.

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Plaque Reduction Neutralisation Test ($PRNT_{50}$) (conducted at Bharat Biotech and National Institute of Virology)

The Plaque reduction neutralisation test was performed in a biosafety level 3 facility. To perform $PRNT_{90}$, Vero CCL-81 cell suspension (1.0 x 10^5 /mL/well)was added in duplicates in 24-well tissue culture plates and cultured in a CO_2 incubator at 37°C for 16-24 hrs. Serum samples from all enrolled participants were inactivated by keeping in a 56ºC-water bath for 30 min. Serial dilutions (4 fold) of serum samples were mixed with the virus, which can form 50 plaque-forming units and then incubated for 1 h at 37°C. The virus–serum mixtures were added onto the preformed Vero CCL-81 cell monolayers and incubated 1 h at 37°C in a 5% CO_2 incubator. The number of plaques was counted, and the Neutralizing antibody titer was determined based on the 50% reduction in the number of plaque count, which was further analyzed using 50% ProbitAnalysis(10.4103/ijmr.IJMR_2382_20). A neutralisation antibody titer < 1:20 considered negative, while that of > 1:20 considered as positive.

iv. Microneutralisation assay (MNT) (conducted at Bharat Biotech)

The serum collected from all enrolled participants were inactivated at 56ºC in a water bath for 30 min. Serum was successively diluted 1:8 to the required concentration by a 2-fold series, and an equal volume of challenge virus solution containing 100 $CCID_{50}$viruses was added. After neutralisation in a 37°C incubator for two hours, a 1.0 x 10^5 /mL cell suspension was added to the wells (0.1 mL/well) and cultured in a CO_2 incubator at 37°C for 3-5 days. The Karber method (Ramakrishnan, 2016)by observing the CPE was used to calculate the neutralisation endpoint (convert the serum dilution to logarithm), which means that the highest dilution of serum that can protect 50% of cells from infection by challenge with 100 $CCID_{50}$ virus is the antibody potency of the serum. A neutralisation antibody potency < 1:20 is negative, while that R 1:20 is positive.

v. Intracellular Staining: (conducted at Bharat Biotech)

Human PBMCs (1x10^6/ml) were cultured in 24 well plates and stimulated with inactivated SARS-COV-2 antigen (1.2 µg/ml) or PMA (25 ng/ml, cat # P8139; Sigma) and Ionomycin (1 µg/ml, cat # I0634, Sigma) along with Protein transport inhibitor (Monensin, 1.3µl/ml cat # 554724, BD biosciences) for 12-16hrs in CO_2 incubator at 37°C. Cells were washed and centrifuged at 1000rpm for 5-10min and stained with cell surface markers BV421 Mouse Anti Human CD3 (clone: UCHT1, Cat # 562427, BD Biosciences), APC- Cy7 Mouse Anti Human CD4(Clone:SK3 Cat # 566319, BD Biosciences), PE- Mouse Anti Human CD8a (Clone: HIT8a, Cat # 555635, BD Biosciences) and Per Cp-Cy5.5 Mouse Anti Human IL-4 (Clone: 8D4-8, Cat # 561234) for 30 minutes at 4°C. Cells were again washed twice with PBS and fixed using fixation/Permeabilize solution (Cat # 554722, BD Biosciences) for 20 mins at 4°C. Following fixation/permeabilization, cells were washed with 1x permeabilization buffer and stained with intracellular cytokines IFN-γ (APC Mouse Anti Human IFN-γ, Clone: 4S.B3, cat # 551385, BD Biosciences) for 30 mins at 4°C. Cells were washed and resuspended in 500µl FACS buffer (Cat # 554657, BD Biosciences). All samples were acquired using BD FACSVerse (BD Biosciences).

vi. SARS-CoV2 Antibody (IgG1/IgG4) Isotyping:

Th1-dependent IgG1 vs. Th2 -dependent IgG4 antibody subclasses were determined by ELISA from sera collected from all vaccinated groups as described earlier. Briefly, 96 well microtiter plates were coated with spike (S1) protein (Cat: SYNG-PRB026913, Make: Syngene), at a concentration of 1µg/ml, in PBS pH 7.4) and blocked with 1% BSA in PBS, pH 7.4. Serially diluted (1:50 to 1:204800) individual sera were added and incubated for 2hrs at 37°C followed by the addition of mouse anti-human IgG1 (Cat No: 409904, Make: Biolegend) or IgG4 (Cat No: 411202, Make: Biolegend) antibodies at a concentration of 25ng/well. After incubation of the plate for 1hr at RT, wells were again washed, and added Anti Mouse IgG HRP Conjuagate (Cat No: A4416, Make: Sigma Aldrich) at a dilution of 1:2500. Later, 3,3′,5,5′-tetramethylbenzidine (TMB) solution (Cat No: AR1002, Make: deNovo Biolabs) was added as a substrate to develop color. Absorbance was read at 450nm. Cut off was determined as 1:50 dilution, by calculating Mean+3SD of absorbance obtained at all dilutions of known negative control (unvaccinated and uninfected sera). Th1:Th2 index was calculated by taking ratios of end point antibody titer (sera dilution at which absorbance was above the cut off) of IgG1 & IgG4.

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vii. ELISPOT for IFN-γ (conducted at Indoor Biotechnologies, Bangalore):

To determine the frequency of IFN-γ producing T cells generated by the vaccine, we performed an ELISPOT assay using the IFN-γ ELISPOT kit (MABTECH), as per the manufacturer's instructions. Briefly, ELISPOT plates precoated with IFN-γ antibody were used, these were further seeded with 300,000 PBMCs obtained from the study subjects. The PBMCs were stimulated with SARS-CoV-2 peptide matrix (SARS-CoV-2 S1 scanning pool) (MABTECH) at a concentration of 5ug/ml for 18 hours. Unstimulated cells and anti-CD3 stimulated cells were used as a negative and positive controls, respectively. Subsequently, the plates were washed and incubated with a biotinylated detection antibody, followed by Streptavidin-ALP (Alkaline Phosphatase). The plates were developed with the BCIP-NBT substrate (5-bromo-4-chloro-3'-indolyphosphate and nitro-blue tetrazolium) as per the manufacturer's instructions until distinct spots emerged. The number of blue spots per well was determined by using an ELISPOT reader (AiD) or under a dissection microscope (Leica). The frequency of positive cells was calculated after subtracting the number of spots in unstimulated cells from the peptide stimulated cells, and the results were expressed as SFU/10^6 PBMCs.

viii. Database Handling/Procedures and Data Management Plan

The database used for this study is a fully validated, FDA 21 CFR Part 11 compliant system, proprietary, SAS (software as a Service) based clinical data management system. Error rates for clinical database are controlled and do not exceed 0.5% as an industry-wide standard. For critical data zero errors based on a 100% review of data are obtained. This is controlled and documented by database audits against the study CRFs. Based on Data Management Plan (DMP) document a road map to handle the data under projected circumstances and describes the CDM activities was followed in the trial. The DMP describes the annotations, database design, data entry and data tracking guidelines, quality control measures, SAE reconciliation guidelines, discrepancy management, data transfer/extraction, and database locking guidelines. Along with the DMP, a Data Validation Plan (DVP) containing all edit-checks was performed and the calculations for derived variables are also prepared. The edit check programs in the DVP help in cleaning up the data by identifying the discrepancies.

Table S1: Ethic Committees from All Participating Trial Sites with Reference Numbers:

Site Name	Reference Number
Nizam's Institute of Medical Science, Hyderabad, Telangana	ECR/303/INST/AP/2013/RR-19
All India Institute of Medical Science, New Delhi	ECR/547/INST/DL/2014/RR-17
PGIMS, Rohtak, Haryana	ECR/293/Inst/HR/2013/RR-19
All India Institute of Medical Science, Patna	ECR/1387/INST/BR/2020
Redkar Hospital & Research Centre, Goa	ECR/902/INST/GA/2018
IMS & SUM Hospital, Odisha	ECR/627/INST/OR/2014/RR-17
Jeevan Rekha Hospital, Belgaum, Karnataka	ECR/1242/INST/KA/2019
Gillukar Multispeciality Hospital, Nagpur	ECR/1374/INST/MH/2020
Rana Hospital and Trauma Center, Gorakhpur, Utter Pradesh	ECR/1332/INST/UP/2020
Prakhar Hospital, Kanpur, Utter Pradesh	ECR/1017/INST/UP/2017
SRM Medical College Hospital & Research Centre, Chennai Tamil Nadu	ECR/431/INST/TL/2013/RR-19

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Table S2: Grading Scales for Local Adverse Events and Systemic

S. No.	Event Name	None=1	Mild =2	Moderate=3	Severe=4	Potentially life threatening=5
Local Adverse Events						
1	Pain at injection site	Absent	Does not interfere with activity	Interferes with activity or repeated use of non-narcotic pain reliever >24hrs	prevents daily activity or repeated use of narcotic pain reliever	Emergency room (ER) visit or hospitalization
2	Tenderness/ Soreness	Absent	Mild discomfort to touch	Discomfort with movement	Significant discomfort at rest	Emergency room (ER) visit or hospitalization
3	Redness/ Erythema	Absent	2.5-5cm	5.1-10cm	>10 cm	Necrosis or exfoliative dermatitis
4	Swelling/ Induration	Absent	2.5-5cm and does not interfere with daily activity	5.1-10cm or interferes with daily activity	>10 cm prevents daily activity	Necrosis
5	Pruritus associated with injection	Absence of any Pruritus	itching localized to injection site and relieved spontaneously or with<48 hours treatment	Itching beyond injection site not generalized or localized itching requiring >48 hours treatment	Itching causing inability to perform usual social & functional activities	NA
6	Any other Local AE's	Absent	Does not interfere with daily activity	interferes with daily activity,	prevents daily activity	Emergency room (ER) visit or hospitalization
Systemic Adverse Events						
1	Pain	Absent	Does not interfere with activity	Repeated use of non-narcotic pain reliever > 24 hours or interferes with daily activity	Any use of narcotic pain reliever or prevents daily activity	Emergency room (ER) visit or hospitalization
2	Fever	<38.00C (<100.40 F)	38.0-38.40 C(100.4-101.10F)	38.5-38.90 C(101.2-102.00F)	39.0-400C C(102.1-1040F)	> 400 C (>1040 F)
3	Nausea/ Vomiting	Absent	No interference with daily activity or 1-2 episodes/24 hours	Some interference with daily activity or > 2 episodes/24 hours	Prevents daily activity, requires outpatient IV hydration	Emergency room (ER) visit or hospitalization for hypotensive shock
4	Headache	Absent	No interference with daily activity	some interference with daily activity or repeated use of non-narcotic pain reliever	Significant, prevents daily activity or repeated use of narcotic pain reliever	Emergency room (ER) visit or hospitalization
5	Fatigue	Absent	No interference with daily activity	some interference with daily activity	Significant, prevents daily activity	Emergency room (ER) visit or hospitalization
6	Myalgia	Absent	No interference with daily activity	some interference with daily activity	Significant, prevents daily activity	Emergency room (ER) visit or hospitalization
7	Acute Allergic Reaction	Absent	No interference with daily activity	some interference with daily activity	Prevents daily activity	Emergency room (ER) visit or hospitalization
8	Rash	Rash Absent	rashes covering <10%BSA with or without symptoms (pruritus, burning,	rashes covering 10-30 %BSA (Body Surface Area) with or without symptoms (pruritus,	rashes covering >30 %BSA with or without symptoms (pruritus, burning,	NA

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			tightness)	burning, tightness), interferes with daily activity	tightness), prevents with daily activity	
9	Joint pain	Absent	Does not interfere with daily activity	Repeated use of non-narcotic pain reliever > 24 hours or interferes with daily activity	Any use of narcotic pain reliever or prevents daily activity	Emergency room (ER) visit or hospitalization
10	Any other Systemic AE's	Absent	Does not interfere with daily activity	interferes with daily activity	prevents daily activity	Emergency room (ER) visit or hospitalization

Abbreviation: NA, not available

Table S3: Summary of Demographics and Baseline Characteristics of the First 50 Subjects.

Parameter			**3 µg with Algel-IMDG n=40**	**Control Arm n=10**
Age (Years)		**(Mean±SD)**	31.2 ± 9.2	29.4 ± 6.7
		Median (Q1;Q3)	29 (23.3, 39.3)	26.5 (25;34)
Age-wise (Years)		**≥18-≤25**	16 (40%)	3(30%)
		≥26-≤40	16(40%)	6(60%)
		>40-≤55	8(20%)	1(10%)
Sex (Gender)		**Male n (%)**	35 (35%)	10 (10%)
Body Mass index‡		**(Mean±SD)**	24.2 ± 3.0	22.7 ± 2.9
		Median (Q1;Q3)	24.1 (22.5, 25.8)	22.89 (19.8;25.7)
Temperature (°F)		**(Mean±SD)**	97.7 ± 0.7	98.0 ± 0.7
		Median (Q1;Q3)	97.7 (97.4;98.2)	98.15 (97.5;98.3)
Blood Pressure (mm Hg)	**Systolic (mm Hg)**	**(Mean±SD)**	124.6 ± 7.9	128 ± 7.59
		Median (Q1;Q3)	126.5 (118.5;128)	127 (123;132)
	Diastolic (mm Hg)	**(Mean±SD)**	79.5 ± 6.4	78.6 ± 8.63
		Median (Q1;Q3)	80 (76.5;84)	81.5 (75;84)
Respiratory Rate (Breaths/min)		**(Mean±SD)**	16.7 ± 2.3	16.6 ± 2.5
		Median (Q1;Q3)	16 (16;18)	16 (16;18)
Pulse Rate (Beats/min)		**(Mean±SD)**	78.8 ± 7.9	76.6 ± 6.9
		Median (Q1;Q3)	80 (74;85.5)	78 (75;80)

Results reported here are unblinded. However, the study was performed in a dose-escalation manner wherein after completing vaccination in the first 50 participants with 3 µg with Algel-IMDG (the lowest antigen concentration) and the control (randomisation ratio 4:1); the participants were monitored for seven days for safety. Based on the independent Data Safety Monitoring Board (DSMB) reviewal of blinded safety data, the trial was allowed to continue with enrollment of the remaining participants into all groups.

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Table S4:Adverse Events of the first 50 participants (blinded) after the first Dose of Vaccine Administration.

Adverse Events after the First Dose	
ADVERSE EVENT	**3 µg with Algel-IMDG and Control Arms n=50**
Headache	1 (2%)
Feeling Hungry	2(4%)
Nausea	1(2%)
Fatigue	2(4%)
Pain at injection site	3(6%)
Total Adverse Events	**9(18%)**

The study was performed in a dose-escalation manner wherein after completing vaccination in the first 50 participants with 3 µg with Algel-IMDG (the lowest antigen concentration) and the control (randomisation ratio 4:1); the participants were monitored for seven days for safety. Based on the independent Data Safety Monitoring Board (DSMB) reviewal of blinded safety data, the trial was allowed to continue with enrollment of the remaining participants into all groups.

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Table S5: Proportion of Subjects Experiencing Solicited Adverse Events By Symptom, Severity, Dose Number, and Dose Group.

Symptoms	Dose Group	Severity					
		Dose 1			Dose 2		
		Mild n(%)	Moderate n(%)	Severe n(%)	Mild n(%)	Moderate n(%)	Severe n(%)
Local							
Pain	3µg with Algel-IMDG	4 (4)	1 (1)	-	2 (2)	-	-
	6µg with Algel-IMDG	4 (4)	1 (1)	-	1 (1)	-	-
	6µg with Algel	1 (1)	-	-	1 (1)	-	-
	Control	2 (2.7)	-	-	-	-	-
Swelling	3µg with Algel-IMDG	-	-	-	-	-	-
	6µg with Algel-IMDG	-	-	-	-	-	-
	6µg with Algel	-	-	-	-	-	-
	Control	1 (1.3)	-	-	-	-	-
Systemic							
Fever	3µg with Algel-IMDG	-	-	-	2 (2)	-	-
	6µg with Algel-IMDG	1 (1)	1 (1)	-	1 (1)	-	-
	6µg with Algel	1 (1)	2 (2)	-	1 (1)	-	-
	Control	-	-	-	-	-	-
Body ache	3µg with Algel-IMDG	-	-	-	-	1 (1)	-
	6µg with Algel-IMDG	1 (1)	1 (1)	-	-	-	-
	6µg with Algel	-	1 (1)	-	-	-	-
	Control	-	-	-	-	-	-
Fatigue	3µg with Algel-IMDG	1 (1)	2 (2)		1 (1)	1 (1)	-
	6µg with Algel-IMDG	-	3 (3)	-	-	-	-
	6µg with Algel	-	-	-	3 (3)	-	-
	Control	-	-	-	-	-	-
Headache	3µg with Algel-IMDG	1 (1)	-	-	-	-	-
	6µg with Algel-IMDG	2 (2)	3 (3)	-	-	-	-
	6µg with Algel	-	2 (2)	-	-	-	-
	Control	5 (6.7)	-	-	-	-	-
Nausea/ Vomiting	3µg with Algel-IMDG	1 (1)	-	-	-	-	-
	6µg with Algel-IMDG	2 (2)	-	-	-	-	-
	6µg with Algel	2 (2)	-	-	-	-	-
	Control	2 (2.7)	-	-	-	-	-

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Table S6: Number of unsolicited, non-serious, adverse events classified by MedDRA® System Organ Class, severity, and investigator-assigned relationship to study vaccine/control

MedDRA SOC	Dose Group	Adverse Events	Severity			Relationship to IP	
			Mild n (%)	Moderate n (%)	Severe n (%)	Not Related	Related
Gastrointestinal Disorders	3µg with Algel-IMDG	GERD (1)	1 (1)	-	-	1 (1)	-
	6µg with Algel-IMDG	Stomach pain (1)	1 (1)	-	-	1 (1)	-
	6µg with Algel	Abdominal Pain/discomfort (3)	-	3 (3)	-	-	3 (3)
	Control	-	-	-	-	-	-
General Disorders and administrative site conditions	3µg with Algel-IMDG	Feeling hungry (3)	1 (1)	2 (2)	-	3 (3)	-
		Fever (2)	1 (1)	-	1 (1)	2 (2)	-
		Chills (1)	-	-	1 (1)	1 (1)	-
		Sweating (1)	-	1 (1)	-	-	1 (1)
	6µg with Algel-IMDG	Feeling hungry (1)	-	1 (1)	-	1 (1)	-
		Shivering of hand (2)	-	2 (2)	-	-	2 (2)
		Shivering (1)	-	1 (1)	-	-	1 (1)
		Sweating (1)	-	1 (1)	-	-	1 (1)
	6µg with Algel	Fever (3)	1 (1)	2 (2)	-	2 (2)	1 (1)
	Control	Fever (2)	2 (2.7)	-	-	2 (2.7)	-
Infections and Infestations	6µg with Algel-IMDG	Conjunctivitis (1)	1 (1)	-	-	1 (1)	-
Nervous system disorders	3µg with Algel-IMDG	Tremor (2)	-	2 (2)	-	-	2 (2)
		Dizziness (2)	-	2 (2)	-	-	2 (2)
		Headache (1)	1 (1)	-	-	1 (1)	-
	6µg with Algel-IMDG	Dizziness (1)	1 (1)	-	-	1 (1)	-
		Sleeping disturbance (1)	-	1 (1)	-	1 (1)	-
	6µg with Algel	Giddiness (1)	1 (1)	-	-	1 (1)	-
		Headache (2)	-	2 (2)	-	2 (2)	-
	Control	Giddiness (1)	1 (1.3)	-	-	1 (1.3)	-
		Vertigo (1)	1 (1.3)	-	-	1 (1.3)	-
Respiratory, thoracic and mediastinal disorders	3µg with Algel-IMDG	-	-	-	-	-	-
	6µg with Algel-IMDG	Cold (1)	-	1 (1)	-	-	1 (1)
		Cough (2)	1(1)	1 (1)	-	1 (1)	1 (1)
	6µg with Algel	Cold (2)	1 (1)	1 (1)	-		2 (2)
		Cough (1)	1 (1)	-	-	-	1 (1)
	Control	Cold (1)	1 (1.3)	-	-	-	1 (1.3)
		Throat pain (1)	1 (1.3)	-	-	1 (1.3)	-
Skin and subcutaneous tissue disorders	3µg with Algel-IMDG	Folliculitis on the anterior aspect of right shoulder (1)	1 (1)	-	-	1 (1)	-
	6µg with Algel-IMDG	-	-	-	-	-	-
	6µg with Algel	-	-	-	-	-	-
	Control	-	-	-	-	-	-

GERD: Gastroesophageal reflux disease, COLD: the lowest level term (LLT) in the MedDRA for the preferred term (PT) Nasopharyngitis is cold.

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Table S7: Abnormal Laboratory Parameters after two dose Vaccinations in the Phase 1 Clinical Trial.

a. Biochemistry

Lab Parameters	3 µg with Algel-IMDG N=100		6 µg with Algel-IMDG N=100		6 µg with Algel N =100		Control Arm N=75	
	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28
Bilirubin Direct	**Total n=64**	**Total n=71**	**Total n=65**	**Total n=69**	**Total n=64**	**Total n=57**	**Total n=65**	**Total n=45**
	11 (17·2%)	19 (26·4%)	9 (13·9%)	11 (15·9%)	13 (20·3%)	12 (21·1%)	8 (12·3%)	5 (11·1%)
Bilirubin Indirect	13 (20·3%)	15 (20·8%)	9 (13·9%)	12 (17·4%)	11 (17·2%)	14 (24·6%)	9 (13·9%)	4 (8·9%)
Bilirubin Total	15 (23·4%)	18 (25%)	7 (10·8%)	15 (21·7%)	16 (25.0%)	17 (29·8%)	9 (13·9%)	7 (15·6%)
Blood Glucose	1 (1·6%)	5 (6·9%)	1 (1·5%)	4 (5·8%)	1 (1·6%)	2 (3·5%)	3 (4·6%)	2 (4·4%)
C-Reactive Protein	10 (15·6%)	10 (13·9%)	11 (16·9%)	12 (17·4%)	10 (15·6%)	9 (15·8%)	6 (9·2%)	6 (13·3%)
Serum Creatinine	1 (1·6%)	(0%)	(0%)	1 (1·4%)	1 (1·6%)	1 (1·8%)	3 (4·6%)	2 (4·4%)
Gamma glutamyl transferase (GGT)	(0%)	4 (5·6%)	6 (9·2%)	5 (7·3%)	3 (4·7%)	1 (1·8%)	3 (4·6%)	3 (6·7%)
Serum Albumin	14 (21·9%)	7 (9·7%)	10 (15·4%)	13 (18·8%)	16 (25%)	7 (12·3%)	21 (32·3%)	10 (22·2%)
Serum Alkaline Phosphate	2 (3·1%)	4 (5·6%)	9 (13·9%)	7 (10·1%)	10 (15·6%)	5 (8·8%)	3 (4·6%)	(0%)
Serum Lipase	1 (1·6%)	10 (13·9%)	4 (6·2%)	7 (10·1%)	2 (3·1%)	5 (8·8%)	4 (6·2%)	5 (11·1%)
SGOT	8 (12·5%)	10 (13·9%)	7 (10·8%)	5 (7·3%)	11 (17·2%)	7 (12·3%)	9 (13·9%)	10 (22·2%)
SGPT	18 (28·1%)	18 (25%)	15 (23·1%)	14 (20·3%)	20 (31·3%)	19 (33·3%)	20 (30·8%)	18 (40%)
Cholesterol	24 (37·5%)	21 (29·2%)	28 (43·1%)	25 (36·2%)	22 (34·4%)	13 (22·8%)	19 (29·2%)	15 (33·3%)
Blood Urea Nitrogen	1 (1·6%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)

n represents total number of subjects with abnormal parameters within the arm. Percentages are the results of counts divided by n.

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a. Haematology

Lab Parameters	3 µg with Algel-IMDG N=100		6 µg with Algel-IMDG N=100		6 µg with Algel N =100		Control Arm N=75	
	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28
	n=19	n=79	n=20	n=69	n=14	n=66	n=15	n=51
Basophils	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	1 (6·67%)	(0%)
Eosinophils	4 (21·1%)	21 (26·6%)	1 (5.0%)	13 (18·8%)	2 (14·3%)	10 (15·2%)	1 (6·7%)	14 (27·5%)
ESR	17 (89·5%)	49 (62·0%)	16 (80.0%)	30 (43·5%)	10 (71·4%)	31 (46·9%)	8 (53·3%)	27 (52·9%)
Hemoglobin	19 (100%)	14 (17·7%)	20 (100%)	17 (24·6%)	14 (100%)	12 (18·2%)	15 (100%)	16 (31·4%)
Lymphocytes	4 (21·1%)	10 (12·7%)	(0%)	16 (23·2%)	2 (14·3%)	16 (24·2%)	3 (20.0%)	10 (19·6%)
MCH	8 (42·1%)	37 (46·8%)	10 (50.0%)	25 (36·2%)	5 (35·7%)	17 (25·8%)	7 (46·7%)	25 (49·0%)
MCHC	8 (42·1%)	27 (34·2%)	14 (70.0%)	22 (31·9%)	4 (28·6%)	24 (36·4%)	8 (53·3%)	23 (45·1%)
MCV	5 (26·3%)	26 (32·9%)	12 (60.0%)	17 (24·6%)	5 (35·7%)	14 (21·2%)	7 (46·7%)	16 (31·4%)
Monocytes	(0%)	1 (1·3%)	2 (10.0%)	2 (2·9%)	(0%)	(0%)	(0%)	(0%)
Neutrophils	1 (5·3%)	2 (2·5%)	(0%)	1 (1·5%)	(0%)	2 (3·0%)	(0%)	2 (3·9%)
PCV	15 (78·9%)	22 (27·9%)	15 (75.0%)	19 (27·5%)	12 (85·7%)	21 (31·8%)	13 (86·7%)	20 (39·2%)
Platelet Count	1 (5·3%)	4 (5·1%)	(0%)	3 (4·4%)	(0%)	4 (6·1%)	(0%)	1 (1·9%)
Total Leucocyte Count	1 (5·3%)	1 (1·3%)	1 (5.0%)	4 (5·8%)	1 (7·1%)	5 (7·6%)	1 (6·7%)	1 (1·9%)

n represents total number of subjects with abnormal parameters within the arm. Percentages are the results of counts divided by n.

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b. Routine Urine Analysis

Lab Parameters	3 µg with Algel-IMDG N=100		6 µg with Algel-IMDG N=100		6 µg with Algel N =100		Control Arm N=75	
	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28
	n=18	n=39	n=27	n=33	n=30	n=27	n=24	n=28
Appearance	7 (38·9%)	18 (46·2%)	16 (59·3%)	27 (81·8%)	17 (56·7%)	22 (81·5%)	12 (50%)	17 (60·7%)
Bacteria	(0%)	(0%)	1 (3·7%)	(0%)	2 (6·7%)	(0%)	1 (4·2%)	1 (3·6%)
Bile pigments	1 (5·6%)	1 (2·6%)	(0%)	3 (9·1%)	1 (3·3%)	3 (11·1%)	(0%)	(0%)
Crystals	10 (55·6%)	9 (23·1%)	5 (18·5%)	13 (39·4%)	9 (30%)	8 (29·6%)	9 (37·5%)	7 (25%)
Urobilinogen	1 (5·6%)	(0%)	1 (3·7%)	(0%)	(0%)	(0%)	(0%)	(0%)
Urine Ketones	(0%)	1 (2·6%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)
Leucocytes Pus cells	3 (16·7%)	2 (5·1%)	7 (25·9%)	3 (9·1%)	8 (26·7%)	3 (11·1%)	1 (4·2%)	2 (7·1%)
Nitrite	(0%)	(0%)	1 (3·7%)	(0%)	3 (10%)	(0%)	1 (4·2%)	1 (3·6%)
pH	1 (5·6%)	1 (2·6%)	(0%)	(0%)	1 (3·3%)	(0%)	(0%)	1 (3·6%)
RBC	3 (16·7%)	23 (58·9%)	3 (11·1%)	2 (6·1%)	8 (26·7%)	5 (18·5%)	5 (20·8%)	7 (25%)
Urine Glucose	1 (5·6%)	1 (2·6%)	1 (3·7%)	2 (6·1%)	2 (6·7%)	3 (11·1%)	3 (12·5%)	1 (3·6%)
Urine Protein	5 (27·8%)	1 (2·6%)	4 (14·8%)	1 (3·0%)	6 (20%)	1 (3·7%)	5 (20·8%)	3 (10·7%)

n represents total number of subjects with abnormal parameters within the arm· Percentages are the results of counts divided by n.

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Table S8: Immunogenicity Parameters analyzed.

Total Parameters / Vaccine Formulation			3 µg with Algel –IMDG	6 µg with Algel-IMDG	6 µg with Algel	Control
			GMT (95% CI)	GMT (95% CI)	GMT (95% CI)	GMT (95% CI)
ELISA GMT (95% CI)	S1-Protein	Day 0	500 (500,500)	500 (500,500)	500 (500,500)	500 (500,500)
		Day 28	4897.5 (4154.9,5772.7)	5771.1 (4793.6,6948.0)	6380.6 (5440.6,7482.9)	2000.0 (1654.6,2417.5)
	RBD-Protein	Day 0	500 (500,500)	500 (500,500)	500 (500,500)	500 (500,500)
		Day 28	2571.9 (2265.8,2919.4)	3146.7 (2753.3,3596.4)	3745.8 (3234.6,4337.7)	1606.1 (1359.1,1897.9)
	N-Protein	Day 0	500 (500,500)	500 (500,500)	500 (500,500)	500 (500,500)
		Day 28	3110.6 (2667.2,3627.6)	4053.7 (3376.4,4866.8)	2695.8 (2544.9,3456.2)	1620.2 (1357.3,1934.1)
ELISA SCR (95% CI)	S1-Protein	Day 28	93.8% (87.7,97.5)	93.3% (86.6,97.3)	97.9% (92.6,99.7)	65.8% (54.3,76.1)
	RBD-Protein	Day 28	83.2% (74.9,89.6)	91.4% (84.2,95.9)	94.7% (88.1,98.3)	55.7% (44.1,66.9)
	N-Protein	Day 28	89.9% (82.2,94.4)	85.6% (77.5,91.2)	89.5% (81.5,94.8)	49.4% (37.9,60.9)
Isotype Mean (95% CI)	Day 28		3.3 (2.2, 4.5)	3.3 (2.2, 4.4)	2.2 (1.4, 3.1)	--
MNT_{50} GMT (95% CI)	Day 0		6.21 (5.9, 6.5)	6·01 (5·8,6·2)	5·95 (5·8,6·1)	6·13 (5·8,6·4)
	Day 14		9·14 (8·1,10·4)	11·20 (9·6,13·0)	9·45 (8·2,10·9)	6·07 (5·9, 6·3)
	Day 28		61·70 (49·5,76·9)	66·4 (53·4,82·4)	48·00 (37·7,61·1)	7·20 (6·4,8·1)
MNT_{50} SCR (95% CI)	Day 28		(87·88%) (81·5,94·3)	(91·92%) (86·6,97·3)	(82·8%) (75·1,90·5)	(8·22%) (1·9, 14·5)
Homologous/ Heterologous Strain Challenge-$PRNT_{50}$ (95% CI)	NIV-2020-770		219.6 (137.5, 350.9)	376.4 (269.2, 526.20)	253.7 (147.9, 434.9)	0.30 (0.04, 2.5)
	nCoV-Q111		215.1 (127.3, 363.3)	157.5 (53.0, 467.9)	170.84 (98.4, 296.8)	0.25 (0.04, 1.5)
	nCov-Q100		106.0 (75.1, 149.7)	132.7 (84.2, 209.1)	119.2 (72.4, 196.3)	0.2 (0.04, 1.3)
SARS-CoV-2 Cell-mediated Responses Median (95% CI)	% CD3		0.5 (0.3,1.2)	0.7 (0.4, 2.1)	0.2 (0.1,0.5)	0.07 (0.04, 0.6)
	%CD 4		0.4 (0.2,1.0)	0.8 (0.3, 1.0)	0.1 (0.1, 0.3)	0.08 (0.02, 0.3)
	% CD8		0.04 (0.01,0.2)	0.05 (0.01,1.3)	0.02 (0.01, 0.05)	0.01 (0.01, 0.04)
Elispot Median (IQR)	Day 0		1.0 (0.0, 5.0)	1.0 (1.0, 5.0)	7.0 (3.5, 21.0)	1.0 (0.0, 12.0)
	Day 28		105 (8.5, 166.0)	55.0 (22.0, 173.8)	31.5 (16.0, 121.0)	3.0 (1.0, 23.0)

Seroconversion rates (SCR) were defined by the proportion of the titre's achieving ≥4-Fold above baseline.

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FIGURE S1: INDIAN CITIES SELECTED FOR THE PHASE 1 STUDY.

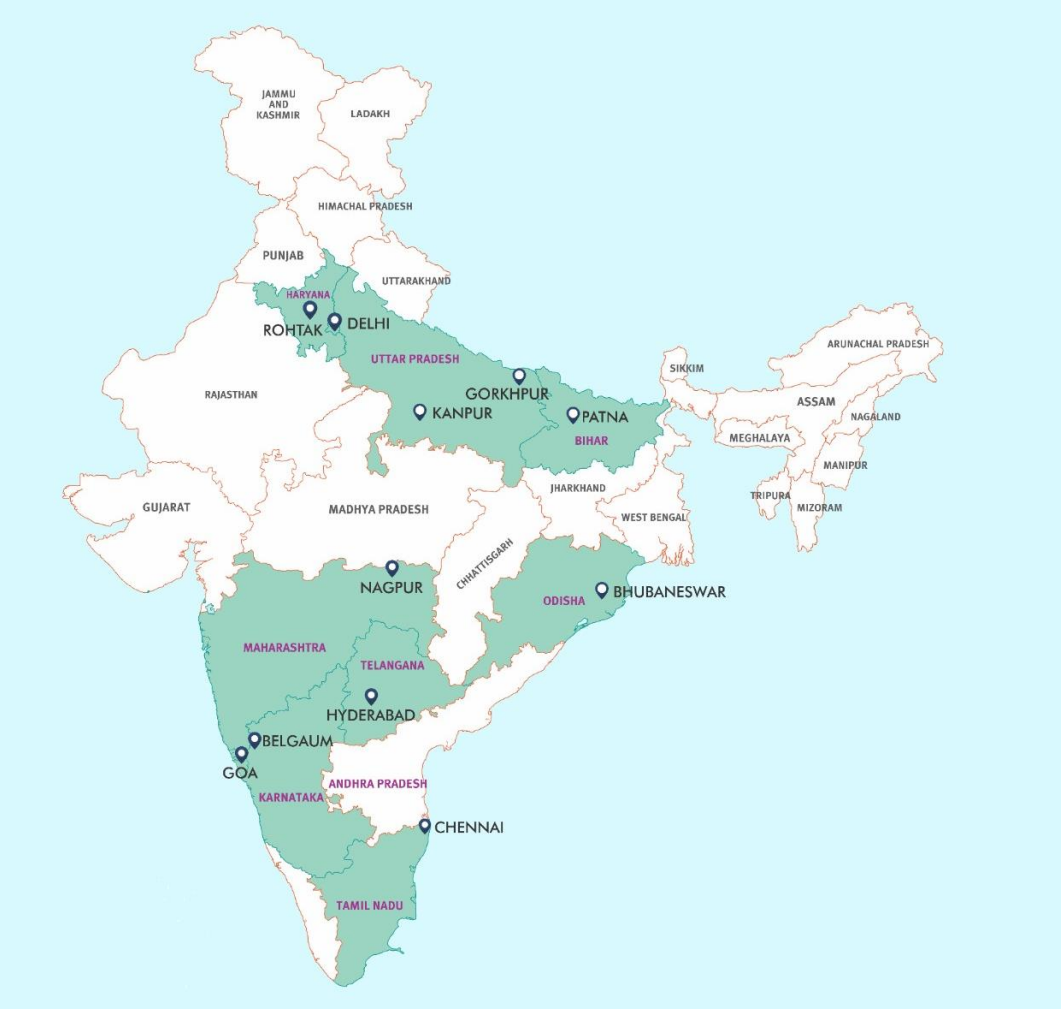
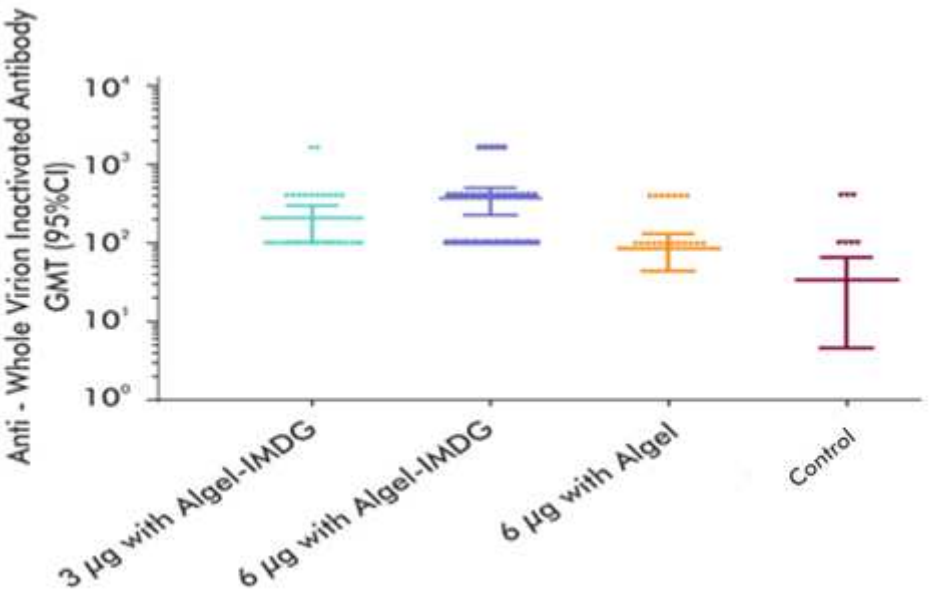


Figure S2: Anti-Whole Virion Inactivated Antibody (ELISA)



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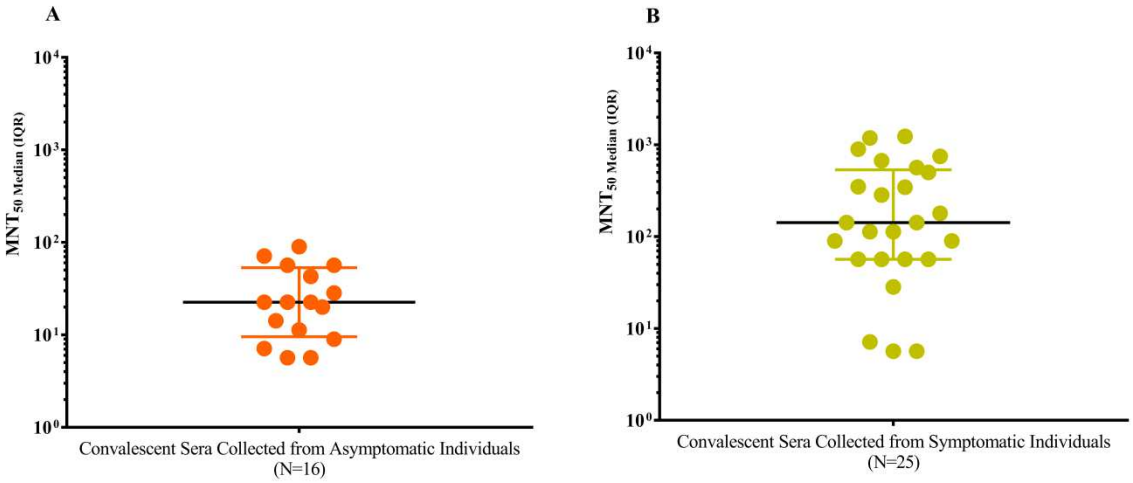
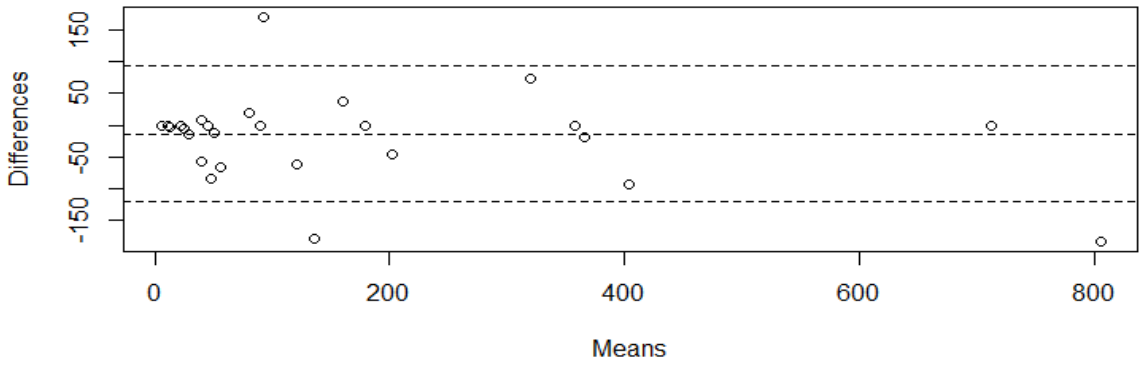
Shown are geometric mean IgG titers towards the whole virion inactivated antigen at 2 weeks after the second vaccination (day 28) for the 3 µg and 6 µg with Algel-IMDG groups, the 6 µg with Algel group, and the Algel-only control arm.

Figure S3: Microneutralisation of the Human Convalescent Serum Samples.



Shown are medians (IQR) of human convalescent serum samples. The human convalescent serum panel included specimens from PCR-confirmed symptomatic/asymptomatic COVID-19 participants obtained at least 30 days after diagnosis (41 samples for MNT_{50}).

Figure S4: Comparison Between MNT_{50} Assays at the Two Labs (Bharat Biotech and National Institute of Virology)



The Bland–Altman plot for comparing two measurements of the same variable (microneutralisation [MNT_{50}]) analyzed at both laboratories. A strong agreement between the laboratories was established.

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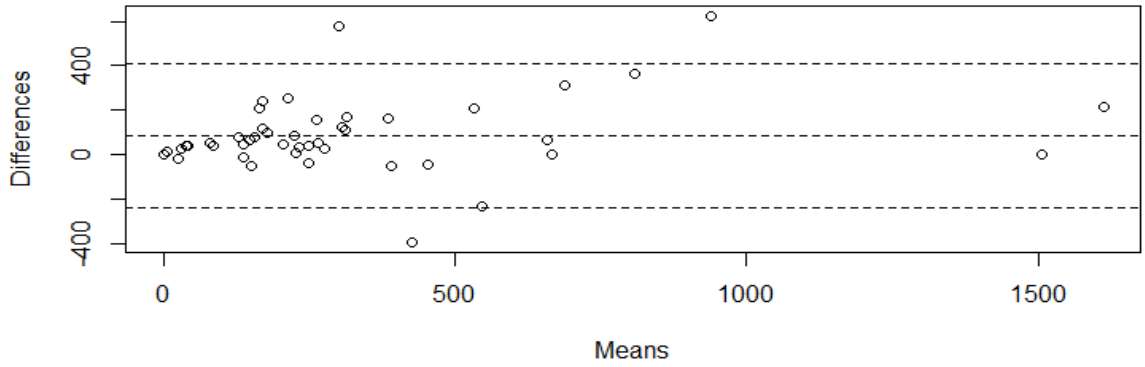
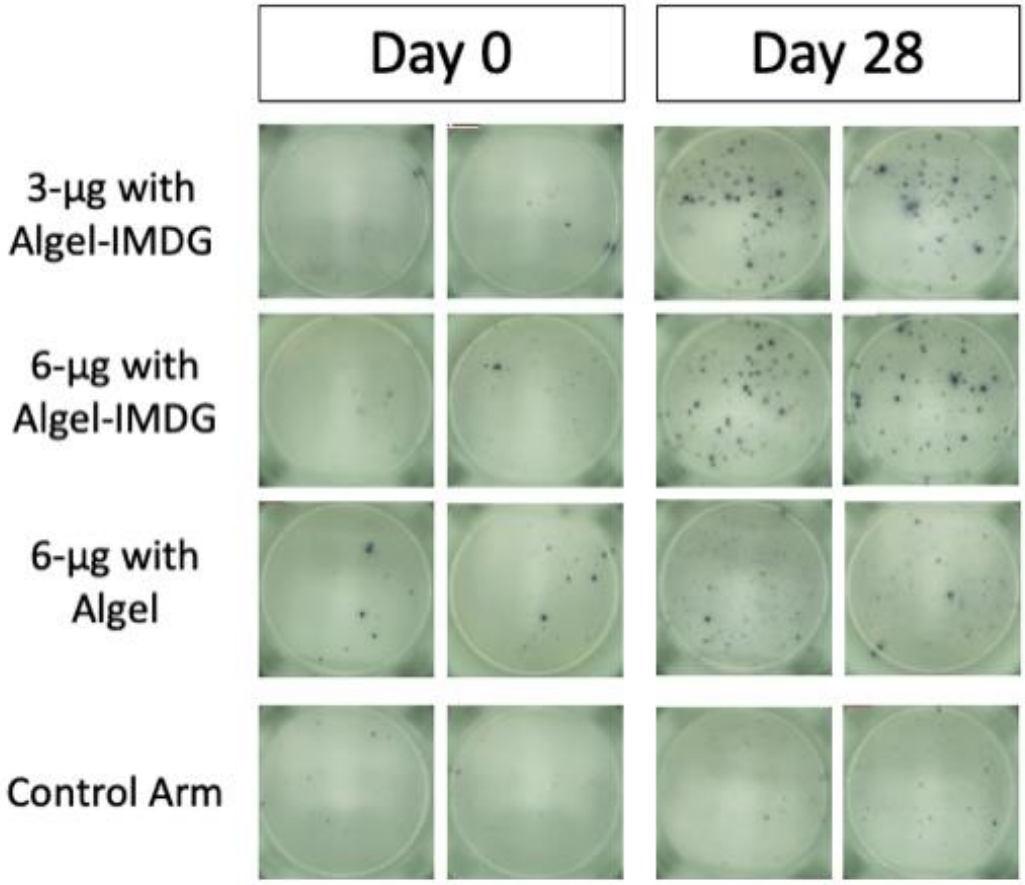
Figure S5: Comparison Between $PRNT_{50}$ Assays at The Two Labs (Bharat Biotech and National Institute of Virology)



The Bland–Altman plot for comparing two measurements of the same variable (microneutralisation [$PRNT_{50}$]) analyzed at both laboratories. A strong agreement between the laboratories was established.

Figure S6: ELISpot Assay of PBMC's Stimulated with S1 Peptides.



Representative results from the ELISpot assay of PBMCs stimulated with S1 peptide pool on day 0 and day 28. Each row represents the vaccine formulation that they received.

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ANNEXURE-2

Safety and immunogenicity of an inactivated SARS-CoV-2 vaccine, BBV152: interim results from a double-blind, randomised, multicentre, phase 2 trial, and 3-month follow-up of a double-blind, randomised phase 1 trial

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Summary

Background BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine (3 µg or 6 µg) formulated with a toll-like receptor 7/8 agonist molecule (IMDG) adsorbed to alum (Algel). We previously reported findings from a double-blind, multicentre, randomised, controlled phase 1 trial on the safety and immunogenicity of three different formulations of BBV152 (3 µg with Algel-IMDG, 6 µg with Algel-IMDG, or 6 µg with Algel) and one Algel-only control (no antigen), with the first dose administered on day 0 and the second dose on day 14. The 3 µg and 6 µg with Algel-IMDG formulations were selected for this phase 2 study. Herein, we report interim findings of the phase 2 trial on the immunogenicity and safety of BBV152, with the first dose administered on day 0 and the second dose on day 28.

Methods We did a double-blind, randomised, multicentre, phase 2 clinical trial to evaluate the immunogenicity and safety of BBV152 in healthy adults and adolescents (aged 12–65 years) at nine hospitals in India. Participants with positive SARS-CoV-2 nucleic acid and serology tests were excluded. Participants were randomly assigned (1:1) to receive either 3 µg with Algel-IMDG or 6 µg with Algel-IMDG. Block randomisation was done by use of an interactive web response system. Participants, investigators, study coordinators, study-related personnel, and the sponsor were masked to treatment group allocation. Two intramuscular doses of vaccine were administered on day 0 and day 28. The primary outcome was SARS-CoV-2 wild-type neutralising antibody titres and seroconversion rates (defined as a post-vaccination titre that was at least four-fold higher than the baseline titre) at 4 weeks after the second dose (day 56), measured by use of the plaque-reduction neutralisation test ($PRNT_{50}$) and the microneutralisation test (MNT_{50}). The primary outcome was assessed in all participants who had received both doses of the vaccine. Cell-mediated responses were a secondary outcome and were assessed by T-helper-1 (Th1)/Th2 profiling at 2 weeks after the second dose (day 42). Safety was assessed in all participants who received at least one dose of the vaccine. In addition, we report immunogenicity results from a follow-up blood draw collected from phase 1 trial participants at 3 months after they received the second dose (day 104). This trial is registered at ClinicalTrials.gov, NCT04471519.

Findings Between Sept 5 and 12, 2020, 921 participants were screened, of whom 380 were enrolled and randomly assigned to the 3 µg with Algel-IMDG group (n=190) or 6 µg with Algel-IMDG group (n=190). Geometric mean titres (GMTs; $PRNT_{50}$) at day 56 were significantly higher in the 6 µg with Algel-IMDG group (197·0 [95% CI 155·6–249·4]) than the 3 µg with Algel-IMDG group (100·9 [74·1–137·4]; p=0·0041). Seroconversion based on $PRNT_{50}$ at day 56 was reported in 171 (92·9% [95% CI 88·2–96·2] of 184 participants in the 3 µg with Algel-IMDG group and 174 (98·3% [95·1–99·6]) of 177 participants in the 6 µg with Algel-IMDG group. GMTs (MNT_{50}) at day 56 were 92·5 (95% CI 77·7–110·2) in the 3 µg with Algel-IMDG group and 160·1 (135·8–188·8) in the 6 µg with Algel-IMDG group. Seroconversion based on MNT_{50} at day 56 was reported in 162 (88·0% [95% CI 82·4–92·3]) of 184 participants in the 3 µg with Algel-IMDG group and 171 (96·6% [92·8–98·8]) of 177 participants in the 6 µg with Algel-IMDG group. The 3 µg with Algel-IMDG and 6 µg with Algel-IMDG formulations elicited T-cell responses that were biased to a Th1 phenotype at day 42. No significant difference in the proportion of participants who had a solicited local or systemic adverse reaction in the 3 µg with Algel-IMDG group (38 [20·0%; 95% CI 14·7–26·5] of 190) and the 6 µg with Algel-IMDG group (40 [21·1%; 15·5–27·5] of 190) was observed on days 0–7 and days 28–35; no serious adverse events were reported in the study. From the phase 1 trial, 3-month post-second-dose GMTs (MNT_{50}) were 39·9 (95% CI 32·0–49·9) in the 3µg with Algel-IMDG group, 69·5 (53·7–89·9) in the 6 µg with Algel-IMDG group, 53·3 (40·1–71·0) in the 6 µg with Algel group, and 20·7 (14·5–29·5) in the Algel alone group.

Interpretation In the phase 1 trial, BBV152 induced high neutralising antibody responses that remained elevated in all participants at 3 months after the second vaccination. In the phase 2 trial, BBV152 showed better reactogenicity and

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For the Hindi translation of the abstract see Online for appendix 1

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safety outcomes, and enhanced humoral and cell-mediated immune responses compared with the phase 1 trial. The 6 µg with Algel-IMDG formulation has been selected for the phase 3 efficacy trial.

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Introduction

For more on the **WHO Coronavirus Disease Dashboard** see https://covid19.who.int/

The novel human coronavirus SARS-CoV-2 has spread worldwide. To date, 194 vaccine candidates are being developed to prevent COVID-19.[1] Vaccines from multiple manufacturers will be needed to address the global need for SARS-CoV-2 vaccines. Several such vaccines (inactivated, viral vector, or mRNA) have received emergency use authorisation for immunisation of health-care workers and at-risk individuals.[2–5] There is currently an insufficient supply of vaccines, and the mRNA-based vaccines have cold chain hurdles that countries need to overcome.

BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine formulated with a toll-like receptor (TLR) 7/8 agonist molecule adsorbed to alum (Algel-IMDG). BBV152 is stored between 2°C and 8°C, which will ease immunisation cold chain requirements.

Preclinical studies in mice, rats, and rabbits showed appropriate safety profiles and humoral and cell-mediated responses.[6] Live viral challenge protective efficacy studies in hamsters and non-human primates showed rapid viral clearance in the lower and upper respiratory tracts, and the absence of lung pathology after viral challenge.[7,8]

We previously reported interim findings from a double-blind, randomised, phase 1 trial on the safety and immunogenicity of three different formulations of BBV152 (3 µg with Algel-IMDG, 6 µg with Algel-IMDG, and 6 µg with Algel) and one Algel only control (without antigen).[9] This phase 1 trial was done with the intention of selecting two formulations. Based on acceptable safety outcomes, and humoral and cell-mediated responses, the 3 µg with Algel-IMDG and 6 µg with Algel-IMDG formulations were selected for progression to a phase 2 trial. The decision to change the dosing schedule from a

Research in context

Evidence before this study

We searched PubMed on Jan 23, 2021, using the search terms "SARS-CoV-2", "COVID-19", "vaccine", and "clinical trial". We searched for research articles published from database inception to the date of the search, with no language restrictions. We found 12 clinical trials of COVID-19 mRNA, adenovirus vectored, protein subunit, and inactivated virus vaccines. A preferred characteristic of any COVID-19 vaccine candidate is its ability to induce T-helper-1 (Th1) responses. Whole-virion inactivated vaccines are mostly developed with alum (Algel) as the adjuvant. The response generated by alum is primarily biased to Th2. Clinical trial results from two other inactivated virus vaccines (manufactured by Sinovac and Sinopharm) reported humoral responses but minimal cell-mediated responses. Bharat Biotech developed a Vero cell-based whole-virion inactivated SARS-CoV-2 vaccine (BBV152), formulated with alum and a toll-like receptor 7/8 agonist, producing a Th1-skewed response. BBV152 showed protection in non-human primate and hamster challenge models. Data from a phase 1 study suggested adequate safety and immunogenicity findings. In January 2021, serum samples taken from 38 participants in the 6 µg with Algel-IMDG group at 4 weeks after the second dose (day 56) in the phase 2 trial were found to effectively neutralise a SARS-CoV-2 variant of concern (B.1.1.7 or 20B/501Y. V1).

Added value of this study

We report preliminary analyses for the immunogenicity and safety of BBV152 in 380 vaccinated adults and adolescents. BBV152 led to enhanced immune responses and induced T-cell responses that were biased to Th1. Due to the difference in dosing regimens between phase 1 (two doses given 2 weeks apart) and phase 2 (two doses given 4 weeks apart) trials, neutralisation responses were significantly higher in the phase 2 trial than in the phase 1 trial. Immunological differences between men and women, and across age groups were not observed. Overall, both 3 µg with Algel-IMDG and 6 µg with Algel-IMDG vaccine groups had similar safety outcomes. Follow-up data from the phase 1 trial shows that BBV152 induces durable humoral and cell-mediated immunity at 3 months after the second dose (day 104).

Implications of all the available evidence

Humoral immune responses from other inactivated SARS-CoV-2 vaccine candidates are consistent with the findings of this study. However, this is the only study of an inactivated COVID-19 vaccine candidate to report a thorough evaluation of cell-mediated responses. The 6 µg with Algel-IMDG formulation has been selected for the phase 3 efficacy trial. BBV152 (developed using a well established manufacturing platform) was safe, immunogenic (persisting for 3 months), and can be stored at 2–8°C, which is compatible with the immunisation cold chain requirements of most countries. Follow-up studies to assess efficacy and immune responses in older adults and in people with comorbidities are underway.

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14-day interval between the first and second doses (phase 1 trial), to a 28-day interval between the two doses (phase 2 trial) was based on ensuring commonality with other licensed COVID-19 vaccines. In the phase 1 trial, no difference in the safety and immunogenicity between the 3 µg with Algel-IMDG and 6 µg with Algel-IMDG groups was observed. In this phase 2 trial, the inclusion of a placebo group was not planned. Our objective was to increase the sample size to establish whether there are differences in immunogenicity between the 3 µg with Agel-IMDG and 6 µg with Algel-IMDG groups. Therefore, no control or Algel alone group was included in this study.

Herein, we report interim findings from the phase 2 trial on the immunogenicity and safety of 3 µg with Algel-IMDG and 6 µg with Algel-IMDG formulations of BBV152. Additionally, this paper reports follow-up immunological results from the phase 1 trial at 3 months after participants received the second dose (day 104).

Methods

Study design and participants

This is a randomised, multicentre, phase 2 clinical trial to evaluate the immunogenicity and safety of the whole-virion inactivated SARS-CoV-2 vaccine BBV152 in healthy male and female volunteers at nine hospitals across nine states in India. Participants were aged 12–65 years at the time of enrolment. At the screening visit, participants were tested using both SARS-CoV-2 nucleic acid and serology tests, which were done at a central laboratory (Dr Dangs Laboratory, New Delhi, India) using commercially available assays. If individuals were positive for either test, they were excluded from the trial. The median time between the screening visit and vaccination visit was 3 days (range 2–4). Individuals aged older than 65 years, pregnant or lactating women, and individuals with comorbidities were excluded. All study-related activities and the opportunity to decline or withdraw from the study were explained to participants. All participants were screened for eligibility on the basis of their health status, including their medical history, vital signs, and physical examination results, and were enrolled after providing signed and dated informed consent forms. Details of the inclusion and exclusion criteria can be found in the protocol (appendix 2 pp 50–51).

The trial was approved by the National Regulatory Authority (India) and the respective ethics committees of each participating hospital and was conducted in compliance with all International Council for Harmonization Good Clinical Practice guidelines.

Randomisation and masking

The master randomisation list was uploaded to the interactive web response system, which contained the randomisation number and intended allocation. A central depot manager uploaded the kit numbers to the respective sites. At the site-level, the system would set the randomisation number and the allotment of the kit without displaying the true group allocation; the system would allocate the same treatment group for the second visit. A block size of four was used to randomly assign (1:1) participants to either the 3 µg with Algel-IMDG group or the 6 µg with Algel-IMDG group. An unmasked contract research organisation (Sclin Soft Technologies, Hyderabad, India) generated the master randomisation code, and dispatched and labelled the vaccine vials.

Participants, investigators, study coordinators, study-related personnel, and the sponsor were masked to the treatment group allocation (excluding the unmasked contract research organisation). Participants were assigned a computer-generated randomisation code that maintained masking. A masked study nurse prepared and administered the vaccines. Each vial contained a unique code that ensured appropriate masking.

Procedures

BBV152 (manufactured by Bharat Biotech) is a whole-virion β-propiolactone-inactivated SARS-CoV-2 vaccine. The NIV-2020-770 strain was isolated from a patient with COVID-19, sequenced at the Indian Council of Medical Research-National Institute of Virology, and provided to Bharat Biotech.[10] Biosafety level 3 manufacturing facilities and a well established Vero cell manufacturing platform aided the rapid development of BBV152. The NIV-2020-770 strain contains the Asp614Gly mutation, which is characterised by an aspartic acid to glycine shift at amino acid position 614 of the spike protein.[10] Studies suggest that the mutation is associated with higher viral loads in patients and animal models compared with the wild-type strain[11] and that NIV-2020-770 is considered to be the dominant strain in the pandemic.[12]

The candidates were formulated with the Algel-IMDG adjuvant, which is an imidazoquinoline class molecule (TLR 7/8 agonist) adsorbed onto Algel. After confirming their eligibility, participants were randomly assigned to the two groups. Both vaccines were stored at 2–8°C in a single-use glass vial. The appearance, colour, and viscosity of the two formulations were identical.

Vaccines were provided as a sterile liquid that was injected through an intramuscular route (deltoid muscle) at a volume of 0·5 mL per dose in a two-dose regimen on day 0 and day 28. Each glass vial contained a single dose of one of the vaccine formulations and required no additional dilution steps, therefore, no on-site dose preparation was required. No prophylactic medication (ibuprofen or acetaminophen) was prescribed either before or after vaccination. The follow-up visits were scheduled on days 42, 56, 118, and 208 after vaccination for blood collection.

See Online for appendix 2

Anti-IgG responses against the spike (S1) glycoprotein, receptor-binding domain (RBD), and nucleocapsid protein

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of SARS-CoV-2 were assessed by ELISA (Syngene, Bangalore, India), and are expressed as geometric mean titres (GMTs). Wild-type virus neutralising antibody titres in serum samples were analysed with a micro-neutralisation test (MNT_{50}) and a plaque-reduction neutralisation test ($PRNT_{50}$) at Bharat Biotech in a masked manner.MNT_{50} and $PRNT_{50}$ were developed in-house. Seroconversion was defined as a post-vaccination titre at least four-fold higher than the pre-vaccination titre. To ensure the validity of our assay, an arbitrary number of serum samples (n=40) were selected at random and tested by $PRNT_{50}$ at the National Institute of Virology.

See Online for appendix 3

Due to the absence of established SARS-CoV-2-specific correlates of protection, to compare vaccine-induced immune responses with those elicited by natural SARS-CoV-2 infections, 50 convalescent serum samples (collected 1–2 months after a nucleic acid test-based diagnosis) were tested by $PRNT_{50}$ and MNT_{50}. These serum samples were collected from self-reported symptomatic (n=35) and asymptomatic (n=15) adult (age-range not known) patients with COVID-19, and were provided by the National Institute of Virology (Pune, India). For symptomatic patients, ascertainment of severity grading and the requirement for supplemental oxygen was not available.

Cell-mediated responses were assessed in a subset of participants at three sites on day 42 and day 56. The contract research organisation generated a random code containing randomisation numbers, which was provided to the staff to identify this subset of participants. Blood (3–5 mL) was collected from participants who consented to have additional blood volume collected on day 42. Serum was used to evaluate Th1-dependent and Th2-dependent antibody isotypes, and peripheral blood mononuclear cells (PBMCs) were used to assess Th1 and Th2 cytokines. PBMCs were collected from 58 participants (29 from each group). Ten pre-vaccination samples (five from each group) collected on day 0 served as the control. Formal sample size estimations for cell-mediated responses were not done. PBMCs collected on day 42 were used to assess Th1 (interferon-γ [IFNγ], tumour necrosis factor-α [TNFα], and IL-2) and Th2 (IL-5, IL-10, and IL-13) cytokines using a Luminex multiplex assay (Luminex Corporation, Austin, TX, USA) at Indoor Biotechnologies (Bangalore, India).

PBMCs collected on day 56 were used to assess Th1 and Th2 cytokines using a cytokine bead array multiplex assay (CBA Kit, BD Biosciences, New Jersey, USA).These tests were done at Bharat Biotech.

PBMCs from a subset of randomly selected participants who consented to the additional blood volume were collected on day 104 of the phase 1 trial, and used to assess T-cell memory responses ($CD4^+CD45RO^+$ T cells and $CD4^+CD45RO^+CD27^+$ T cells) at Bharat Biotech. Wild-type virus neutralisation assays (GMTs and seroconversion [MNT_{50}] assays) were done in phase 1 participants at day 104. After antigen stimulation of these PBMCs, culture supernatants were collected on day 3 to assess cytokines and secreted SARS-CoV-2 IgG antibodies (by ELISA) on day 6. All samples were analysed in a masked manner. The details of all assay methods can be found in appendix 3 (pp 3–4).

Outcomes

The primary outcome was SARS-CoV-2 wild-type neutralising antibody titres and seroconversion rates at 4 weeks after the second dose (day 56).

A key secondary outcome was the number and proportion of participants with solicited local and systemic reactogenicity. Participants were observed for 2 h post-vaccination to assess reactogenicity. They were instructed to record local and systemic reactions within 7 days (days 0–7 and days 28–35) post-vaccination using a paper-based memory aid. The memory aid contained fields for symptom onset, severity, time to resolution, and concomitant medications, and participants were instructed to complete the form daily. The form was collected during the next visit to the site. Routine telephone calls were scheduled following the first 7 days after each vaccination. Solicited local adverse events were pain and swelling at the injection site, and systemic adverse events were fever, fatigue or malaise, myalgia, body aches, headache, nausea or vomiting, anorexia, chills, generalised rash, and diarrhoea. All unsolicited adverse events were reported by participants throughout the study. The grading scale for most adverse events was based on the US Food and Drug Administration (FDA) document for the toxicity grading scale for healthy adult and adolescent volunteers enrolled in preventive vaccine clinical trials. Adverse events for which grading was not described in the FDA guidance document were graded by use of the Common Terminology Criteria for Adverse Events. Adverse events were graded according to severity score (mild, moderate, or severe) and whether they were related or unrelated to the investigational vaccine, as detailed in the protocol (appendix 2).

Statistical analysis

We calculated that 171 participants per group were required for 90% power to detect a significant difference between GMTs in two equally sized groups, assuming the $\log_{10}$ (titre) is normally distributed with an SD of 0·5, the true GMT ratio is 1·5, and the groups are compared with a two-sample *t* test on $\log_{10}$ (titre) at a two-sided 5% significance level. Assuming a 10% loss of participants due to drop-out during the study, the sample size was calculated as 190 participants in each group. Sample size was calculated by use of PASS 13 software (Number Cruncher Statistical Systems, Kaysville, UT, USA).

The primary outcome was assessed in all participants who received two doses of the vaccine. Safety was assessed in all participants who received at least one dose of the vaccine. Safety endpoints are described as frequencies. GMTs with 95% CIs are presented for immunological endpoints. For continuous variables

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(those with <20 observations), medians and IQRs are reported. The exact binomial calculation was used for the CI estimation of proportions. Wilson's test was used to test differences in proportions. CI estimation for the GMT was based on the $\log_{10}$ (titre) and the assumption that the $\log_{10}$ (titre) was normally distributed. GMTs were compared with *t* tests using the means of the $\log_{10}$ (titre). Significance was set at $p<0·05$ (two-sided).

This preliminary report presents results regarding immunogenicity (days 0–56) and safety outcomes (days 0–42). Descriptive and inferential statistics were assessed using SAS, version 9.2.

The trial is registered at ClinicalTrials.gov, NCT04471519.

Role of the funding source

The funder of the study had no role in data collection, data analysis, data interpretation, or writing of this report or the statistical report, but was involved in study design. Data cleaning and analysis was done by the third party contract research organisation (Sclin Soft Technologies). Masked laboratory assessments were done at the respective laboratories, and masked datasheets were sent to the contract research organisation for decoding and analysis. The unmasked randomisation list was not shared with the study sponsor.

Results

Between Sept 5 and 12, 2020, 921 potential participants were screened, 380 of whom were enrolled and randomly assigned to either the 3 µg with Algel-IMDG group (n=190) or the 6 µg with Algel-IMDG group (n=190; figure 1). Among the 541 individuals who were initially screened but excluded, 48 had positive nucleic acid tests and 123 had positive serology tests for SARS-CoV-2. Due to competitive recruitment, 190 individuals who were screened and found to be eligible were not enrolled. Other notable exclusions were due to inconclusive RT-PCR results (n=168). The retention rates at day 56 were 97% (184 of 190 participants) in the 3 µg with Algel-IMDG group and 93% (177 of 190 participants) in the 6 µg with Algel-IMDG group. The demographic characteristics of participants are shown in table 1.

GMTs ($PRNT_{50}$) at day 0 were 0·1 (95% CI 0·1–0·1) in both groups, increasing to 100·9 (74·1–137·4) in the 3 µg with Algel-IMDG group and 197·0 (155·6–249·4) in the 6 µg with Algel-IMDG group at day 56 (figure 2A). The GMT ($PRNT_{50}$) at day 56 was significantly higher in the 6 µg with Algel-IMDG group than in the 3 µg with Algel-IMDG group (p=0·0041), and was not significantly different to the GMT ($PRNT_{50}$) observed in convalescent serum collected from patients who had recovered from COVID-19 (p=0·54). Seroconversion based on $PRNT_{50}$ at day 56 was reported in 171 (92·9% [95% CI 88·2–96·2] of 184 participants in the 3 µg with Algel-IMDG group and 174 (98·3% [95·1–99·6]) of 177 participants in the 6 µg with Algel-IMDG group (figure 2B).

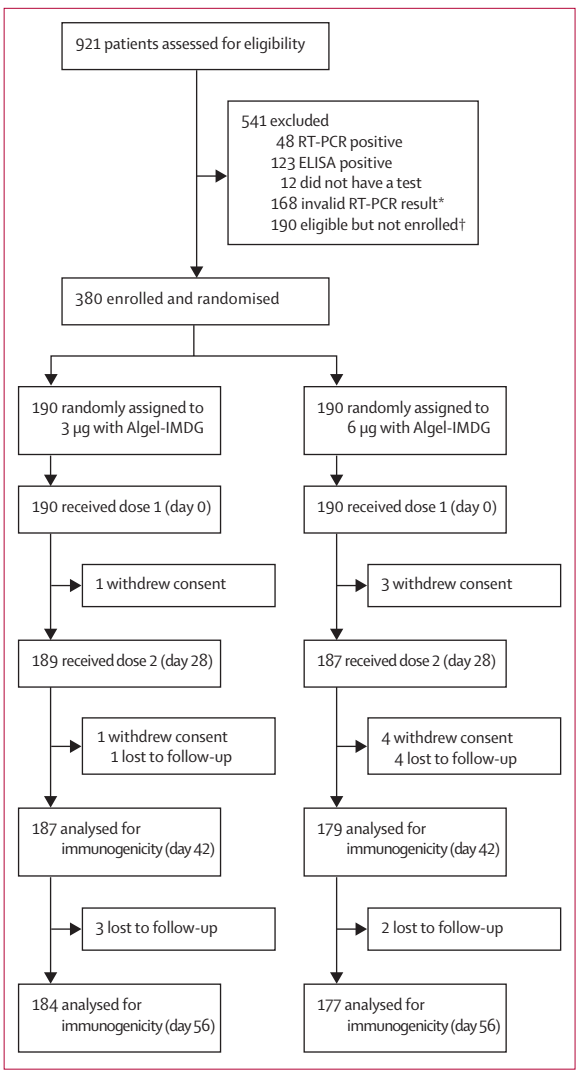

Figure 1: **Trial profile**
*Caused by cold chain excursions during transport of the nasopharyngeal swabs from the field site to the central laboratory. †Due to competitive recruitment, all sites were screening participants individually; therefore, there was an excess of eligible participants who were not enrolled because the recruitment target was met.

GMTs (MNT_{50}) at day 56 were 92·5 (95% CI 77·7–110·2) in the 3 µg with Algel-IMDG group and 160·1 (135·8–188·8) in the 6 µg with Algel-IMDG group (figure 2C). Seroconversion based on MNT_{50} at day 56 was reported in 162 (88·0% [95% CI 82·4–92·3]) of 184 participants in the 3 µg with Algel-IMDG group and 171 (96·6% [92·8–98·8]) of 177 participants in the 6 µg with Algel-IMDG group (figure 2D; appendix 3, p 6). The $PRNT_{50}$ and MNT_{50} GMTs at day 56 were significantly higher in the 6 µg with Algel-IMDG group than the 3 µg with Algel-IMDG group. No differences in the GMTs ($PRNT_{50}$) were observed in a subset of paired serum samples from both groups (20 samples from each group) analysed at the National Institute of Virology and Bharat

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Biotech on day 42 (2 weeks after the second vaccination; appendix 3, p 13). Seroconversion rates and GMTs across three age groups (≥12 to <18 year, ≥18 to <55 year, and ≥55 to ≤65 year groups) and between both sexes were similar, but only small numbers of participants were included in the youngest and oldest age groups (appendix 3, p 7).

	3 µg with Algel-IMDG (n=190)	6 µg with Algel-IMDG (n=190)
Age, years		
Median	34·0 (26·0–41·8)	35·0 (27·0–44·0)
≥12 to <18	10 (5%)	4 (2%)
≥18 to <55	173 (91%)	176 (93%)
≥55 to ≤65	7 (4%)	10 (5%)
Sex		
Female	50 (26%)	45 (24%)
Male	140 (74%)	145 (76%)
Body-mass index*, kg/m²	25·1 (3·4)	24·9 (2·8)

Data are median (IQR), n (%), or mean (SD). The intention-to-treat population included all participants who received at least one dose. *Calculated by the participant's weight (kg) divided by the square of their height (m), measured at the time of screening.

Table 1: **Demographics of participants in the intention-to-treat population**

IgG antibody titres (GMTs) to all epitopes (spike glycoprotein, receptor-binding domain, and nucleocapsid protein) were detected after the administration of both doses (table 2). Anti-spike glycoprotein IgG GMTs at day 56 were 10 413·9 (95% CI 9142·4–11 862·2) in the 3 µg with Algel-IMDG group and 9541·6 (8245·9–11 041·0) in the 6 µg with Algel-IMDG group. Both the 3 µg and 6 µg with Algel-IMDG groups showed similar anti-spike glycoprotein, anti-receptor-binding domain, and anti-nucleocapsid protein GMTs. At day 42, the anti-spike isotype mean ratios (IgG1/IgG4) were 2·4 (95% CI 1·9–2·9) in the 3 µg with Algel-IMDG group and 2·2 (1·7–2·6) in the 6 µg with Algel-IMDG group.

The Th1/Th2 cytokine ratio indicated bias to a Th1 cell response at day 42 (figure 3A). Th2 responses were detected at minimal levels in both vaccine groups, as shown by IL-5, IL-10, and IL-13 levels (figure 3B). We observed a significant increase in the levels of Th1 cytokines, IFNγ, IL-2, and TNFα, on day 56 compared with

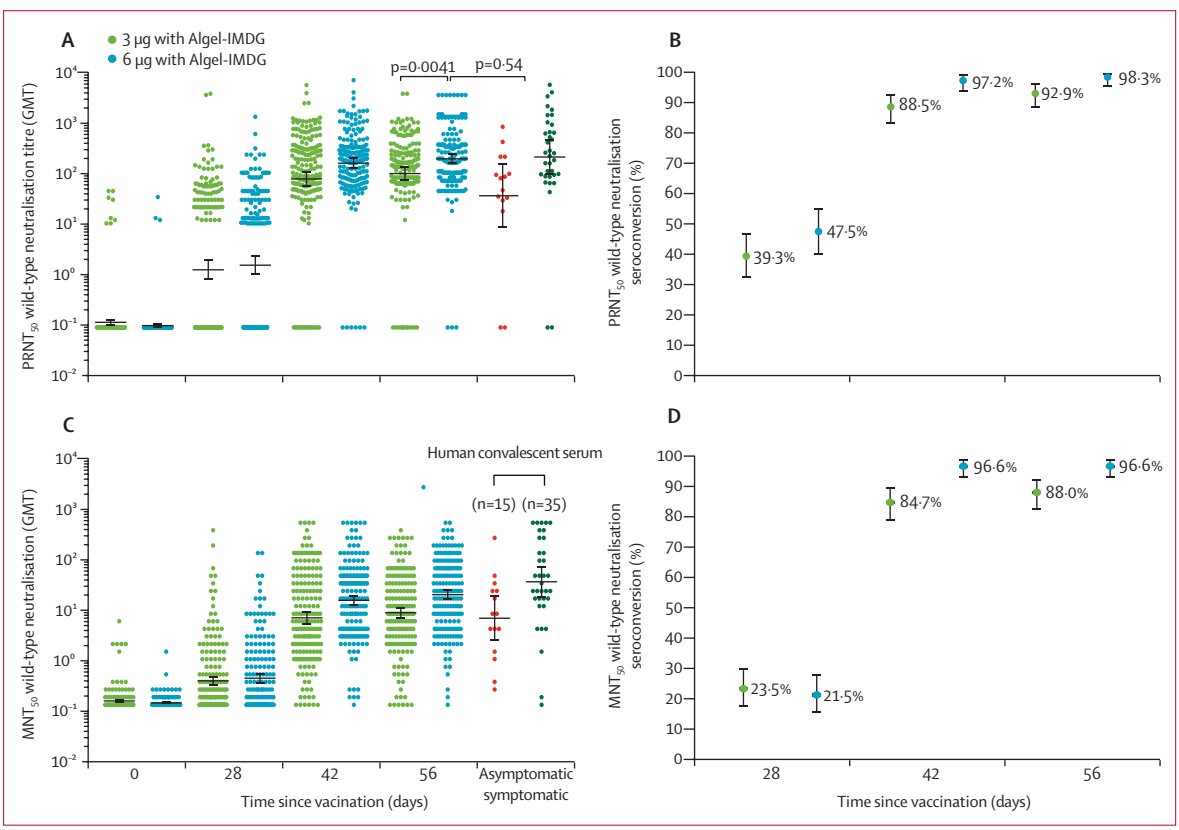

Figure 2: **SARS-CoV-2 wild-type $PRNT_{50}$ GMTs (A), and seroconversion rates (B), and wild-type MNT_{50} GMTs (C) and seroconversion rates (D)**
SARS-CoV-2 wild-type $PRNT_{50}$ and MNT_{50} GMTs at baseline (day 0), 4 weeks after the first vaccination (day 28), 2 weeks after the second vaccination (day 42), and 4 weeks after the second vaccination (day 56) in the 3 µg with Algel-IMDG (n=190) and 6 µg (n=190) with Algel-IMDG groups are shown. Seroconversion rates were defined by the proportion of post-vaccination titres that were at least four-fold higher than baseline. In A and C, the human convalescent sera panel included specimens from participants with PCR-confirmed symptomatic and asymptomatic COVID-19 obtained at least 30–60 days after diagnosis (50 samples); dots represent individual datapoints, the horizontal bars show the GMTs, and the error bars represent the 95% CIs. In B and D, the dots represent the seroconversion rates and error bars represent 95% CIs. $PRNT_{50}$=plaque-reduction neutralisation test. GMT=geometric mean titre. MNT_{50}=microneutralisation assay.

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	Geometric mean titre (95% CI)		Seroconversion rate* (95% CI)	
	3 μg with Algel-IMDG	6 μg with Algel-IMDG	3 μg with Algel-IMDG	6 μg with Algel-IMDG
Anti-spike glycoprotein IgG				
Day 0	500·0 (500·0–500·0)	500·0 (500·0–500·0)	..	..
Day 28	2574·2 (2228·9–2973·1)	2240·5 (1942·4–2584·5)	71·2% (64·1–77·6)	65·0% (57·5–72·0)
Day 42	11528·8 (10 002·7–13 287·8)	10040·0 (8667·0–11 630·5)	98·4% (95·3–99·7)	98·3% (95·1–99·7)
Day 56	10413·9 (9142·4–11 862·2)	9541·6 (8245·9–11 041·0)	98·4% (95·3–99·7)	96·6% (92·8–98·8)
Anti-receptor binding domain IgG				
Day 0	500·0 (500·0–500·0)	500·0 (500·0–500·0)	..	..
Day 28	1962·7 (1726·2–2231·6)	2031·6 (1777·3–2322·3)	58·7% (51·2–65·9)	58·2% (50·6–65·6)
Day 42	5572·3 (4897·5, 6339·9)	4980·8 (4366·7, 5681·3)	94·0% (89·6, 97·0)	93·2% (88·5, 96·5)
Day 56	5874·0 (5194·8, 6642·0)	5558·0 (4859·9, 6356·5)	96·2% (92·3, 98·5)	94·4% (89·9, 97·3)
Anti-nucleocapsid protein IgG				
Day 0	500·0 (500·0–500·0)	500·0 (500·0–500·0)	..	..
Day 28	2734·1 (2375·1–3147·5)	2490·4 (2161·7–2869·2)	72·3% (65·2–78·6)	71·2% (63·9–77·7)
Day 42	8957·2 (7778·6–10314·3)	9211·2 (7939·3–10 686·8)	97·3% (93·8–99·1)	95·5% (91·3–98·0)
Day 56	8626·0 (7528·6–9883·4)	8754·0 (7589·4–10 097·4)	97·3% (95·3–100·0)	96·6% (92·8–98·8)

ELISA results at baseline (day 0), 4 weeks after the first vaccination (day 28), 2 weeks after the second vaccination (day 42), and 4 weeks after the second vaccination (day 56) for the 3 μg with Algel-IMDG and the 6 μg with Algel-IMDG groups are shown. The number of participants in the 3 μg with Algel-IMDG group included in the immunogenicity analysis was 190 on day 0, 189 on day 28, 187 on day 42, and 184 on day 56. The number of participants in the 6 μg with Algel-IMDG group included in the immunogenicity analysis was 190 on day 0, 187 on day 28, 179 on day 42, and 177 on day 56. The cutoff for detectable antibodies was 1/500. Endpoint titre dilution for days 28, 42, and 56 sera samples were established with baseline (day 0) and interpolated from the raw optical density data of the corresponding day 0 sample. The cutoff (mean ±3 SD) for day 0 was calculated considering the absorbance of all sera dilutions (1/500 to 1/32 000) tested, except the lowest dilution (1/500). *Defined as a post-vaccination IgG titre that was at least four-fold higher than the baseline titre.

Table 2: **SARS-CoV-2 IgG titres against the spike glycoprotein, receptor-binding domain, and nucleocapsid protein**

day 0 (p<0·0001), as measured with the Luminex multiplex assay (appendix 3, p 12).

Solicited local adverse reactions after dose 1 (days 0–7) were reported in nine (4·7% [95% CI 2·2–8·8]) of 190 participants in the 3 μg with Algel-IMDG group and eight (4·2% [1·8–8·1]) of 190 participants in the 6 μg with Algel-IMDG group (table 3). Solicited systemic adverse reactions after dose 1 were reported in nine (4·7% [2·2–8·8]) participants in the 3 μg with Algel-IMDG group and 14 (7·4% [4·1–12·1]) participants in the 6 μg with Algel-IMDG group. Solicited local adverse reactions after dose 2 (days 28–35) were reported in eight (4·2% [1·8–8·1]) participants in the 3 μg with Algel-IMDG group and seven (3·7% [1·6–7·7]) participants in the 6 μg with Algel-IMDG group. Solicited systemic adverse reactions after dose 2 were reported in 12 (6·3% [3·3–10·8]) participants in the 3 μg with Algel-IMDG group and 11 (5·8% [3·0–10·1]) participants in the 6 μg with Algel-IMDG group (table 3; unsolicited adverse events are included in appendix 3, p 9).

No association between the dose of vaccine and the number of adverse events was observed. After both doses, the most common solicited adverse events were injection site pain, reported in five (2·6% [95% CI 0·9–6·0]) of 190 participants in the 3 μg with Algel-IMDG group and six (3·2% [1·2–6·8]) of 190 participants in the 6 μg with Algel-IMDG group. Most adverse events were mild (69 [89%] of 78 participants) and resolved within 24 h of onset. At 7 days after the second dose, solicited local and systemic adverse reactions were reported in 38 (20·0% [14·7–26·5]) of 190 participants in the 3 μg with Algel-IMDG group and 40 (21·1% [15·6–27·7]) of 190 participants in the 6 μg with Algel-IMDG group.

In the phase 1 trial, 97 (97%) of 100 participants in the 3 μg with Algel-IMDG group, 95 (95%) of 100 participants in the 6 μg with Algel-IMDG group, 92 (92%) of 100 participants in the 6 μg with Algel group, and 69 (92%) of 75 participants in the Algel-only control group were followed up to day 104 (3 months after the second dose). GMTs (MNT_{50}) at day 104 were 39·9 (95% CI 32·0–49·9) in the 3 μg with Algel-IMDG group, 69·5 (53·7–89·9) in the 6 μg with Algel-IMDG group, 53·3 (40·1–71·0) in the 6 μg with Algel group, and 20·7 (14·5–29·5) in the Algel-only control group (figure 4A). Seroconversion based on MNT_{50} was reported in 72 (73·5% [95% CI 63·6–81·9]) participants in the 3 μg with Algel-IMDG group, 76 (81·1% [71·4–88·1]) participants in the 6 μg with Algel-IMDG group, and 68 (73·1% [62·9–81·8]) participants in the 6 μg with Algel group (figure 4B). GMTs in the 6 μg with Algel-IMDG group were significantly higher than the 3 μg with Algel-IMDG group (appendix 3, p 7). There were no significant differences in GMTs between day 42 (2 weeks after the second dose) and 104 (3 months after the second dose) across the vaccine groups (appendix 3, p 7). Post-hoc analyses of MNT_{50} wild-type neutralising antibody responses in phase 1 and phase 2 participants in the 3 μg with Algel-IMDG and 6 μg with Algel-IMDG groups, showed that GMTs were significantly higher in phase 2 participants (at day 56)

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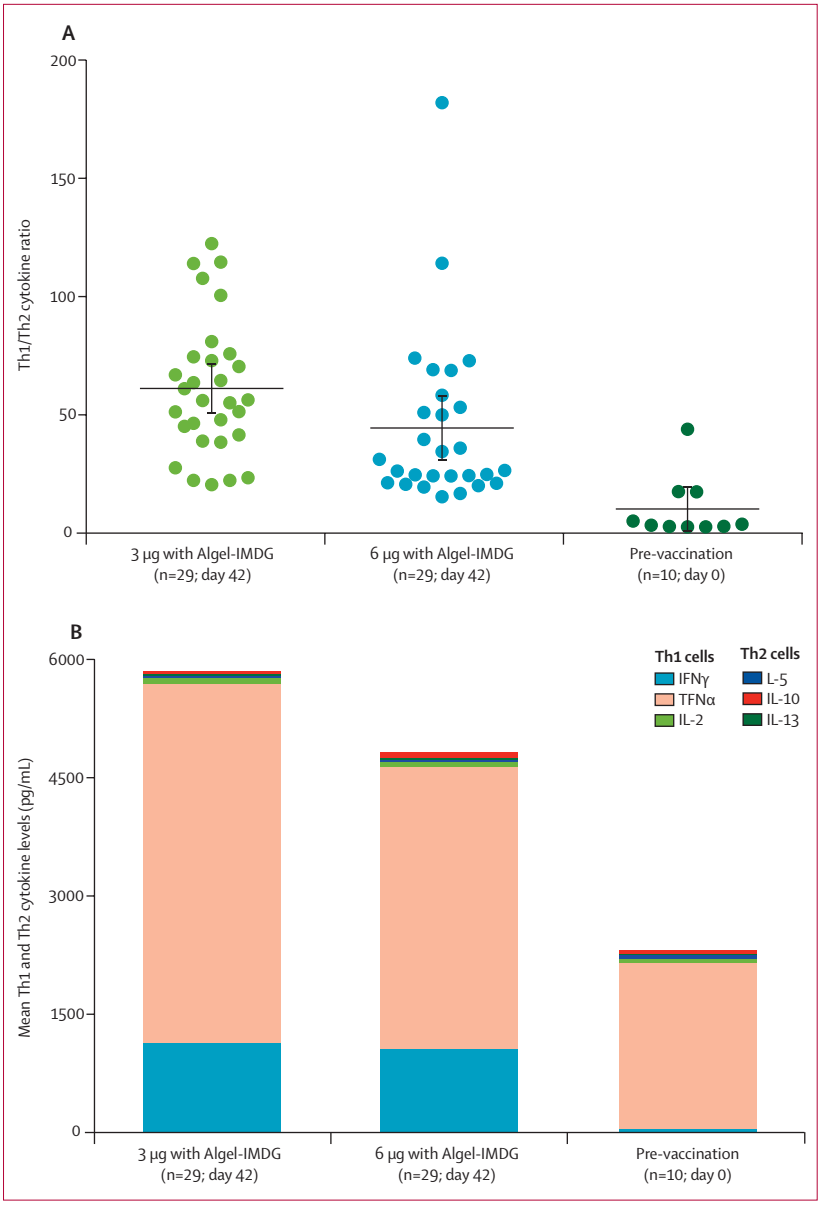

Figure 3: **Th1/Th2 cytokine ratios (A) and mean Th1 and Th2 cytokine levels (B) at day 42 in phase 2 participants**
In A and B, cell-mediated responses in blood samples from 58 participants (29 each from the 3 µg with Algel-IMDG and 6 µg with Algel-IMDG groups), with proliferative responses to vaccination at 2 weeks after the second dose (day 42), and in ten control participants (five pre-vaccination samples from each group) are shown. In A, the Th1/Th2 ratio was calculated by the sum of IFNγ plus IL-2 cytokine levels divided by the sum of IL-5 plus IL-13 cytokine levels; horizontal bars show the mean ratios and error bars show the 95% CIs. In B, mean cytokine levels in the cell culture supernatants obtained from PBMCs stimulated with SARS-CoV-2 peptides are shown; Th1 (IFNγ, IL-2, and TNFα) and Th2 (IL-5, IL-13, and IL-10) cytokines are represented by stacked bars. Th=T-helper. IFNγ=interferon-γ. TNFα=tumour necrosis factor-α. IL=interleukin.

than in phase 1 participants (at day 42) at 4 weeks after receiving the second dose (figure 4C). At 4 weeks after the second dose of 6 µg with Algel-IMDG, the phase 1–2 GMT (MNT_{50}) ratio was 1·9 (95% CI 1·5–2·6).

PBMCs from a subset of phase 1 participants at one site were collected to evaluate T-cell memory responses at day 104. Formulations with Algel-IMDG generated a T-cell memory response, as shown by an increase in the frequency of effector memory $CD4^+CD45RO^+$ T cells and $CD4^+CD45RO^+CD27^+$ T cells compared with pre-vaccination (day 0) samples (figure 4D, E). Samples from Algel-alone recipients also showed a T-cell memory response. We also detected secreted IgG antibodies in the cell culture supernatant by ELISA, and the antibody titres ranged from neat (undiluted) to 1/64 (appendix 3 p 8). Further effector function of activated and differentiated T cells was shown by the levels of Th1 cytokines (appendix 3 p 8).

In phase 2 participants, nine (33%) of 27 unsolicited adverse events were reported to be related to the vaccine, as judged by a masked investigator. No significant difference in the number of unsolicited adverse events was observed between the groups (appendix 3 p 9). Severity grading scales for adverse events and the evaluation of adverse events related to the vaccine are described in appendix 3 (pp 10–11). No symptomatic SARS-CoV-2 infections were reported to the site investigators (via follow-up telephone calls or site visits) between days 0 and 118 (a scheduled visit) in phase 2 participants. However, illness visits were not scheduled and no routine SARS-CoV-2 nucleic acid testing was done. No serious adverse events were reported up to day 118 in phase 2 participants.

No new solicited or unsolicited adverse events that occurred between days 42 and 104 in phase 1 participants were considered to be related to the vaccine by the investigators. Additionally, no new serious adverse events were reported. One case of symptomatic COVID-19 was reported in the Algel-only control group. This participant received the first dose on July 17, 2020, but was considered to be lost to follow-up before the second dose was administered. The participant visited the site on Nov 27, 2020, with complaints of chronic anosmia and a history of a positive SARS-CoV-2 rapid antigen test on Aug 16, 2020.

Discussion

In this report, we present interim findings from the phase 2 clinical trial of BBV152, a whole-virion inactivated SARS-CoV-2 vaccine. The overall participant retention rates were 97% in the 3 µg with Algel-IMDG group and 93% in the 6 µg with Algel-IMDG group. Neutralising antibody titres were similar to a panel of convalescent serum samples. All elicited cytokine responses to BBV152 were biased to Th1 cells. The vaccine was well tolerated in both groups with no serious adverse events. Long-term follow-up of phase 1 trial participants showed that neutralising antibody titres persisted, and T-cell memory responses were more pronounced in the 6 µg with Algel-IMDG group compared with pre-vaccination samples.

The most common adverse event in the phase 2 trial was pain at the injection site, followed by headache, fatigue, and fever. No severe or life-threatening (ie, grade 4 and 5) solicited adverse events were reported. No

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significant differences in safety were observed between the two groups. However, the study was not powered to compare such differences. After either dose, the combined incidence of local and systemic adverse events in this study is lower than that of other SARS-CoV-2 vaccine platform candidates,[13–16] and similar to that of other inactivated SARS-CoV-2 vaccine candidates.[17,18] However, other vaccine studies have enrolled different populations and have employed varying approaches to measure adverse events.

BBV152 induced antibody binding (to spike glycoprotein and nucleocapsid protein epitopes) and neutralising antibody responses that were similar to those induced by other SARS-CoV-2 inactivated vaccine candidates.[17,18] Studies have reported the variable persistence of humoral and cell-mediated responses acquired from natural infection.[19,20] In the phase 1 trial of BBV152, we evaluated an accelerated schedule, in which the two doses were administered 2 weeks apart. At day 104 (3 months after the second dose), we observed detectable humoral and cell-mediated responses to SARS-CoV-2. Serum neutralising antibodies were detected in all phase 1 participants at day 104, and the levels of these antibodies were similar to the panel of convalescent serum samples. These findings are in accordance with those of the mRNA-1273 (Moderna) vaccine, which has received emergency use authorisation.[2,21] A sizeable T-cell memory population was also observed at this timepoint. A routine schedule, in which the two doses are administered 4 weeks apart, was evaluated in the phase 2 trial of 3 µg with Algel-IMDG and 6 µg with Algel-IMDG. We found that immune responses (MNT_{50}) were significantly higher with the routine schedule (phase 2) than with the accelerated schedule (phase 1), which is consistent with other reports.[5,22]

BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine adjuvanted with Algel-IMDG. An imidazoquinoline molecule (IMDG), which is a TLR7/8 agonist, has been used to augment cell-mediated responses.[23,24] Both 3 µg with Algel-IMDG and 6 µg with Algel-IMDG formulations induced responses that were biased to a Th1 phenotype, with IgG1/IgG4 ratios greater than 1. The ratio of Th1/Th2 cytokines was clearly biased to a Th1 response, with increased IFNγ generation.

In the present study, BBV152 induced T-cell memory responses, which was shown by an increased frequency of antigen-specific $CD4^+$ T cells expressing the memory phenotype marker $CD45RO^+$. The increase in the $CD4^+CD45RO^+CD27^+$ T-cell population also indicates the activation of the co-stimulatory marker CD27, and confirms the antigen recall memory T-cell response.[25] Further, the effector function of these cells was supported by the Th1 cytokine secretion observed in ex vivo responses after stimulation of PBMCs for 3 days.[26] These results further corroborate our phase 1 results showing an increased frequency of $CD4^+$ T cells producing IFNγ in participants who received Algel-IMDG-containing formulations. Samples from participants in the Algel-only control group also showed a T-cell memory response, which corroborates a recent study published in 2020 indicating the presence of cross-reactive T-cells in individuals unexposed to SARS-CoV-2.[27] Additionally, two participants in the Algel-only group showed high neutralising antibody titres and IL-6 levels at day 104 of the phase 1 study. In the phase 1 trial, the ability to secrete anti-spike glycoprotein IgG antibodies at day 104 further shows the long-lasting T-cell memory response generated by BBV152. Similar findings supporting long-term immunity were reported by Sekine and colleagues[28] in

	Dose 1		Dose 2	
	3 µg with Algel-IMDG (n=190)	6 µg with Algel-IMDG (n=190)	3 µg with Algel-IMDG (n=190)	6 µg with Algel-IMDG (n=190)
Local reactions				
Pain at injection site				
Mild	5 (3%)	6 (3%)	7 (4%)	4 (2%)
Moderate	1 (1%)	0	0	1 (1%)
Redness at injection site				
Mild	1 (1%)	1 (1%)	0	0
Moderate	0	0	0	0
Itching				
Mild	1 (1%)	1 (1%)	0	2 (1%)
Moderate	0	0	0	0
Stiffness in upper arm				
Mild	1 (1%)	0	0	0
Moderate	0	0	0	0
Weakness in injection arm				
Mild	0	0	1 (1%)	0
Moderate	0	0	0	0
Systemic reactions				
Body ache				
Mild	0	2 (1%)	1 (1%)	2 (1%)
Moderate	0	1 (1%)	0	0
Fever				
Mild	2 (1%)	5 (3%)	5 (3%)	4 (2%)
Moderate	1 (1%)	3 (2%)	0	0
Headache				
Mild	2 (1%)	1 (1%)	1 (1%)	2 (1%)
Moderate	0	0	0	1 (1%)
Malaise				
Mild	4 (2%)	1 (1%)	3 (2%)	0
Moderate	0	0	0	0
Weakness				
Mild	0	0	1 (1%)	2 (1%)
Moderate	0	1 (1%)	0	0
Rashes				
Mild	0	0	1 (1%)	0
Moderate	0	0	..	0

Data are n (%). The safety analysis set includes all participants who received one dose of the vaccine (n=380). The number of participants who had a solicited adverse event after receiving dose 1 (days 0–7) and dose 2 (days 28–35) is shown.

Table 3: **Mild and moderate solicited adverse events in the safety analysis set**

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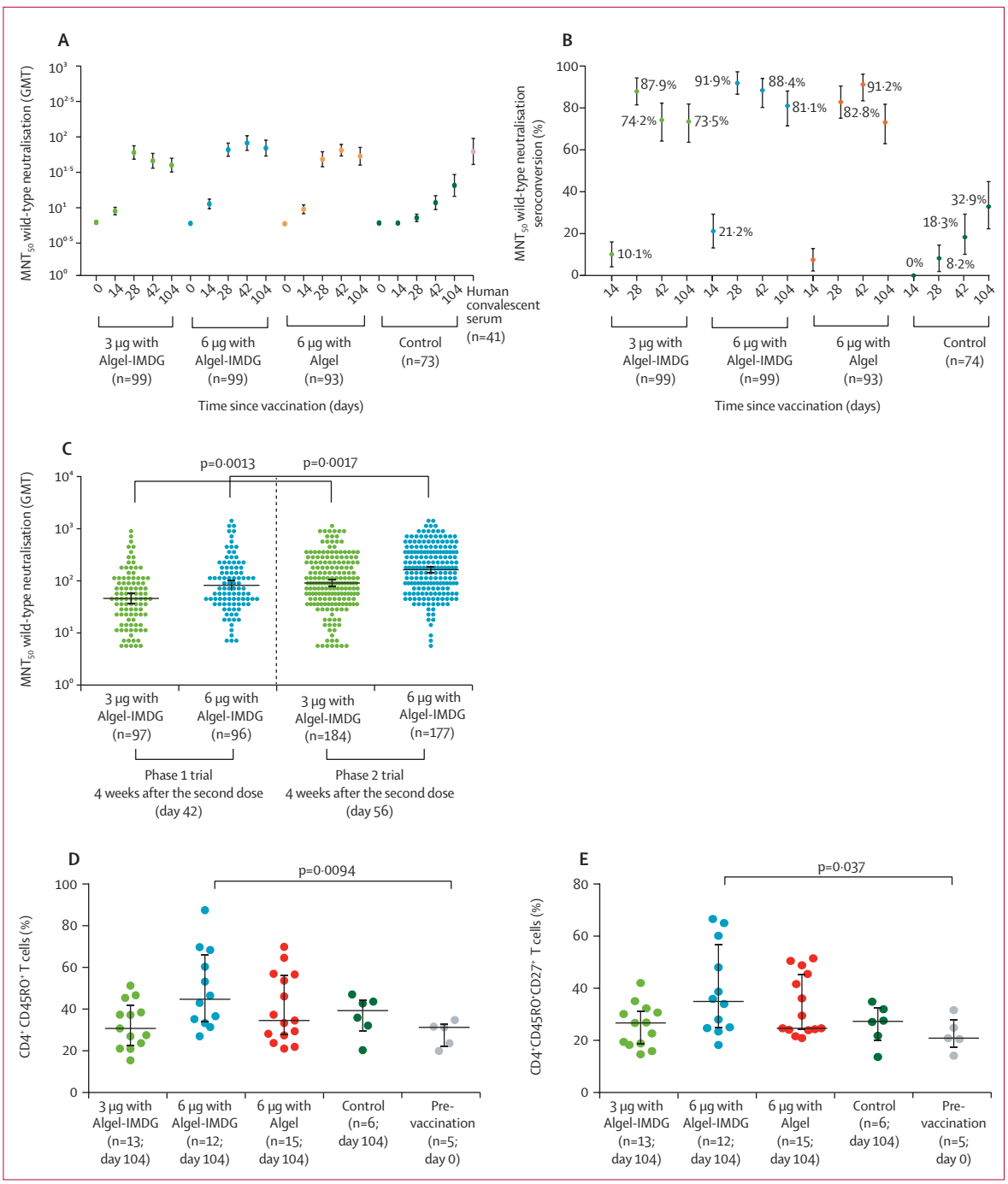

Figure 4: **SARS-CoV-2 wild-type MNT_{50} GMTs (A) and seroconversion rates (B) in phase 1 participants, SARS-CoV-2 wild-type MNT_{50} GMTs in phase 1 and phase 2 participants at 4 weeks after the second vaccination (C), and the proportion of $CD4^+CD45RO^+$ (D) and $CD4^+CD45RO^+CD27^+$ (E) T cells at day 104 in phase 1 participants**
In the phase 1 trial, the dosing schedule was day 0 for the first dose of the vaccine and day 14 for the second dose. In the phase 2 trial, the dosing schedule was day 0 for the first dose of the vaccine and day 28 for the second dose. In A, results at baseline (day 0), 2 weeks after the second vaccination (day 28), 4 weeks after the second vaccination (day 42), and 3 months after the second vaccination (day 104) for the 3 µg and 6 µg with Algel-IMDG groups, the 6 µg with Algel group, and the Algel-only control group in the phase 1 trial are shown. The human convalescent serum panel included specimens from participants with PCR-confirmed symptomatic and asymptomatic COVID-19 obtained at least at least 30 days after diagnosis (41 samples). In B, seroconversion rates were defined by the proportion of post-vaccination titres that were at least four-fold higher than baseline. In D and E, the frequencies of antigen-specific T-cell memory responses at 3 months after the second dose (day 104) in all groups from the phase 1 trial are shown; dots are individual datapoints, and horizontal bars are medians with error bars for IQRs. GMT=geometric mean titre. MNT50=microneutralisation assay.

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convalescent patients who had previously had COVID-19. Memory B-cell responses from BBV152 are currently being evaluated. Thus far, cell-mediated responses after receipt of other SARS-CoV-2 inactivated vaccine candidates have been minimally reported.

This study was done at a time when the number of daily diagnosed COVID-19 cases was increasing rapidly. In the Algel-only control group (phase 1 trial), seroconversion was reported in six (8·2% [95% CI 1·9–14·5]) of 73 participants at day 28, 13 (18·8% [10·8–30·4]) of 69 participants at day 42, and 23 (33·3% [22·7–45·8]) of 69 participants at day 104. These results suggest that both phase 1 and 2 trials are being done during a period of high ongoing SARS-CoV-2 circulation. Since substantial SARS-CoV-2 PCR positivity was observed in the general population during the study period, in the event of natural exposure to SARS-CoV-2, it is possible that post-vaccination antibody titres in vaccinated participants could be slightly inflated. No cases of COVID-19 were reported in either group of the phase 2 trial, whereas one case of symptomatic COVID-19 was reported in the Algel-only control group of the phase 1 trial. However, illness visits were not scheduled, and routine SARS-CoV-2 nucleic acid testing was not done.

The results reported in this study do not permit efficacy assessments. The evaluation of safety outcomes requires extensive phase 3 clinical trials. We were unable to assess other immune responses (ie, binding antibody and cell-mediated responses) in convalescent serum samples due to the low quantity. Furthermore, no additional data on the age of the participant or the severity of disease from symptomatic individuals were obtained. Comparisons between phase 1 and 2 trials were not done in a randomised set of participants, and no adjustments on baseline parameters were made. Conclusions are to be considered as post-hoc analyses. Even though direct comparisons between the phase 1 and 2 trials cannot be made, the reactogenicity assessments reported in this study were substantially better in the phase 2 trial than the phase 1 trial and other trials with a placebo group.[9] Additionally, the proportion of participants reporting adverse events in the phase 2 trial were lower than in the phase 1 trial. The study coordinators had verified all source documents to ensure that no data were missing or that errors had occurred. Further corroboration with phase 3 safety results is required. This study enrolled a small number of participants aged 12–18 years and 55–65 years. Follow-on studies are required to establish immunogenicity in children and in those aged 65 years and older. Withdrawals in the 6 µg with Algel-IMDG group were higher than the 3 µg with Algel-IMDG group but were not associated with adverse events. Lastly, this study population lacked ethnic, racial, and gender diversity, further underscoring the importance of evaluating BBV152 in other populations. Longitudinal follow-up of additional post-vaccination visits (at months 3, 6, and 12) is important for understanding the durability of immune responses, and is ongoing.

This study has several strengths. To ensure generalisability of the results, this study included participants from diverse geographic locations, enrolling 380 participants across nine hospitals across nine states in India. Based on follow-up data from the phase 1 trial, despite a marginal expected decline in neutralising antibody titres at day 104, BBV152 has shown the potential to provide durable humoral and cell-mediated immune responses. With several reports questioning the efficacy of SARS-CoV-2 vaccines against antigenically divergent strains, we previously reported neutralising antibody responses in homologous and heterologous strain assessments.[9] Day 56 serum samples from 38 participants in the 6 µg with Algel-IMDG group of the phase 2 trial effectively neutralised a SARS-CoV-2 variant of concern (lineage B.1.1.7 or 20B/501Y. V1).[29] On the basis of superior cell-mediated responses in the phase 1 trial, the 6 µg with Algel-IMDG formulation was selected for the phase 3 efficacy trial, which involves 25 800 volunteers and is currently underway (NCT04641481). BBV152 (COVAXIN) has received emergency use authorisation in India.

Contributors

All authors met the criteria for authorship set forth by the International Committee for Medical Editors. HJ, DD, DR, UP, BG, PY, and GS did the immunogenicity experiments. The contract research organisation (Sclin Soft Technologies) was responsible for analysing the data and generating the report. KMV, SRe, VS, SPr, and RE contributed to the manuscript preparation. SRe was the study coordinator and helped immensely with designing the protocol and generating the interim report. PA, SPr, NG, and BB from the Indian Council of Medical Research contributed to the writing of this paper. KE was responsible for overall supervision of the project and review of the final paper. All principal investigators (PR, SV, SKR, CS, SVR, CSG, JSK, SM, VR, and RG) were involved in the scientific review of this paper. All authors and the contract research organisation had full access to masked data in the study and all authors had final responsibility for the decision to submit for publication.

Declaration of interests

RE, HJ, BG, KMV, SRe, DD, DR, UP, SPr, and VS are employees of Bharat Biotech, with no stock options or incentives. KE is the Chairman and Managing Director of Bharat Biotech. PY, GS, PA, NG, SPa, and BB are employees of the Indian Council of Medical Research. PR, SV, SKR, CS, SVR, CSG, JSK, SM, VR, and RG were principal investigators representing the study sites.

Data sharing

The study protocol is provided in appendix 2. De-identified, individual participant data will be made available when the trial is complete, upon requests directed to the corresponding author; after the approval of a proposal, data can be shared through a secure online platform.

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Supplementary Appendix to Manuscript Entitled

Safety and immunogenicity clinical trial of an inactivated SARS-CoV-2 vaccine, BBV152 (a phase 2, double-blind, randomised controlled trial) and the persistence of immune responses from a phase 1 follow-up report

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This supplementary material has been provided by the authors to give readers additional information about their work.

Supplemental methods

i. RT-PCR (conducted at Dr. Dangs Lab, New Delhi) at Screening

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TRUPCR SARS-CoV-2 RT qPCR (V 3.2) is a single tube, in vitro nucleic acid amplification test for the qualitative detection of severe acute respiratory syndrome coronavirus 2(SARS-CoV-2)specific RNA from respiratory specimens(nasopharyngeal or oropharyngeal aspirates,washes or swabs, bronchoalveolar lavage, sputum and tracheal aspirates)using Real-time PCR. The human RNasePgene serves as an endogenous internal positive control for human nucleic acid is also included in this kit.

E gene: For the detection of SarbecovirusRdRp gene and N genedual targets for the detection of SARS-CoV-2

RNase P gene:endogenous internal control, which qualifies the sample for testing and is essential for testing Viral RNA in host organism. According to the Centre for Daises Control and prevention, Respiratory Viruses Branch, Division of Viral Diseases, all clinical samples should be tested for human RNAse P gene to assess specimen quality for RT PCR for detection of 2019-Novel Coronavirus

The assay runs for 38 cycles;however for any interpretation,threshold cut off cycle Ct is 35.

Interpretation is as follows:

Amplification Signals In

a) RNAse P +/- , E Gene +, RdRp&N gene + : SARS-CoV-2 POSITIVE
b) RNAse P +/- , E Gene -, RdRp&N gene + : SARS-CoV-2 POSITIVE
c) RNAse P +/- , E Gene +, RdRp&N gene - : SARBECOVIRUS POSITIVE
d) RNAse P + , E Gene -, RdRp&N gene - : NEGATIVE
e) RNAse P - , E Gene -, RdRp&N gene - : INVALID

100 percent concordance of results for submitted samples with ICMR designated QC Lab(AIIMS for Dr. Dangs Lab) **ii.** CLIA (conducted at Dr. Dangs Lab, New Delhi) at Screening

The liaison SARS-CoV-2 IgG assay performed on the Liaison XL analyzer is an indirect chemiluminescence Immunoassay (CLIA) for the Quantitative determination of anti-S1 and anti- S2 antibodies to SARS-CoV-2 in human serum or plasma.The sensitivity of the above assay is 97.4 percent for 15 days post-diagnosis and specificity 98.9 percent for Laboratory routine testing. Testing of assay-specific calibrators allows the detected Relative light unit (RLU)to adjust the assigned master curve.The analyzer automatically calculates SARS-CoV-S1/S2 IgG antibody concentrations as arbitrary units (AU/mL)and grades the results.

Results are interpreted as follows:

Less than 12 AU/mL: NEGATIVE (A negative result may indicate the absence or a very low level of IgG antibodies to the Pathogen. The test could score negative in infected patients during the incubation period and during the early stages of infection>or equal to 12 and less than 15 AU/mL: Equivocal (Retest in duplicate. Samples with 2 out of 3 results more than or equal to 15 or less than 12 should be reported as positive or negative, respectively.A second sample should be collected and tested no less than one to two weeks later if the results are repeatedly equivocal)>or equal to 15: Positive (A positive result generally indicates exposure of the subject to the pathogen) **iii.** Enzyme-linked immunosorbent assay (ELISA) (conducted at Bharat Biotech)

ELISA tests were performed as per standard protocols. Briefly, Microtiter plates were coated with SARS-CoV-2 specific antigens (Whole inactivated SARS CoV-2 antigen, spike (S1) (Syngene, Bangalore, India, Batch No# PRB026913/Receptor Binding Domain (RBD), Syngene, Bangalore, India, Batch No#PRB025485/ nucleocapsid (N), Syngene, Bangalore, India, Batch No# PRB025627 at a concentration of 1µg/ml, 100µl/well in PBS pH 7.4). After overnight incubation, wells were blocked and added serially diluted sera. After incubation, wells were added with Goat anti-Human IgG HRP conjugate (Sigma-Aldrich, Cat# A8667, dilution 1:5000) and incubated for 1hr at RT. Tetramethyl benzidine used as a substrate and measured absorbance at 450/630nm. Threshold value (Mean + 3SD) was established by taking the absorbance of Day 0 sera samples and antigen-specific endpoint titers were determined for Days 28, 42, and 56 sera samples. The reciprocal antibody dilution, at which absorbance is above the threshold, was taken as antigen-specific antibody endpoint titers. Since, Bharat Biotech is a vaccine manufacturing company, all serological assays such as ELISA/ PRNT50 were routinely performed for various vaccines before releasing every batch into the market. All methods were validated with respect to sensitivity and specificity. In the case of SARS-CoV-2 vaccine development, all these methods were used, while maintaining proper negative and positive controls.

Known unvaccinated and uninfected individual serum was used as a negative control. Simultaneously, ELISA blank (without coating antigen) was also maintained as a negative control. Apart from this, cut off (Mean+3SD)

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was drawn from the absorbance obtained at various dilutions (1:1000 to 1:32000) of sera collected on day 0 (before vaccination), who is found negative for RT-PCR and Serology test.

iv. Plaque Reduction Neutralisation Test ($PRNT_{50}$) (conducted at Bharat Biotech)

The Plaque reduction neutralisation test was performed in a biosafety level 3 facility. To perform $PRNT_{50}$, Vero CCL-81 cell suspension (1.0 x 10^5 /mL/well)was added in duplicates in 24-well tissue culture plates and cultured in a CO_2 incubator at 37°C for 16-24 hrs. Serum samples from all enrolled participants were inactivated by keeping in a 56ºC-water bath for 30 min. Serial dilutions (4 fold) of serum samples were mixed with the virus, which can form 50 plaque-forming units and then incubated for 1 h at 37°C. The virus–serum mixtures were added onto the preformed Vero CCL-81 cell monolayers and incubated 1 h at 37°C in a 5% CO_2 incubator. The number of plaques was counted, and the Neutralizing antibody titer was determined based on the 50% reduction in the number of plaque count, which was further analyzed using 50% ProbitAnalysis(10.4103/ijmr.IJMR_2382_20). Inoculation dose used was 100 $CCID_{50}$ in 50 microlitre.

v. Microneutralisation assay (MNT) (conducted at Bharat Biotech)

The serum collected from all enrolled participants were inactivated at 56ºC in a water bath for 30 min. Serum was successively diluted with start dilution 1:8 to the required concentration by a 2-fold series, and an equal volume of challenge virus solution containing 100 $CCID_{50}$viruses was added. After neutralisation in a 37°C incubator for two hours, a 1.0 x 10^5 /mL cell suspension was added to the wells (0.1 mL/well) and cultured in a CO_2 incubator at 37°C for 3-5 days. The Karber method (Ramakrishnan, 2016)by observing the CPE was used to calculate the neutralisation endpoint (MNT_{50}) (convert the serum dilution to logarithm), which means that the dilution of serum that can protect 50% of cells from infection by challenge with 100 $CCID_{50}$ virus. Inoculation dose used was 100 PFU in 100 microlitre

During each assay, known antibody titre from animal sera is used as a positive control. Pre-immune sera used as a negative control. T-cell Memory Response (Phase 1 PBMCs collected on Day 104):

PBMCs were cultured in 24 well plate with 0.5x10^6 cells/ml/well and stimulated with Whole virion Inactivated SARS CoV2 antigen (1.2 µg/ml) for 6days by keeping the plate at 37°C in 5% CO2 incubator. Cells stimulated with phorbol 12-myristate 13-acetate (PMA)(25 ng/ml, Sigma) and Ionomycin (1 µg/ml, Sigma) were used as positive control and unstimulated cells and PBMCs collected on Day 0 stimulated with inactivated SARS CoV 2 antigen were used as negative control. On Day 6, cells were harvested and stained with human specific fluorochrome conjugated B & T cell surface marker antibodies for 30 minutes at 4°C. The list of fluorochrome conjugated cell surface marker antibodies procured from BD Biosciences, USA are as follows, Mouse anti- human CD3 BV450 (clone# UCHT1, Cat#560365), Mouse anti- human CD4 PE-Cy 7 (clone# SK3, Cat# 348789), Mouse anti- human CD8 APC-H7 (clone# SK1, Cat# 560179), Mouse anti- human CD19 PE (clone# SJ25C1, Cat# 340364) and Mouse anti- human CD27 APC (clone# M-T271, Cat# 558664). Mouse anti- human CD45RO PerCp Cy5.5 (clone# UCHL1, Cat# 130-113-552) was procured from Miltenyi Biotec, Germany). Cells were again washed twice with PBS and resuspended in 500µl FACS buffer (BD Biosciences). All samples were acquired using BD FACSVerse (BD Biosciences, CA, USA) and data was analyzed using FlowJo software (Tree Star). To assess the T cell memory responses, gating was done from $CD3^+$T cell population and to $CD4^+$ T cell population and to assess the B cell memory response, gating was done on $CD3^-$ lymphocyte population. Additionally, on Day 3, 50µl cell culture supernatant was tested to determine Th1/Th2/Th17 cytokine profile using human CBA kit (Cytokine Bead Array Kit, Cat# 560484, BD Biosciences, USA). Further, Cell culture supernatant collected on Day 6 was also tested for secreted IgG antibodies by ELISA.

vi. T-cell Memory Response (Phase 1 PBMCs collected on Day 104):

PBMCs were cultured in 24 well plate with 0.5x10^6 cells/ml/well and stimulated with Whole virion Inactivated SARS CoV2 antigen (1.2 µg/ml) for 6days by keeping the plate at 37°C in 5% CO2 incubator. Cells stimulated with PMA (25 ng/ml, Sigma) and Ionomycin (1 µg/ml, Sigma) were used as positive control and unstimulated cells and PBMCs collected on Day 0 stimulated with inactivated antigen were used as negative control. On Day 6, cells were harvested and stained with human specific fluorochrome conjugated B & T cell surface markers for 30 minutes at 4°C. The list of fluorochrome conjugated cell surface marker antibodies procured from BD Biosciences, USA are as follows, Mouse anti- human CD3 BV450 (clone# UCHT1, Cat#560365), Mouse anti-human CD4 PE-Cy 7 (clone# SK3, Cat# 348789), Mouse anti- human CD8 APC-H7 (clone# SK1, Cat# 560179), Mouse anti- human CD19 PE (clone# SJ25C1, Cat# 340364) and Mouse anti- human CD27 APC (clone# MT271, Cat# 558664). Mouse anti- human CD45RO PerCp Cy5.5 (clone# UCHL1, Cat# 130-113-552) was procured from MiltenyiBiotec, Germany). Cells were again washed twice with PBS and resuspended in 500µl

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FACS buffer (BD Biosciences). All samples were acquired using BD FACSVerse (BD Biosciences, CA, USA) and data was analyzed using FlowJo software (Tree Star). To assess the T cell memory responses, gating was done from $CD3^+$T cell population and to $CD4^+$ T cell population and to assess the B cell memory response, gating was done on $CD3^-$ lymphocyte population. Additionally, on Day 3, 50µl cell culture supernatant was tested to determine Th1/Th2/Th17 cytokine profile using human CBA kit (Cytokine Bead Array Kit, Cat# 560484, BD Biosciences, USA). Further, Cell culture supernatant collected on Day 6 was also tested for secreted IgG antibodies by ELISA.

vii. SARS-CoV2 spike (S1) Antibody (IgG1/IgG4) Isotyping:

Th1-dependent IgG1 vs. Th2 -dependent IgG4 antibody subclasses were determined by ELISA from sera collected from all vaccinated groups as described earlier. Briefly, 96 well microtiter plates were coated with spike (S1) protein (Cat: SYNG-PRB026913, Make: Syngene), at a concentration of 1µg/ml, in PBS pH 7.4) and blocked with 1% BSA in PBS, pH 7.4. Two fold serially diluted (1:50 to 1:204800) individual sera were added and incubated for 2hrs at 37 C followed by the addition of mouse anti-human IgG1 (Cat No: 409904, Make: Biolegend) or IgG4 (Cat No: 411202, Make: Biolegend) antibodies at a concentration of 25ng/well. After incubation of the plate for 1hr at RT, wells were again washed, and added Anti Mouse IgG HRP Conjugate (Cat No: A4416, Make: Sigma Aldrich) at a dilution of 1:2500. Later, 3,3′,5,5′-tetramethylbenzidine (TMB) solution
(Cat No: AR1002, make: deNovo Biolabs) was added as a substrate to develop color. Absorbance was read at 450nm. Cut off was determined as 1:50 dilution, by calculating threshold (Mean+3SD) of absorbance obtained at remaining all dilutions of known negative control (unvaccinated and uninfected sera). Th1:Th2 index was calculated by taking ratios of end point antibody titer (sera dilution at which absorbance was above the cut off) of IgG1 & IgG4. Th1/Th2 Immunophenotyping (conducted at Indoor Biotechnologies, Bangalore):

viii. Luminex Based Multiplex Assay

PBMCs from the study subject were thawed as per the SOP and washed with RPMI containing 10% FBS twice. Subsequently cells were washed twice with AIM-V Media with 10% Human AB Serum and resuspended at a density of 6x 10^6 cells per ml. 300,000 cells (50µl) were aliquoted to individual wells in a U bottom tissue culture plate (Nunclon Delta-Treated cat no: 163320) and added with 50ul of plain media (for unstimulated condition) or 50µl of COVID peptide cocktail (peptides from S,N & M protein at 2ug/ml(for each peptide))(stimulated condition) or anti-CD3 antibody (Positive Control). Peptides and anti-CD3 were diluted in AIM-V media with 10% AB serum. Each condition was performed in duplicates. The cells were incubated in CO_2 incubator at 37°C for 48 hours.

At the end of 48 hours of incubation the culture supernatant from the wells were collected and analyzed for cytokine levels using a Bio-plex Pro Human Cytokine panel (BIORAD, cat no: M5000031YV). Briefly, array of beads specific for the analytes (via the capture antibody) were either incubated with culture supernatant or standards. After washing the beads, biotinylated detection antibody was added and after washing the bead were incubated with Streptavidin PE. After washing the beads were acquired in a Bio plex 200 (BIORAD) machine. The data was analyzed using the Bioplex Manager software 6.1 **ix.** Cytokine Bead Array based Multiplex Assay

PBMCs collected on Day 56 of Phase II & Day 104 of Phase I from vaccinated individuals were stimulated with whole virion inactivated SARS CoV-2 antigen (1.2µg/ml) for 72hrs. Cell culture supernatants were collected and used for the simultaneous detection of multiple cytokines using Human Th1/Th2/Th17 BD CBA Kit (BD Bioscience, San Jose, CA, USA). Supernatant samples were processed as per the manufacturer's instructions. Briefly, the kit was used for the simultaneous detection of human IL-2, IL-4, IL-6, IFN-γ, TNF, IL-17A, and IL-10 cytokines in a single sample. For each sample, 50 µL of the mixed captured beads, 50 µL of the unknown serum sample or standard dilutions, and 50 µL of phycoerythrin (PE) detection reagent were added consecutively to each assay tube and incubated for 3 h at room temperature in the dark. The samples were washed with 1 mL of wash buffer for 5 min and centrifuged. The bead pellet was resuspended in 300 µL buffer after discarding the supernatant. Samples were measured on the BD FACS Verso and analyzed by FCAP Array Software (BD Bioscience). Unstimulated cells or PBMCs collected on Day 0 were maintained as a negative control. PBMCs stimulated with PMA & ionomycin were maintained as a positive control.

x. Database Handling/Procedures and Data Management Plan

The database used for this study is a fully validated, FDA 21 CFR Part 11 compliant system, proprietary, SAS (software as a Service) based clinical data management system. Error rates for clinical database are controlled and

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do not exceed 0.5% as an industry-wide standard. For critical data zero errors based on a 100% review of data are obtained. This is controlled and documented by database audits against the study CRFs. Based on Data Management Plan (DMP) document a road map to handle the data under projected circumstances and describes the CDM activities was followed in the trial. The DMP describes the annotations, database design, data entry and data tracking guidelines, quality control measures, SAE reconciliation guidelines, discrepancy management, data transfer/extraction, and database locking guidelines. Along with the DMP, a Data Validation Plan (DVP) containing all edit-checks was performed and the calculations for derived variables are also prepared. The edit check programs in the DVP help in cleaning up the data by identifying the discrepancies.

xi. Definition of Reactogenicity and Safety.

Reactogenicity refers to a subset of reactions that occur soon after vaccination, and are a physical manifestation of the inflammatory response to vaccination. In clinical trials, information on expected signs and symptoms after vaccination is actively sought (or 'solicited'). These symptoms may include pain, redness, swelling or induration for injected vaccines, and systemic symptoms, such as fever, myalgia, headache, or rash. The broader term 'safety' profile refers to all adverse events (AEs) that could potentially be caused/ triggered or worsened at any time after vaccination, and includes AEs, such as anaphylactic reactions, diseases diagnosed after vaccination and autoimmune events. (Reference: Hervé C, Laupèze B, Del Giudice G, Didierlaurent AM, Tavares Da Silva F. The how's and what's of vaccine reactogenicity. NPJ Vaccines. 2019;4:39.)

Table S1: Ethic Committees from All Participating Trial Sites with Reference Numbers:

Site Name	Reference Number
Nizam's Institute of Medical Science, Hyderabad, Telangana	ECR/303/INST/AP/2013/RR-19
All India Institute of Medical Science, New Delhi	ECR/547/INST/DL/2014/RR-17
PGIMS, Rohtak, Haryana	ECR/293/Inst/HR/2013/RR-19
All India Institute of Medical Science, Patna	ECR/1387/INST/BR/2020
Redkar Hospital & Research Centre, Goa	ECR/902/INST/GA/2018
Jeevan Rekha Hospital, Belgaum, Karnataka	ECR/1242/INST/KA/2019
Gillukar Multispecialty Hospital, Nagpur	ECR/1374/INST/MH/2020
Prakhar Hospital, Kanpur, Utter Pradesh	ECR/1017/INST/UP/2017
SRM Medical College Hospital & Research Centre, Chennai Tamil Nadu	ECR/431/INST/TL/2013/RR-19

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2: SARS-CoV-2 Neutralising Antibody Responses and Cell-mediated responses.

Parameters		**3 µg with Algel –IMDG (n=190)**	**6 µg with Algel-IMDG (n=190)**
$PRNT_{50}$ GMT (95% CI)	**Day 0**	0.11 (0.10, 0.13)	0.10 (0.09, 0.11)
	Day 28	1.23 (0.78, 1.94)	1.54 (0.99, 2.4)
	Day 42	78.4 (54.8, 112.0)	161.8 (126.2, 207.4)
	Day 56	100.9 (74.1, 137.4)	197.0 (155.6, 249.4)
$PRNT_{50}$ SCR (95% CI)	**Day 28**	39.3 (32.2, 46.8)	47.5 (39.9, 55.1)
	Day 42	88.5 (83.0, 92.8)	97.2 (93.5, 99.1)
	Day 56	92.9 (88.2, 96.2)	98.3 (95.1,99.7)
MNT_{50} GMT (95% CI)	**Day 0**	6.3 (6.02, 6.68)	6.0 (5.8, 6.1)
	Day 28	12.6 (10.8, 14.7)	12.0 (10.2, 14.0)
	Day 42	78.5 (64.6, 95.2)	134.8 (144.4, 158.8)
	Day 56	92.5 (77.7, 110.2)	160.1 (135.8, 188.8)
MNT_{50} SCR (95% CI)	**Day 28**	23.5 (17.6, 30.3)	21.5 (15.7, 28.3)
	Day 42	84.7 (78.7, 89.6)	96.6 (92.8, 98.8)
	Day 56	88.0 (82.4, 92.3)	96.6 (92.6, 98.5)
SARS-CoV-2 Cell mediated Responses (on Day 42) Mean (95% CI) (pg/mL)	**IFN – gamma**	1167.2 (445.9, 1888)	1082.5 (110.9, 2054)
	IFN-Alpha	4577.1 (4015, 5139)	3612.7 (2918, 4307)
	IL-2	42.13 (31.0, 53.2)	28.1 (22.9, 33.3)
	IL-5	33.4 (29.2, 37.5)	30.9 (27.2, 34.6)
	IL-10	27.3 (21.5, 33.1)	72.2 (53.9, 90.5)
	IL-13	20.1 (14.6, 25.6)	16.3 (9.4, 23.1)
Th1: Th2 Ratio	**(IFN- gamma +TNFAlpha+ IL-2) / (IL-5 + IL-13)**	59.2 (48.5, 69.7)	42.5 (28.6, 56.3)

Shown are neutralising antibody and cell-mediated immunity results at baseline (day 0), 4 weeks after the first vaccination (day 28), 2 weeks after the second vaccination (day 42), and 4 weeks after the second vaccination (day 56) for the 3 µg (n=190) and 6 µg (n=190) with Algel-IMDG groups. Shown are the cytokine levels in 2day

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supernatants for 58 participants (n=29 in each the 3 µg- and 6 µg with Algel-IMDG groups) with proliferative responses to BBV152 vaccination whose PBMC were evaluated after stimulation with SARS-CoV-2 peptides.

3: $PRNT_{50}$ Neutralising antibody titres across age groups and gender on day 56 (four weeks after the second dose).

Parameter	**3 µg with Algel-IMDG**			**6 µg with Algel-IMDG**		
Age Group	**n**	**SCR (95%CI)**	**Median (Q1, Q3)**	**N**	**SCR (95%CI)**	**Median (Q1, Q3)**
≥12-<18	10	100% (69.2,100)	231.8 (171.0,1036.5)	4	100% (39.8,100)	224.5 (76.6,840.7)
≥18-<55	166	92.2% (87.0,95.8)	137.7 (63.9,273.4)	164	98.17% (94.8,99.6)	182.4 (83.9,423.7)
≥55-≤65	7	100% (59,100)	70.7 (21.6,186.8)	9	100% (66.4,100)	199.5 (72.3,344.7)
Gender	**n**	**SCR (95%CI)**	**GMT (95%CI)**	**n**	**SCR (95%CI)**	**GMT (95%CI)**
Male	135	91.1% (85.0 95.3)	89.1 (60.3, 131.8)	137	97.8% (93.7,99.6)	211.3 (158.3, 282.2)
Female	48	97.9% (88.9,100.0)	143 (93.5, 218.8)	40	100% (91.2,100)	154.8 (109.9, 218)

Table S4: Phase 1 Long term Follow-up immunogenicity analysis.

Total Parameters		**3 µg with Algel –IMDG (n=100)**	**6 µg with Algel-IMDG (n=100)**	**6 µg with Algel (n=100)**	**Algel alone (n=75)**
MNT_{50} GMT (95% CI)	**Day 0**	6.22 (5.9,6.5)	6.02 (5.8,6.2)	5.95 (5.8,6.1)	6.09 (5.1,6.4)
	Day 28	60.33 (48.5, 75.03)	65.96 (53.2,81.8)	48.37 (37.9,61.7)	7.20 (6.38,8.1)
	Day 42	45.96 (36.1, 58.5)	81.95 (64.6, 103.9)	64.93 (53.7,78.5)	11.79 (9.4,14.8)
	Day 104	39.96 (32.0,49.9)	69.52 (53.7,90.0)	53.34 (40.1,71.0)	20.67 (14.5,29.5)
MNT_{50} SCR (95% CI)	**Day 28**	87.88 (81.5,94.3)	91.92 (86.6,97.3)	82.80 (75.1,90.5)	8.22 (1.9,14.5)

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	Day 42	74.23 (64.2,82.3)	88.42 (80.94.1)	91.21 (83.4,96.1)	18.13 (10.129.3)
	Day 104	73.47 (63.6,81.9)	81.05 (71.4,88.1)	73.12 (62.9.81.8)	32.88 (22.3,44.9)

Shown are geometric mean titers of the wild-type SARS-CoV-2 microneutralisation assay (MNT_{50}) at baseline (day 0), 2 weeks after the second vaccination (day 28), 4 weeks after the second vaccination (day 42), and 3 months after the second vaccination (day 104) for the 3 µg and 6 µg with Algel-IMDG groups, the 6 µg with Algel group, and the Algel-only control arm (from the immunogenicity cohort). Seroconversion rates (SCR) were defined by the proportion of titers achieving ≥4-fold above baseline.

5: Secreted antibodies upon PBMC stimulation from samples collected on day 104 (three months after the second dose) in the phase 1 trial.

	3 µg with Algel –IMDG	**6 µg with Algel-IMDG**	**6 µg with Algel**	**Algel alone**
Mean	**12.63**	**16.60**	**19.73**	**2.33**

Values represented in Mean±SD indicates spike specific secreted IgG titers measured as end point antibody dilution by ELISA from cell culture supernatant, after stimulation of PBMCs with antigen for 6days (*Ex-vivo*). The value for pre-vaccination samples were 0.

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Table S6: Further effector function of activated and differentiated T cells from PBMCs from the Phase 1 study (at day 104, three months after the second dose).

	3µg Ag+ Algel-IMDG (n=10)	6µg Ag+ Algel-IMDG (n=10)	6µg Ag+ Algel (n=10)	Algel Alone (n=6)	Pre-vaccination (n=5)
IL-17A	4.39±4.29	3.40±3.41	14.70±28.75	9.58±8.79	5.23±2.97
IFNg	82±172.8	124.69±224.73	13.03±16.50	26.77±60.27	0.01±0.02
TNF-alpha	3.99±4.93	3.25±5.63	1.30±0.58	3.37±6.54	0.00±0.00
IL-2	30.55±46.83	55.84±69.15	17.05±9.40	6.14±8.50	0.29±0.36
IL-4	0.2±0.29	0.35±0.48	0.13±0.13	0.08±0.16	0.00±0.00
IL-10	37.87±60.28	22.47±41.76	6.35±6.76	6.23±8.18	1.22±1.06
IL-6	297.15±410.52	464.24±470.51	218.54±327.33	544.56±1057.95	27.61±30.19

Values shown in Mean**±**SD represents cytokines levels measured in pg/ml by CBA method from culture supernatants, obtained after stimulation of PBMCs with antigen for 6days (*Ex-vivo*). Release of Th1 biased cytokines (IFNγ, TNF-α and IL-2) as a function of effector cells of $CD4^+$ T cells, which further supports towards T cell dependent memory response. No or negligible levels of Th2 cytokines (IL-4) and IL-17Acytokine levels were observed, whereas, IL-6 cytokine levels were observed in 3µg and 6µg with Algel-IMDG formulation predicted to be due to activation of both T & B cells.

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Table S7: Solicited Adverse Events After Two Doses in the Safety Set

Symptoms	Dose Group	Severity			
		Dose 1		Dose 2	
		Mild n(%)	Moderate n(%)	Mild n(%)	Moderate n(%)
Local					
Pain at injection Site	3µg with Algel-IMDG	**5 (2.63%)**	**1 (0.53%)**	**7 (3.68%)**	-
	6µg with Algel-IMDG	**6 (3.16%)**	-	**4 (2.10%)**	**1 (0.53%)**
Redness at Injection site	3µg with Algel-IMDG	**1 (0.53%)**	-	-	-
	6µg with Algel-IMDG	**1 (0.53%)**	-	-	-
Itching	3µg with Algel-IMDG	**1 (0.53%)**	-	-	-
	6µg with Algel-IMDG	**1 (0.53%)**	-	**2 (1.05%)**	-
Stiffness in upper arm	3µg with Algel-IMDG	**1 (0.53%)**	-	-	-
	6µg with Algel-IMDG	-	-	-	-
Weakness in Right Arm	3µg with Algel-IMDG	-	-	**1 (0.53%)**	-
	6µg with Algel-IMDG	-	-	-	-
Mild & Moderate (After Dose 1 & 2)	3µg with Algel-IMDG	**9 (4·7%) (2·2, 8·8)**		**8 (4.2%) (1.8, 8.1)**	
	6µg with Algel-IMDG	**8 (4.2%) (1.8,8.1)**		**7 (3.7%) (1.6, 7.7)**	
Systemic					
Body ache	3µg with Algel-IMDG	-	-	**1 (0.53%)**	-
	6µg with Algel-IMDG	**2 (1.05%)**	**1 (0.53%)**	**2 (1.05%)**	-
Fever	3µg with Algel-IMDG	**2 (1.05%)**	**1 (0.53%)**	**5 (2.63%)**	-
	6µg with Algel-IMDG	**5 (2.63%)**	**3 (1.58%)**	**4 (2.10%)**	-
Headache	3µg with Algel-IMDG	**2 (1.05%)**	-	**1 (0.53%)**	-
	6µg with Algel-IMDG	**1 (0.53%)**	-	**2 (1.05%)**	**1 (0.53%)**
Malaise	3µg with Algel-IMDG	**4 (2.10%)**	-	**3 (1.58%)**	-
	6µg with Algel-IMDG	**1 (0.53%)**	-	-	-
Weakness	3µg with Algel-IMDG	-	-	**1 (0.53%)**	-
	6µg with Algel-IMDG	-	**1 (0.53%)**	**2 (1.05%)**	-
Rashes	3µg with Algel-IMDG	-	-	**1 (0.53%)**	-
	6µg with Algel-IMDG	-	-	-	-
Mild & Moderate (After Dose 1 & 2)	3µg with Algel-IMDG	**9 (4.7%) (95% CI: 2.2, 8.8)**		**12 (6.3%) (95% CI: 3.3, 10.8)**	
	6µg with Algel-IMDG	**14 (7.4%) (95% CI: 4.1, 12.1)**		**11 (5.8%) (95% CI: 3.0, 10.1)**	
Total		**33 (8.68%)**	**7 (1.84%)**	**36 (9.47%)**	**2 (0.53%)**
Adverse events after two doses	3µg with Algel-IMDG	**38 (10.0%) (95% CI:7.2,13.5)**			
	6µg with Algel-IMDG	**40 (10.5%) (95% CI: 7.6,14.1)**			

The groups received 3 µg with Algel-IMDG or 6 µg with Algel-IMDG. Data are shown as the number of participants who experienced an event (%) after receiving either dose 1 (0-7) or dose 2 (28-35 days). The grading scale for most adverse events was based on the FDA guidance document for the Toxicity Grading Scale for Healthy Adult and Adolescent Volunteers Enrolled in Preventive Vaccine Clinical Trials. For adverse events where grading was not described in the FDA guidance document, we used the Common Terminology Criteria for Adverse Events (CTCAE) grading

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Table S8: Number of unsolicited, non-serious, adverse events classified by MedDRA® System Organ Class, severity, and investigator-assigned relationship to study vaccine/control.

MedDRA SOC	Dose Group	Adverse Events	Severity		Relationship to IP	
			Mild N (%)	Moderate N (%)	Not Related	Related
Gastrointestinal Disorders	3µg with Algel-IMDG	Mouth Ulcer (1)	1(0.53%)	-	1(0.53%)	-
	6µg with Algel-IMDG	Gastric Problem (1)	1(0.53%)	-	1(0.53%)	-
General Disorders and administrative site conditions	3µg with Algel-IMDG	Weakness (2)	2(1.05%)	-	2(1.05%)	-
	6µg with Algel-IMDG	Fever (1)	-	1(0.53%)	-	1(0.53%)
		Body ache (1)	-	1(0.53%)	-	1(0.53%)
Nervous system disorders	3µg with Algel-IMDG	Headache (1)	1(0.53%)	-	1(0.53%)	-
	6µg with Algel-IMDG	Dizziness (1)	1(0.53%)	-	-	1(0.53%)
		Headache (1)	1(0.53%)	-	1(0.53%)	-
Respiratory, thoracic and mediastinal disorders	3µg with Algel-IMDG	Cold (3)	2(1.05%)	1(0.53%)	2(1.05%)	1(0.53%)
		Breathlessness (1)	1(0.53%)	-	1(0.53%)	-
		Cough (1)	1(0.53%)	-	1(0.53%)	-
		Heaviness in chest (1)	1(0.53%)	-	1(0.53%)	-
		Running nose (1)	1(0.53%)	-	1(0.53%)	-
	6µg with Algel-IMDG	Cold (2)	2(1.05%)	-	2(1.05%)	-
		Running nose (1)	-	1(0.53%)	-	1(0.53%)
		Sneezing (1)	1(0.53%)	-	1(0.53%)	-
Skin and subcutaneous tissue disorders	3µg with Algel-IMDG	Rashes (1)	-	1(0.53%)	-	1(0.53%)
	6µg with Algel-IMDG	-	-	-	-	-
Total			16 (76.2%)	5 (23.8%)	15 (71.4%)	6 (28.6%)

GERD: Gastroesophageal reflux disease, COLD: the lowest level term (LLT) in the MedDRA for the preferred term (PT) Nasopharyngitis is cold

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Table S9: Grading Scales for Local and Systemic Adverse Events.

Event Name	None=1	Mild =2	Moderate=3	Severe=4	Potentially life threatening=5
Local Adverse Events					
Pain at injection site	Absent	Does not interfere with activity	Interferes with activity or repeated use of non-narcotic pain reliever >24hrs	prevents daily activity or repeated use of narcotic pain reliever	Emergency room (ER) visit or hospitalization
Tenderness/ Soreness	Absent	Mild discomfort to touch	Discomfort with movement	Significant discomfort at rest	Emergency room (ER) visit or hospitalization
Redness/ Erythema	Absent	2.5-5cm	5.1-10cm	>10 cm	Necrosis or exfoliative dermatitis
Swelling/ Induration	Absent	2.5-5cm and does not interfere with daily activity	5.1-10cm or interferes with daily activity	>10 cm prevents daily activity	Necrosis
Pruritus associated with injection	Absence of any Pruritus	itching localized to injection site and relieved spontaneously or with<48 hours treatment	Itching beyond injection site not generalized or localized itching requiring >48 hours treatment	Itching causing inability to perform usual social & functional activities	NA
Any other Local AE's	Absent	Does not interfere with daily activity	interferes with daily activity,	prevents daily activity	Emergency room (ER) visit or hospitalization
Systemic Adverse Events					
Pain	Absent	Does not interfere with activity	Repeated use of nonnarcotic pain reliever > 24 hours or interferes with daily activity	Any use of narcotic pain reliever or prevents daily activity	Emergency room (ER) visit or hospitalization
Fever	<38^{0}C (<100.4^0 F)	38.0-38.4^{0}C(100.4-^{0}F) 101.1	38.5-38.9^0 C (101.2-102.0^{0}F)	39.0-40^{0}C C(102.1104^{0}F)	> 40^{0}C (>104^{0}F)
Nausea/ Vomiting	Absent	No interference with daily activity or 1-2 episodes/24 hours	Some interference with daily activity or > 2 episodes/24 hours	Prevents daily activity, requires outpatient IV hydration	Emergency room (ER) visit or hospitalization for hypotensive shock
Headache	Absent	No interference with daily activity	some interference with daily activity or repeated use of nonnarcotic pain reliever	Significant, prevents daily activity or repeated use of narcotic pain reliever	Emergency room (ER) visit or hospitalization
Fatigue	Absent	No interference with daily activity	some interference with daily activity	Significant, prevents daily activity	Emergency room (ER) visit or hospitalization
Myalgia	Absent	No interference with daily activity	some interference with daily activity	Significant, prevents daily activity	Emergency room (ER) visit or hospitalization
Acute Allergic Reaction	Absent	No interference with daily activity	some interference with daily activity	Prevents daily activity	Emergency room (ER) visit or hospitalization

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Rash	Rash Absent	rashes covering <10%BSA with or without symptoms (pruritus, burning, tightness)	rashes covering 10-30 %BSA (Body Surface Area) with or without symptoms (pruritus, burning, tightness), interferes with daily activity	rashes covering >30 %BSA with or without symptoms (pruritus, burning, tightness), prevents with daily activity	NA
Joint pain	Absent	Does not interfere with daily activity	Repeated use of nonnarcotic pain reliever > 24 hours or interferes with daily activity	Any use of narcotic pain reliever or prevents daily activity	Emergency room (ER) visit or hospitalization
Any other Systemic AE's	Absent	Does not interfere with daily activity	interferes with daily activity	prevents daily activity	Emergency room (ER) visit or hospitalization

Abbreviation: NA, not available. The grading scale for most AEs was based on the FDA guidance document for Toxicity Grading Scale for Healthy Adult and Adolescent Volunteers Enrolled in Preventive Vaccine Clinical Trials. The causality assessment was done based on the investigator's taking the following factors into consideration: Temporal (time-based) relationship between the event and administration of the study vaccine. Possible alternative etiology for the AE, such as concurrent illness or natural history of underlying diseases, or concomitant medications. Adverse events of similar nature having previously been observed with the study vaccine. The adverse event having often been reported in literature for similar types of treatments.

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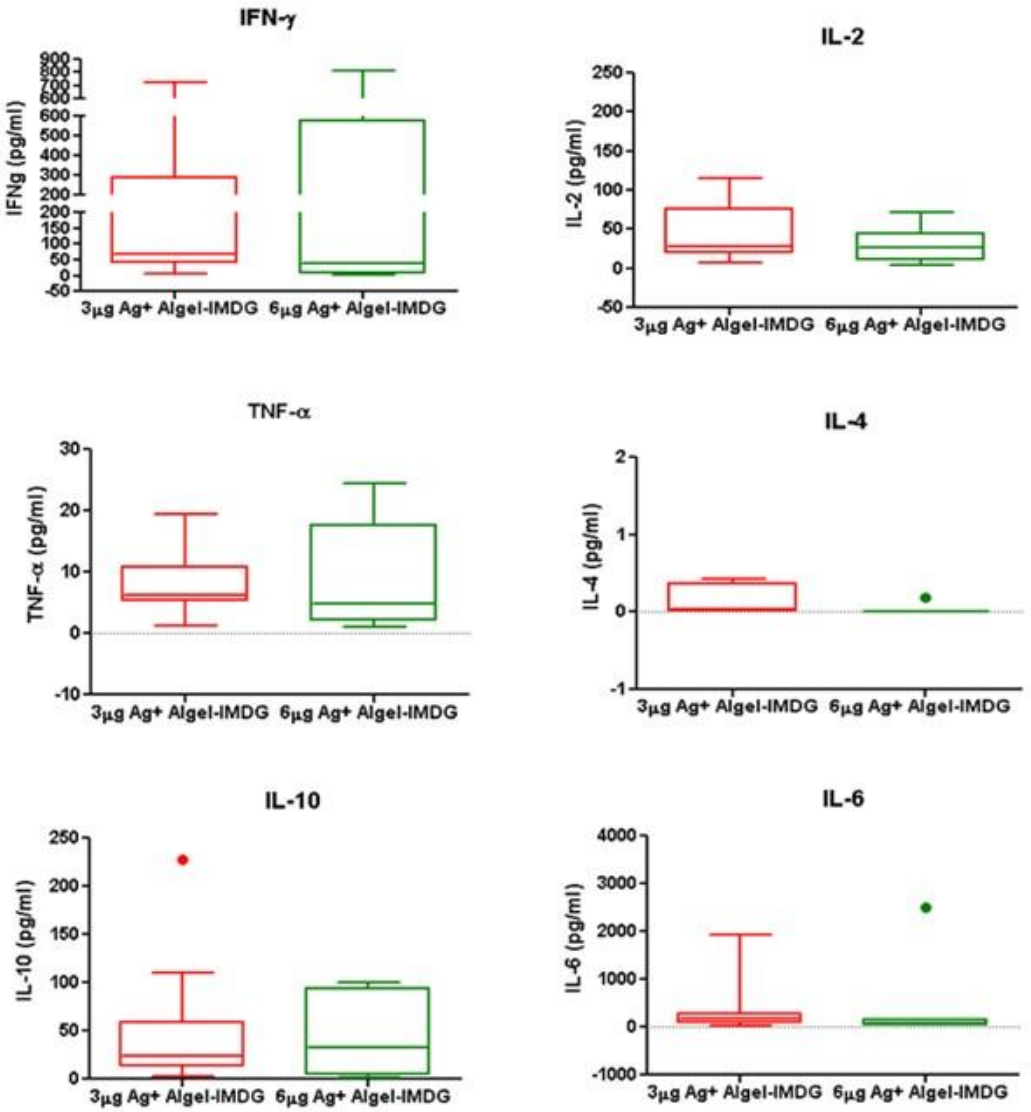
Figure S1: Cytokine profile measured from culture supernatant upon stimulation of PBMCs with antigen



Box plot represents mean with 95% CI values of secreted cytokine levels measured in the cell culture supernatant after 72hrs of whole virion inactivated antigen stimulation. PBMCs collected on Day 56 were used to measure Th1/Th2/Th17 cytokines by CBA method. Graphs and statistics done using Tukey test.

Figure S2: comparison between $PRNT_{50}$ assays at the two laboratories (Bharat Biotech and National Institute of Virology).

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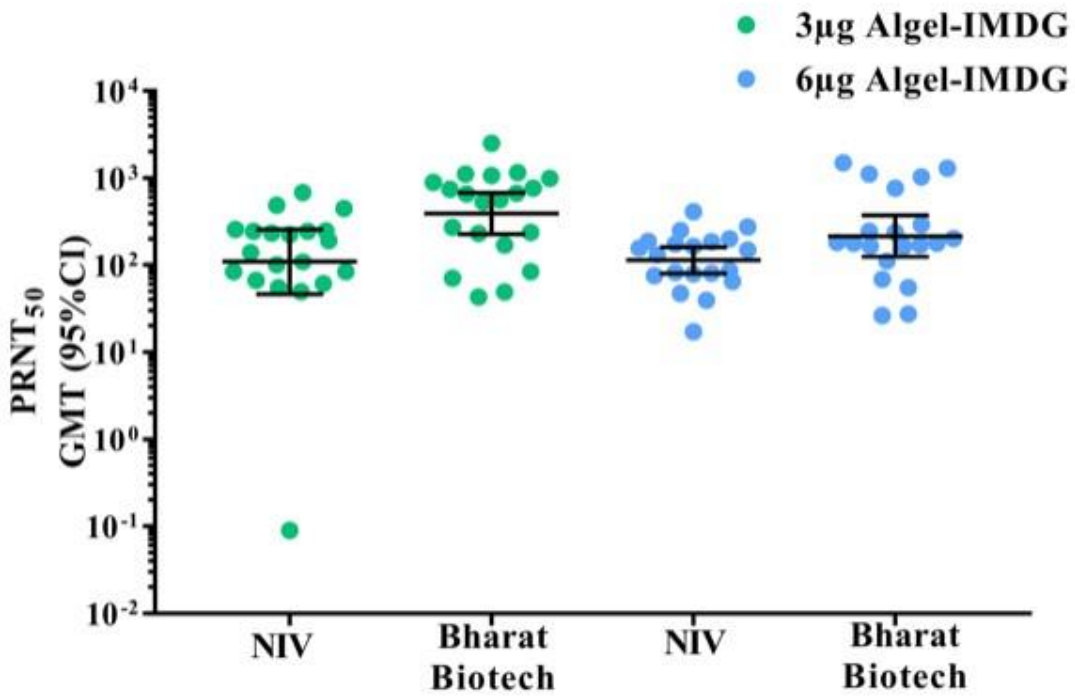
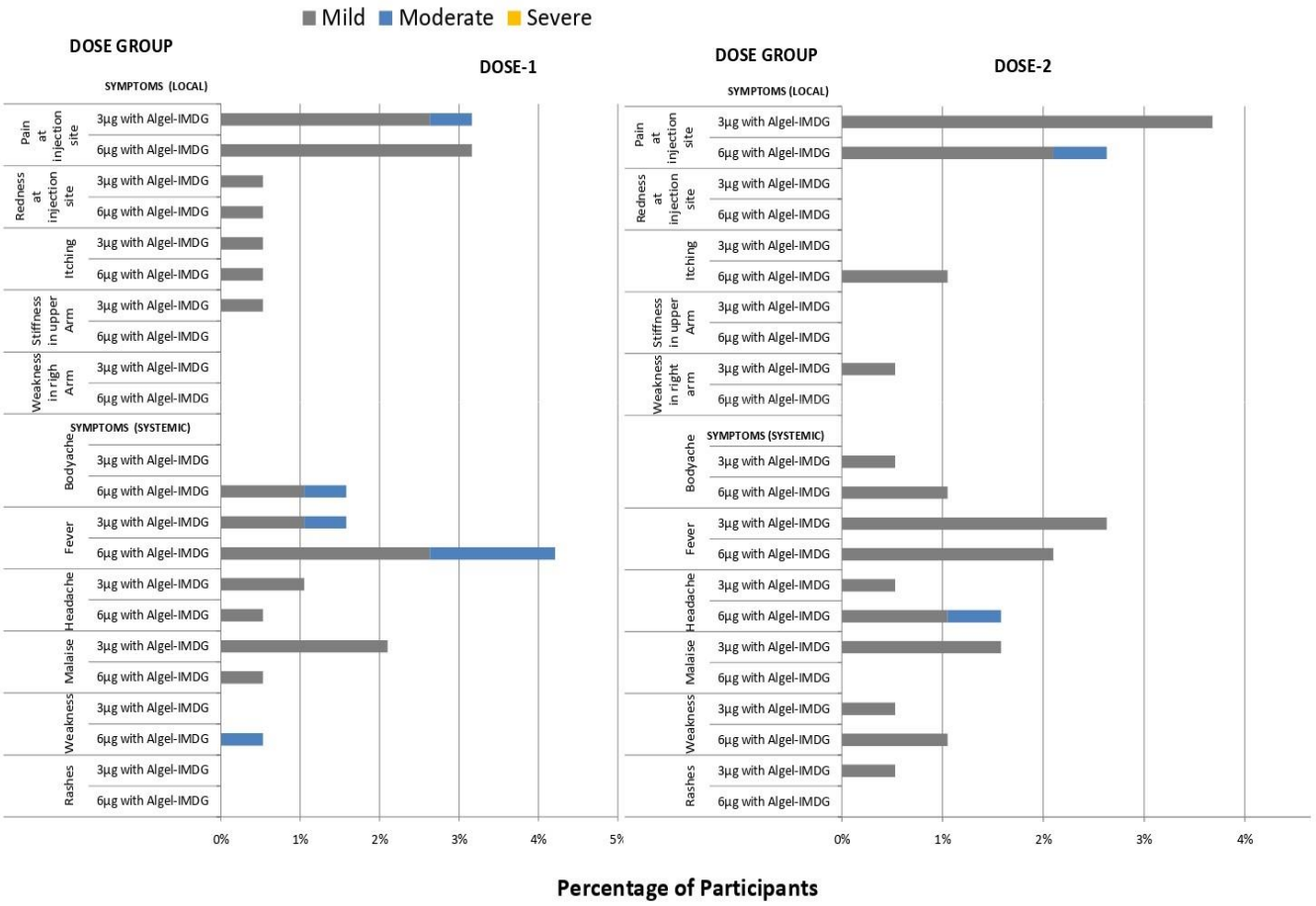


FigureS3: Solicited Adverse Events After Two Doses in the Safety Set



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ANNEXURE-3

INTEGRATED CLINICAL AND STATISTICAL REPORT

Title:	An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.
Protocol Number:	BBIL/BBV152-C/2020
Design:	This is a randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.
Phase:	III
Version:	1.0
Sponsor:	Bharat Biotech International Limited (BBIL), Genome Valley, Shameerpet, Hyderabad, Telangana, India. & Indian Council of Medical Research (ICMR), New-Delhi, India
Study Initiation Date:	16th November 2020
Study Completion Date:	Ongoing
Co-ordination Unit (Responsible for Preparation of the Report) Clinical Operations Management Unit	IQVIA & BHARAT BIOTECH INTERNATIONAL LIMITED

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Sponsor Representative:	Dr. V. Krishna Mohan Whole-time Director Bharat Biotech International Limited (BBIL) Genome Valley, Hyderabad India Tel +91 40 2778 4003 Fax: +91 40 2348 0560 Email:kmohan@bharatbiotech.com. and Dr. Nivedita Gupta Scientist F, Epidemiology and Communicable Diseases, Indian Council of Medical Research (ICMR), New-Delhi, India Tel: +91-11-26589397 Email: guptanivedita.hq@icmr.gov.in
GCP Statement:	The trial is being conducted in compliance with the protocol, GCP, Schedule Y (Drugs and Cosmetics Act, 2005) and Ethical Guidelines for Biomedical Research on Human Participants (Indian Council of Medical Research, 2006)
Date of Report:	05th March 2021
Prepared by:	Medical Affairs Department Bharat Biotech International Limited
Study period (years):	1 Year
Date of 1st Dose 1st Subject:	November 16, 2020
Date of 1st Dose last subject:	January 8, 2021
Trial Registration:	CTRI/2020/11/028976

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Signature Page:

Study Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Review and approval of the Integrated Clinical and Statistical report.

We have read this report and confirm that, to the best of our knowledge, it accurately describes the conduct and results of the trial.

Signature & Date

06/03/2021

Dr. V. Krishna Mohan
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Email: kmohan@bharatbiotech.com

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Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Protocol No.: BBIL/BBV152-C/2020

Investigational Vaccine: Whole-Virion Inactivated SARS-CoV-2 vaccine (BBV152B).

Study Population: A total sample size of 25,800 volunteers ages 18 years and above were recruited and administered with vaccine and placebo in 1:1 ratio.

The study was conducted in 25 sites all zone of India.

Study Centres and Investigators:

S No.	Site Codes	Site Name & Location	Zone
1	308	MG Medical College, Sri Balaji Vidyapeeth - Dr. PajanivelRanganadin (Pondicherry)	South
2	311	Vydehi institute of medical sciences – Dr. Akshata (Bangalore)	South
3	312	Director of Public Health & Preventive Medicine – Dr. SelvaVinayagam - (Chennai)	South
4	317	Government Fever Hospital, Guntur - Dr. Laxmi Kumari (Guntur)	South
5	320	Nizam's institute of Medical Sciences -Dr. Prabhakar Reddy (Hyderabad)	South
6	325	SRM Hospital & Research Center - Dr. Satyajit Mohapatra (Chennai)	South
7	326	Jeevan Rekha Hospital - Dr Amit Bhate, (Belgaum)	South
8	309	People's University - Dr. Raghavendra Gumashta (Bhopal)	Central
9	302	All India Institute of Medical Sciences – Dr. Chadramani Singh (Patna)	East
10	305	ICMR-National Institute of Cholera and Enteric Diseases - Dr. Suman Kanungo (Kolkata)	East
11	318	(IMS) & SUM Hospital - Dr. E Venkata Rao (Bhubaneswar)	East
12	301	All India Institute of Medical Sciences – Dr. Sanjay Rai (New Delhi)	North
13	303	ESIC Medical College and Hospital – Dr. Anil Pandey (Faridabad)	North
14	313	Aligarh Muslim University - Dr. Md. Shameem (Uttar Pradesh)	North
15	321	PGIMS - Dr. Savita Verma (Rohtak)	North
16	323	Gangaram - Dr Anupam Sachdeva (New Delhi)	North
17	324	Prakhar Hospital – Dr. Jitendra Kushwaha, Kanpur	North
18	307	Lokmanya Tilak Municipal General Hospital-Dr. N.T. Awad (Mumbai)	West
19	310	Rahate Surgical Hospital & ICU - Dr. Manish Multani (Nagpur)	West
20	315	GMERS Medical College and Civil Hospital - Dr. Parul Bhatt (Ahmedabad)	West
21	316	Sir J.J. Group of Hospitals - Dr. PritiMeshram (Mumbai)	West
22	322	Redkar Hospital and Research Centre - Dr. Sagar Redkar (Goa)	West
23	327	Maharaja Agrasen Multi speciality Hospital – Dr. Manish Kumar Jain - (Jaipur)	West
24	328	RCSMGMC & CPR Hospital – Dr. Sunita Jaiprakash Ramanand (Kolhapur)	West
25	329	Prakash Institute of Medical Science & Research – Dr. Vijaykumar Patil (Sangli)	West

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1. INTRODUCTION

The outbreak of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2/COVID-19) has, as on March 05th,2021, spread to over 216 countries across the globe, with a total of ~115 Million confirmed cases and ~ 2.5 Million deaths. The number of reported SARS-CoV-2 cases in India is also on an increase with ~11 Million confirmed cases and ~157000 deaths(1). Coronaviruses are a severe threat to the humans and other animals, earlier other members of the same family coronaviridae, SARS-CoV infected ~8000 people with a death rate of 10% and another member Middle East Respiratory Syndrome (MERS) virus was outbroken in the Middle East region and infected ~2000 people with 35% fatality rate(2) . Porcine epidemic diarrhea coronavirus (PEDV) has swept throughout the United States of America, causing an almost 100% fatality rate in piglets and wiping out more than 10% of America's pig population in less than a year(2).

Coronaviruses are the enveloped positive-stranded RNA viruses which have the largest genome among all RNA viruses with approximately 27 to 32 kb2. The viral genome is packed inside a helical capsid formed by the nucleocapsid protein (N) which is surrounded by an envelope. SARS-CoV viral envelope is associated with at least three structural proteins: The membrane protein (M) and the envelope protein (E) are involved in virus assembly, whereas the spike protein (S) mediates virus entry into host cells. Among these structural proteins, the spike forms large protrusions from the virus surface, giving coronaviruses the appearance of having crowns(2).

The SARS-CoV-2 virus transmits from person to person mainly through respiratory droplets(3).
The inhaled virus SARS-CoV-2 likely binds to epithelial cells in the nasal cavity and starts replicating. ACE2 is the main receptor for both SARS-CoV-2 and SARS-CoV(4,5). There is local propagation of the virus but a limited innate immune response. At this stage, the virus can be detected by nasal swabs. Although the viral burden may be low, these individuals are infectious. The RT-PCR value for the viral RNA might be useful to predict the viral load and the subsequent infectivity and clinical course. The virus propagates and migrates down the respiratory tract along the conducting airways, and a more robust innate immune response is triggered. Nasal swabs or sputum should yield the virus (SARS-CoV-2) as well as early markers of the innate immune response(6). The symptoms of SARS-CoV-2 infection appear after an incubation period of ~5 days(7). The period from the onset of SARS-CoV-2 symptoms to death ranged from 6 to 41 days with a median of 14 days. This period is dependent on the age of the patient and the status of the patient's immune system. It was shorter among patients >70 years old compared with those under the age of 70(8). The most common symptoms at the onset of SARS-CoV-2 illness are fever, cough, and fatigue, while other symptoms include sputum production, headache, hemoptysis, diarrhea, dyspnoea, and lymphopenia(9).

Till date, no specific treatment was recommended for SARS-CoV-2 infection hence, vaccines are a critical new tool in the battle against COVID-19. Various types of COVID-19 vaccines, such as DNA, RNA- based formulations, Recombinant subunit vaccines containing the viral protein (Spike) epitopes, vector based formulations (eg: Adeno virus) and traditional inactivated vaccines were developed(10–12). Bharat Biotech Int. Ltd., India has developed a whole-virion inactivated Covid-19 vaccine and evaluated for its safety and immunogenicity in a Phase 1 followed by phase 2 study and found that vaccine is safe and immunogenic(13,14). Bharat Biotech has been conducting a phase 3 efficacy study in 25,800 participants to evaluate the efficacy of the vaccine.

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2. STUDY DESIGN

The study is an endpoint-driven randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.

A total of 25,800 subjects were enrolled across India in 25 sites (3 Categories) and randomized in a 1:1 ratio to receive BBV152B vaccine and control. All participants will be assessed for efficacy and safety endpoints and provide a NP swab and blood sample before the first dose of IP. The NP swab and blood collected will be subject to RT-PCR and Anti-SARS-CoV-2 IgG antibodies. The results of this will not affect enrolment of the participant. Participants who are found to be positive for either RT-PCR or Anti-SARS-CoV-2 IgG antibodies will be excluded from the primary efficacy analysis.

The purpose of this Phase 3 study is to evaluate the protective efficacy, safety, and immunogenicity of the whole-virion inactivated SARS-CoV-2 vaccine, BBV152B. The Phase 3 study will follow randomized study participants for efficacy until virologically confirmed (RT-PCR positive) symptomatic COVID-19 participants will be eligible for the primary efficacy analysis. After reaching the target number (n=130) of symptomatic COVID-19 cases, the study will continue to assess safety until the completion of the study duration.

Case Definition of symptomatic COVID-19

The study is designed to accrue 130 symptomatic COVID-19 cases.This includes any participant who meets any of the two below following criteria:

• Case Definition for Primary Efficacy Symptomatic Endpoint

• Case Definition for Severe Symptomatic COVID-19

Any one of the below mentioned criteria (A or B) must be met, along with a positive SARS-CoV-2 RT-PCR confirmation to be a confirmed symptomatic case

Criteria A: One or More		**Criteria B: Two or More**
1. Shortness of Breath/Difficulty in Breathing 2. New onset Anosmia/Aguesia 3. Oxygen saturation of <94% or escalation by requiring supplemental Oxygen. 4. Pneumonia: diagnosed by chest X ray or CT scan 5. Evidence of Shock **6.** ICU Admission/Death	or	1. Fever 2. Chills 3. New cough 4. Myalgia/Fatigue 5. Headache 6. Sore throat 7. Nausea/Vomiting 8. Diarrhea 9. Congestion/ Runny Nose
	AND	
Positive SARS-CoV-2 RT-PCR test		

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SITE CATEGORIES:

Category 1 (Symptomatic): In addition to administering the IP, a series of post-dose telephonic follow-up visits will be scheduled to detect suspect symptomatic COVID-19 infections. If a suspect is identified, a nasopharyngeal sample will be collected from the participant for detecting the presence of COVID-19 infection. Telephonic follow-up will occur at 15 day intervals.

Category 2 (Symptomatic/Asymptomatic): In addition to administering the IP, a series of post-dose Nasopharyngeal samples for detecting incidence of Asymptomatic COVID-19 infection at 1-Month intervals will be collected.

Category 3 (Symptomatic/Asymptomatic+Immunogenicity): In addition to administering the IP, repeated NP swabs for asymptomatic, a series of blood samples will be collected for analyzing serum for immunological assessments.

3. STUDY POPULATION

As per the approved protocol, a total of 25,800 subjects were enrolled and received either vaccine or placebo in 1:1 ratio. Among these 25,800 participants 24,455 were received second dose and detailed site wise enrolled participants, second dose recipients and the participants who were followed up till Day 42 were listed in the Table 1.

TABLE 1: SUMMARY OF ENROLLED SUBJECTS AT EACH SITE

S No.	Site Name and Location	Subjects completed 1st dose	Subjects completed 2nd dose	Subjects Completed follow up (Day 42)
	Category 1: Sites			
1	All India Institute of Medical Sciences - (New Delhi)	659	629	629
2	All India Institute of Medical Sciences - (Patna)	1216	1137	1129
3	ESIC Medical College and Hospital - (Faridabad)	1126	1002	997
4	ICMR-National Institute of Cholera and Enteric Diseases - (Kolkata)	988	969	967
5	Lokmanya Tilak Municipal General Hospital - (Mumbai)	197	191	191
6	MG Medical College, Sri Balaji Vidyapeeth - (Pondicherry)	901	868	831
7	People's University - (Bhopal)	1725	1426	1424
8	Rahate Surgical Hospital & ICU - (Nagpur)	1670	1594	1579
9	Vydehi institute of Medical Sciences - (Bangalore)	496	476	429
10	Director of Public Health & Preventive Medicine - (Chennai)	29	27	27
11	Gangaram - (New Delhi)	318	276	276
12	Prakhar Hospital – (Kanpur)	2250	2244	2243
13	Jeevan Rekha – (Karnataka)	2227	2216	2216
14	Maharaja Agrasen Multi speciality Hospital - (Jaipur)	1494	1431	1124
15	Sunita Jaiprakash Ramanand - RCSMGMC & CPR Hospital - (Kolhapur)	887	882	737
16	Vijaykumar Patil - Prakash Institute of Medical Science & Research - (Sangli)	611	594	409
	Category 2: Sites			
17	Aligarh Muslim University - (Uttar Pradesh)	1008	938	937

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18	Gmers Medical College and Civil Hospital - (Ahmedabad)	1081	1018	1018
19	Sir J.J. Group of Hospitals - (Mumbai)	438	379	378
20	Government Fever Hospital - (Guntur)	1358	1351	1350
21	(IMS) & SUM Hospital - (Bhubaneswar)	510	495	494
22	SRM Hospital & Research Center – (Chennai)	603	446	404
	Category 3: Sites			
23	Nizam's institute of Medical Sciences - (Hyderabad)	1998	1888	1883
24	PGIMS - (Rohtak)	456	433	433
25	Redkar Hospital and Research Centre - (Goa)	1554	1544	1544
	Total	**25800**	**24454**	**23649**

3.1 AT-RISK POPULATION

In this study both healthy volunteers and participants with high risk for Covid-19 who is, either ≥ 60 years of age or < 60 years of age with co-morbid conditions, and HCPs were recruited.

Participants who are < 60 years old will be categorized as at risk for severe COVID-19 illness if they have at least 1 of the following risk factors at Screening:

- Stable chronic lung disease (eg, emphysema and chronic bronchitis), idiopathic pulmonary fibrosis and cystic fibrosis) or mild to moderate asthma.
- Stable cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, hypertension, and pulmonary hypertension).
- Severe obesity (body mass index ≥ 35 kg/m2).
- Controlled Diabetes (Type 1, Type 2).
- Stable Liver disease.

Participants who has high risk for Covid-19 were summarized in the Table 2 (>60 Years) and Table 3 (< 60 with Co-morbid condition).

TABLE 2: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900) n (%)	Placebo (N= 12, 900) n (%)	Total (N = 25,800) n (%)
At Risk Participants at baseline, Age ≥ 60 years			
Stable chronic heart disease	158 (1.22)	142 (1.10)	300 (1.16)
Stable chronic lung disease	12 (0.09)	16 (0.12)	28 (0.11)
Controlled Diabetic	101 (0.78)	107 (0.83)	208 (0.81)
Stable Liver Disease	4 (0.03)	8 (0.06)	12 (0.05)
Severe obesity (BMI >35)	2 (0.02)	2 (0.02)	4 (0.02)
Other stable co-morbid condition	129 (1.00)	142 (1.10)	271 (1.05)
None of the above	32 (0.25)	28 (0.22)	60 (0.23)
Multiple risk categories*	245 (1.90)	296 (2.29)	541 (2.10)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

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TABLE 3: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900) n (%)	Placebo (N= 12, 900) n (%)	Total (N = 25,800) n (%)
At Risk Participants at baseline, Age < 60 years			
Stable chronic heart disease	370 (2.87)	357 (2.77)	727 (2.82)
Stable chronic lung disease	108 (0.84)	148 (1.15)	256 (0.99)
Controlled Diabetic	593 (4.60)	613 (4.75)	1206 (4.67)
Stable Liver Disease	17 (0.13)	17 (0.13)	34 (0.13)
Severe obesity (BMI >35)	53 (0.41)	90 (0.70)	143 (0.55)
Other stable co-morbid condition	613 (4.75)	676 (5.24)	1289 (5.00)
None of the above	125 (0.97)	118 (0.91)	243 (0.94)
Multiple risk categories*	209 (1.62)	200 (1.55)	409 (1.59)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

3.2 GENDER AND AGEWISE CLASSIFICATION OF THE PARTICIPANTS:

In the study both the genders were recruited, among 25800 participants 17332 (67.2%) were male and 8468 (32.8%) were female participants. Detailed description of the participants categorized by their age and gender was depicted in the Table 4.

TABLE 4: GENDERAND AGE WISE CLASSIFICATION OF THE PARTICIPANTS

Gender	≥18 to ≤50	≥51 to ≤60	≥61 to above
Male	13790 (53.45%)	2085 (8.08%)	1457 (5.65%)
Female	6242 (24.19%)	1250 (4.84%)	976 (3.78%)

3.3 INFECTION RATE & SEROPREVALENCE

As per the protocol, all the participants were examined for their status on the Covid-19 infection and seroprevalence at baseline. Nasopharyngeal swab and serum were collected from all the participants and estimated the COVID-19 infection rate and seroprevalence among all the sites across India. The results were reported that 0.82% infection rate and 34.33% of the seroprevalence across the India. Site wise and zone wise seroprevalence and infection rate is depicted in the Table 5.

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TABLE 5: INFECTION RATE AND SEROPREVALENCE OF THE COVID-19

Site Code	Site	RTPCR Tested	RTPCR Positive	Infection Rate (%)	ELISA Samples	Positive	Seroprevalence (%)
NORTH							
301	AIIMS, Delhi	658	3	0.46	658	293	44.53
303	ESIC, Faridabad	1126	8	0.71	1126	290	25.75
313	AMU, Aligarh	1008	20	1.98	1002	311	31.04
321	PGIMS, Rohtak	456	14	3.07	456	72	15.79
323	Gangaram, New-Delhi	319	2	0.63	319	107	33.54
324	PRAKHAR, Kanpur	2250	5	0.22	2250	1031	45.82
				1.18			**32.75**
EAST							
302	AIIMS, Patna	1216	20	1.64	1216	801	65.87
305	NICED, Kolkata	989	8	0.81	989	264	26.69
318	IMS, Odisha	510	3	0.59	510	123	24.12
				1.01			**38.89**
WEST							
307	Sion Hospital, Mumbai	202	3	1.49	197	105	53.30
310	RAHATE, Nagpur	1672	11	0.66	1672	192	11.48
315	GMERS, Ahmadabad	1081	25	2.31	1081	387	35.80
316	JJ Hospital, Mumbai	437	5	1.14	437	200	45.77
322	REDKAR, Goa	1554	1	0.06	1554	497	31.98
326	Jeevan Rekha, Belgavi	2227	4	0.18	2227	936	42.03
327	MAMSH, Jaipur	1494	12	0.80	1494	698	46.72
328	RCSMGMC & CPR, Kolhapur	887	0	0.00	887	248	27.96
329	PIMSR, Sangli, MH	611	0	0.00	611	198	32.41
				0.74			**36.38**
SOUTH							
308	MGMCR, Pondicherry	901	3	0.33	901	433	48.06
311	VIMS, Bangalore	496	2	0.40	496	172	34.68
312	DPH, Chennai	29	1	3.45	29	13	44.83
317	Guntur, AP	1358	5	0.37	1358	380	27.98
320	NIMS, Hyderabad	1998	31	1.55	1998	423	21.17
325	SRM, Chennai	605	0	0.00	605	453	74.88
				1.02			**41.93**
CENTRAL							
309	Peoples University, Bhopal	1746	26	1.49	1736	234	13.48
TOTAL				**0.82**			**34.33**

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4. SAFETY

There are 25,800 participants were recruited in the study. It is decided to consider all AEs reported till 11 am (IST) March 1, 2021 for first 8000 enrolled participants. All the participants were followed up telephonically for 7 days after each dose of vaccination and reported all the solicited AEs. Unsolicited AEs from all the participants were reported throughout follow-up period (Till Day 42). A total of 655 adverse events were reported and equally distributed in both vaccine and placebo groups. Among these 655 AEs 605 were mild, 34 were moderate and 16 were severe and the severity of the AEs is similar in both the groups. All the AEs except 20 were resolved without sequelae. Detailed AEs list is summarized in the Table 6.

TABLE 6: SUMMARY OF ADVERSE EVENTS

Description	Treatment Arm		
	BBV152 (N=4,061) n (%)	**Placebo (N=3,804) n (%)**	**Total (N=7,865) n (%)**
No of Subject with at least one Adverse Event	335 (8.25)	300 (7.89)	635 (8.07)
No of Subjects with at least one Local Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	99 (2.44)	94 (2.47)	193 (2.45)
No of Subjects with at least one Local Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	55 (1.35)	39 (1.03)	94 (1.20)
No of Subjects with at least one Systemic Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	94 (2.31)	55 (1.45)	149 (1.89)
No of subjects with at least one Systemic Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	30 (0.74)	23 (0.60)	53 (No 0.67)
No of subjects with at least one Unsolicited Adverse Events	50(1.23)	67(1.76)	117 (1.49)
All Ongoing Adverse Events	9 (0.22)	11 (0.29)	20 (0.25)
Severity			
Mild	317 (7.81)	288 (7.57)	605 (7.69)
Moderate	17 (0.42)	17 (0.45)	34 (0.43)
Severe	9 (0.22)	7 (0.18)	16 (0.20)

4.1 SERIOUS ADVERSE EVENTS

All the participants (25800) were followed up for serious adverse events (SAEs) and 43 SAEs were reported till date and among those cases 33 were resolved, 3 cases are ongoing and 7 deaths were reported. All the SAEs were not related to the vaccine and distributed equally among the two treatment groups. Detailed description of the SAEs is given in the Table 7.

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TABLE 7: SAEs Line Listing

S. No	Study site (Screening Number)	Date of administration	Date of occurrence of SAE	Seriousness Criteria	Diagnosis of the Event	Causality Assessment by PI	Causality Assessment by Sponsor	Outcome of the Event
1	NIMS, Hyderabad (32000107)	19-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	20-11-2020	Hospitalization	Road traffic accident (RTA)-Crush Injury left foot and Fracture neck of 2nd 3rd and 4thmetatarsal.	Unrelated	Unrelated	Recovered and discharged from hospital on 23rd Nov 2020.
2	NIMS, Hyderabad (32000073)	18-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	29-11-2020	Hospitalization	Uncontrolled Type-2 Diabetes mellitus with Diabetic ketoacidosis and dyselectrolytemia.	Unlikely	Unrelated	Recovered and discharged from hospital on 12th Dec 2020
3	PGIMS, Rohtak (32100001)	20-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from hospital 30th Dec 2020 in stable condition
4	NIMS, Hyderabad (32000428)	28-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	Shortness of breath, pedal edema and fever (3 days).	Unlikely	Unrelated	Recovered and discharged from hospital 6th Dec 2020 in stable condition
5	NIMS, Hyderabad (32000272)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 11th Dec 2020 in stable condition
6	NIMS, Hyderabad (32000242)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	10-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 15th Dec 2020 in stable condition
7	Grant Medical College & JJ Hospital, Mumbai (31600192)	08-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	12-12-2020	Hospitalization	Homocysteine	Unrelated	Unrelated	Recovered and discharged from hospital in stable condition on 26th Dec 2020
8	SRM Medical College & Hospital, Chennai (32500018)	07-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	15-12-2020	Hospitalization	Clinical enteric fever with dehydration.	Unrelated	Unrelated	Recovered and discharged from hospital on 17th Dec 2020
9	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900546)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	17-12-2020	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from hospital on 18th Dec 2020 with advice to follow up for further treatment plan
10	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900809)	12-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	21-12-2020	Death	Death	Unrelated	Unrelated	Fatal
11	MGMCRI-SBV, Puducherry (30800390)	26-12-2020 (1st Dose) (Vaccine/Placebo; Blinded)	01-01-2020	Hospitalization	"Hollow viscus perforation with Acute Kidney Injury -? Cause"	Unrelated	Unrelated	Recovered

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		2nd dose was not administered						
12	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900578)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	06-01-2021	Hospitalization	Liver abscess	Unrelated	Unrelated	Recovered and discharged from hospital on 15th Jan 2021
13	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore. (31100060)	09-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-12-2020 (Date of awareness of SAE:06-01-2021)	Hospitalization	Left lung opacity-LRTI	Unrelated	Unrelated	Recovered and discharged from Hospital on 23rd December 2020
14	People's College of medical research center, Bhopal, Madhya Pradesh (30900546)	10/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-01-2021	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from Hospital on 21stJan 2021.
15	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901496)	18-12-2020 (1st Dose) (Vaccine/Placebo; blinded) 2nd dose was not administered	08-01-2021	Hospitalization	Injury in both the lower limbs (ankle)	Unrelated	Unrelated	Recovered and discharged from Hospital on 19th Feb 2021.
16	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901257)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	30-12-2020 (Date of awareness of SAE:13/01/2021)	Hospitalization	Mature cataract	Unrelated	Unrelated	Recovered and discharged from hospital on 1st Jan 2021.
17	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901279)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	03/01/2021 (Date of awareness of SAE: 13/01/2021)	Hospitalization	CAD with hypertension with B/L Pneuminitis /ACS/TVD. She was also positive with COVID-19.	Unrelated	Unrelated	Recovered and discharged from hospital on 6th Jan 2021.
18	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901436)	17/12/2020 (1st Dose) 14/01/2021 (2nd Dose) (Vaccine/Placebo; Blinded)	15/01/2021	Hospitalization	Acute cholecystitis and cholelithiasis.	Unrelated	Unrelated	Recovered and discharged from the hospital on 22 -01-2021
19	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901004)	14-12-2020 (1st Dose) 11-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	18-01-2021	Hospitalization	Renal Calculi with Hepatomegaly.	Unrelated	Unrelated	Recovered and discharged from the hospital on 19-01-2021
20	NIMS, Hyderabad (32001 145)	21-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-01-2021 (Date of awareness of the SAE:21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
21	Jawaharlal Nehru Medical college and Hospital,AMU, Aligarh (31300207)	25-11-2020 (1st Dose) 24-12-2020 (2nd dose) (Vaccine/Placebo; Blinded)	10-01-2021 (Date of awareness of the SAE-21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal

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22	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100290)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	11-01-2021 (Date of awareness of the SAE: 14-01-2021)	Hospitalization	Atypical viral pneumonia	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-01-2021
23	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901512)	18-12-2020 (1st Dose) 20-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	21-01-2021	Hospitalization	Generalised body pain	Unrelated	Unrelated	Recovered and discharged from the hospital on 25-01-2021
24	AIIMS, New Delhi (30100090)	5-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	22-01-2021 (Date of SAE Awareness: 24-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
25	GMERS Medical College and Civil Hospital, Sola, Ahmedabad (31500928)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	08-01-2021 (Date of awareness of SAE: 27-01-2021)	Death	Death	Unlikely	Unlikely	Fatal
26	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900901)	13-12-2020 (1st Dose) 10-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-02-2021	Hospitalization	Right eye mature cataract and left eye pseudophakia	Unrelated	Unrelated	Recovered and discharged from Hospital on 12th Feb 2021.
27	SRM Medical College Hospital & Research Centre, Kanchipuram,Tamil Nadu (32500447)	28-12-2020 (1st Dose) 25-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	31-01-2021 (Date of awareness by Sponsor: 01-02-2021)	Death	Death	Unrelated	Unrelated	Fatal
28	SRM Medical College Hospital & Research Centre Kanchipuram, Tamil Nadu (32500303)	23-12-2021 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	27-01-2021 (Date of awreness-02-02-2021)	Hospitalization	Viral pneumonia due to COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 9th Feb 2021 in stable condition
29	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900770)	12-12-2020 (1st Dose) 09-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Chronic Otitis media	Unrelated	Unrelated	Recovered and discharged from the hospital on18-02-2021
30	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Bronchial asthma	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-02-2021
31	Maharaja Agrasen Super speciality Hospital, Jaipur (32700845)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
32	Maharaja Agrasen Super speciality Hospital, Jaipur (32700848)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021

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33	AIIMS, New Delhi (30100013)	27-11-2020 (1st Dose) 26-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	03-02-2021 (Date of awreness-06-02-2021)	Hospitalization	Immune Thrombocytopenia Purpura.	Could be associated with the vaccine.	Under Evaluation	Recovered and discharged from the hospital on 08-02-2021
34	Director of Public Health & Medicine study site, Chennai (31200001)	09-12-2020 (1st Dose) 06-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 16-02-2021
35	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900391)	07-12-2020 (1st Dose) 05-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	Chronic otitis media	Unrelated	Un related	Recovered and discharged from the hospital on 22-02-2021
36	Prakash Institute of Medical Science & Research, Sangli, Maharashtra (32900012)	30-12-2020 (1st Dose) 26-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	13-02-2021	Hospitalization	Fever, headache, and cough	Unrelated	Unrelated	Recovered and discharged from the hospital on 14-02-2021
37	AIIMS, New Delhi (30100044)	02-12-2020 (1st Dose) 30-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	19-02-2021	Hospitalization	Myocardial infarction (MI)	Unlikely	Unrelated	Recovered and discharged from the hospital on 01-03-2021
38	NIMS, Hyderabad (32001185)	22-12-2020 (1st Dose) 19-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	COVID-19	Unlikely	Under Evaluation	Ongoing at the time of submission of the report by the investigator
39	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi (32300066)	19-12-2020 (1st Dose) 20-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	Fever and body ache	Under Evaluation	Under Evaluation	Ongoing at the time of submission of the report by the investigator
40	Aligarh Muslim University, Aligarh (31300560)	30-11-2020 (1st Dose) 31-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 27-02-2021)	Hospitalization	Epistaxis	Unrelated	Under Evaluation	Recovered and discharged from the hospital on 27-02-2021
41	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 03-03-2021)	Hospitalization	Acute exacerbation of COPD	Unrelated	Under Evaluation	Ongoing
42	AIIMS, New Delhi (30100314)	26-12-2020 (1st Dose) 23-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 05-03-2021)	Hospitalization	Cholecystitis	Unlikely	Under Evaluation	Recovered and discharged from the hospital on 02-03-2021
43	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100476)	06-01-2021 (1st Dose) 03-02-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	03-03-2021 (Date of Awareness:05-03-2021)	Death	Death	Under Evaluation	Under Evaluation	Fatal

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5. IMMUNOGENICITY

The Immunogenicity assessment was planned on the subset of the 600 participants who were recruited in the category 3 sites. All the blood samples from these participants were collected on Day 0, Day 28, Day 56 and these samples are being analysed. The immunogenicity data in terms geometric mean titers (GMTs) by neutralizing antibody, S-protein, and RBD specific anti-IgG binding titer will be submitted to CDSCO.

6. EFFICACY (INTERIM ANALYSIS)

We are considering first 43 RT-PCR (1/3 of 130 as proposed in 1st interim analysis) positive events and analysis has been done by taking data confirmed by sites. Participants who received two doses and not having PD (protocol deviation) are considered in efficacy population. The first interim analysis is based on 43 cases, of which 36 cases of COVID-19 were observed in the placebo group versus 7 cases observed in the BBV152 (COVAXIN®) group, resulting in a point estimate of vaccine efficacy of 80.6%.

TABLE 7: EFFICACY of BBV152

Description	Treatment Arm		
	BBV152 (N = 12218)	**Placebo (N=12199)**	**Total (N =24417)**
First occurrence of Virologically confirmed (RT-PCR) n (%)	7(0.057)	36(0.295)	43(0.176)
VE (%)	80.6		
95% CI	[78.1, 82.7]		
p value	<0.0001		

7. CONCLUSIONS

Phase 3 study is conducted to evaluate the efficacy and safety of the COVAXIN® vaccine. A total of 25800 participants were recruited, among these 67.2% were males and 32.8% were females. At-risk population, ages > 60 years (9.4%), participants (<60 Years) with co-morbid conditions (16.7%) were enrolled. COVID-19 seroprevalence was assessed among these 25800 participants at baseline and results reported that 34.3% of the participants were Seropositive.

All the participants were followed up for their safety, 43 SAEs were reported and among these 33 were resolved, 3 were ongoing and 7 deaths were reported. Among 25800 participants first 8000 enrolled participants AEs were recorded. A total of 655 AEs were reported and most of them were mild in severity. All the reported SAEs were not related to the vaccine.

COVAXIN® vaccine efficacy was assessed based on the 43 accrued COVID-19 cases and reported that the vaccine efficacy is 81%.

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ANNEXURE-4

INTERIM CLINICAL REPORT - RESTRICTED USE OF COVAXIN® UNDER CLINICAL TRIAL MODE

TITLE:	Restricted use of COVAXIN® under clinical trial mode.
PROTOCOL NO.:	Protocol No: BBIL/COVAXIN/2021
VERSION NO.:	4.0; Date: 12-01-2021
PRODUCT DETAILS:	Whole-Virion Inactivated SARS-CoV-2 vaccine (BBV152), COVAXIN™
SPONSOR:	Bharat Biotech International Limited (BBIL), Genome Valley, Shameerpet, Hyderabad, Telangana, India.
INITIATION DATE:	16/JAN/2021
DATE OF INTERIM REPORT:	06/MAR/2021
VERSION:	1.0
PREPARED BY:	Medical Affairs Department, Bharat Biotech International Limited and Sclin Soft technologies Pvt. Ltd.

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Signature Page:

TITLE:	Restricted use of COVAXIN® under clinical trial mode.
PROTOCOL NO.:	Protocol No: BBIL/COVAXIN/2021
VERSION NO.:	4.0; Date: 12-01-2021

We have read this report and conform that, to the bset of our knowledge it accurately describes the conduct and results of the trial.

Signature & Date

Dr. V. Krishna Mohan,
Executive Director,
Bharat Biotech International Limited
Genome Valley, Hyderabad, India

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1. INTRODUCTION:

Bharat Biotech International Limited (BBIL) in collaboration with Indian Council of Medical Research (ICMR) has developed an inactivated whole virion COVID-19 vaccine, COVAXIN®. The COVAXIN® has been evaluated for safety, reactogenicity and immunogenicity in phase 1 and 2 clinical trials and the trial reports were submitted to the Central Drugs Standard Control Organization (CDSCO) India. COVAXIN® has been approved under emergency use authorization with permission number MF/BIO/21/000002, dated 03.01.2021, F. No: BIO/MA/20/000103. This permission is given for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode, where COVAXIN® vaccine will be administered to the vaccine recipients and they will be followed up for safety.

COVAXIN® (prepared under Good manufacturing practices, as required under the Drugs and Cosmetics Act, 1940 and the NCDT Rules 2019) has been approved by CDSCO for Restricted Use in Emergency situation in Public Interest as an abundant precaution in Clinical Trial Mode, in India on 3rd January 2021.

2. ROLE OF ICMR:

The scientists of ICMR have played a substantial role in the "Implementation Plan" of Restricted use of COVAXIN® under clinical trial mode. Scientists and research associates from the following inistitutes were involved:

- National Institute of Nutrition, Hyderabad
- ICMR-RMRCNE, Dibrugarh
- ICMR-RIRMS, Patna
- ICMR-National Institute of Malaria Research, New Delhi
- ICMR-NICPR, Noida
- ICMR-NCDIR, Bengaluru
- ICMR-National AIDS Research Institute. Pune
- ICMR-RMRC, Bhubaneswar
- ICMR-DMRC, Jodhpur
- ICMR-National Institute for Research in Tuberculosis, Chennai
- ICMR- RMRC, Gorakhpur

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3. IMPLEMENTATION PLAN – PROCEDURES:

Bharat Biotech along with ICMR has taken approval for the Implementation Plan from the Cental Ethic Committee of ICMR and and SEC committee of CDSCO. Subsequently, BBIL has sent lakhs of hard copies of Fact Sheets, Informed Consent forms and Information Leaflets to each designated vaccination sites across the country.

1. The Fact sheet in regional language was provided to the vaccine recipient before vaccination and vaccine recipients were given time to read (in case of inability to read – it was read out to him/her by vaccination staff) to understand it. Opportunity was given to the vaccine recipients to ask clarifying questions to the vaccinator. Vaccinator has used the information leaflet to answer the queries raised by the vaccine recipient. Following questions and clarifications, the fact sheet was returned by the vaccine recipients to the vaccinator.

2. If the vaccine recipient agrees to be vaccinated with COVAXIN®, he/she has to sign an informed consent form (ICF) (in case of inability to write, he/she has put a left thumb impression on the ICF). Only after signing the informed consent, the vaccine recipients were vaccinated with COVAXIN®.

3. The informed consent is required at the time of first dose only. The separate consent is not required for subsequent dose.

3.1 Vaccination Procedure:

Vaccine recipients were provided information in local language pertaining to the vaccine administration with the help of a Fact Sheet containing details about COVAXIN®. On day 01 (Visit 1) and day 28 (Visit 2) recipients were administered with the doses of the COVAXIN® via the intramuscular route.

After Day 1 and Day 28 vaccination, Vaccine recipients were given Adverse Event Form to record the adverse events and they were made to remain for at least 30 minutes after vaccination for observation to record any adverse event.

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3.2 Adverse Events and SAEs Collection Procedure:

1. The designated staff has collated the consent forms obtained on the previous day for record keeping. These were files with date of vaccination, session site specifications and planning unit mentioned on it. A team, consisting of about 150 BBIL sales and marketing employees and ICMR employees, was set-up at the regional level to telephonically contact and enquire about the adverse events based on grouping of vaccine recipients as follows:
    - Day 7 after dose 1 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 28 after dose 1 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 7 after dose 2 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 28 after dose 2, including symptoms related to Covid-19 and positive RT-PCR test (if any)

2. The list of the vaccine recipients was generated on a daily basis with contact numbers.

3. Adverse events and serious adverse events following immunization (AEFI) informed during the aforementioned contacts were recorded application against the respective personnel identified of a vaccine recipient.

4. Grouping of the vaccine recipients in minor, severe and serious adverse event (as the case may be) was done by District Immunization Officer (DIO) on a daily basis. For all serious and severe cases, the Case Report Form (CRF) has been raised for further investigation by District AEFI Committee.

5. In case of any serious adverse events linked to the COVAXIN™ immunization program, the details of the serious adverse events were recorded by the designated Immunization officers or Health care workers of the vaccination site. BBIL has coordinated through email/telephone/other means to coordinate with the Immunization officers/Health care

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workers to get the required details of SAE. Upon receipt of these details, submitted SAE report to DSMB, ICMR Central Ethics Committee CDSCO/DCGI.

6. Causality of all SAEs was assessed by the Immunization officer, BBIL, ICMR Central Ethics Committee.

7. Drug regulators (Drugs Controller General of India, DCGI) has been provided with the collated data for review and assessment on vaccine safety, on a monthly basis.

8. The end point and the final outcome of the aforementioned AEFI monitoring related to COVAXIN was based on the recommendations made by the regulatory authority (DCGI).

A toll-free number and an email, the details of which are in the fact sheet, were assigned at BBIL to answer the queries of vaccine beneficiaries. Numerous queries via telephone and emails were addressed on a daily basis.

4. COVERAGE OF COVAXIN®:

As of 05th March 2021, a total of approximately 13.9 lakh doses of COVAXIN® have been administred in approximately 13.3 lakh beneficiaries. The beneficiaries included healthcare workers and frontline workers as designated by the Ministry of Health, Government of India. These doses were admininsterd in 18 States across India. A total of 20 Serious Adverse events have been reported in these beneficiaries. The cumulative coverage report of COVAXIN® across India, as of 05th March 2021, is given in **Table 1.**

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Table 1: Cumulative Coverage Report of COVAXIN (05.03.2021)

Cumulative Coverage of COVAXIN								
S.No.	State/UT	Cumulative Achievement			AEFI reported			
					Severe/Serious AEFIs		Deaths reported	
		1st Dose	2nd Dose	Total	1st Dose	2nd Dose	1st Dose	2nd Dose
1	Andhra Pradesh	74405	4219	78624	0	0	0	0
2	Assam	40772	2876	43648	1	0	0	0
3	Bihar	30777	5629	36406	0	0	0	0
4	Delhi	89743	4076	93819	9	0	0	0
5	Gujarat	222166	11096	233262	1	0	0	0
6	Haryana	37484	2619	40103	0	0	0	0
7	Jharkhand	32333	83	32416	0	0	0	0
8	Karnataka	6169	3111	9280	0	0	0	0
9	Kerala	64003	0	64003	0	0	0	0
10	Madhya Pradesh	123006	0	123006	1	0	0	0
11	Maharashtra	19673	2420	22093	1	0	0	0
12	Odisha	47920	12972	60892	1	0	0	0
13	Punjab	1307	0	1307	0	0	0	0
14	Rajasthan	177407	4696	182103	2	0	0	0
15	Tamil Nadu	13076	2411	15487	3	0	0	0
16	Telangana	48103	0	48103	1	0	0	0
17	Uttar Pradesh	173971	5951	179922	0	0	0	0
18	West Bengal	130175	282	130457	0	0	0	0
Total		**1332490**	**62441**	**1394931**	**20**	**0**	**0**	**0**

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5. FOLLOW-UP OF THE BENEFICIARIES:

The list of beneficiaries was generated on a daily basis with contact numbers. A team, consisting of about 150 BBIL sales and marketing employees and ICMR employees, was set-up at the regional level to telephonically contact and enquire about the adverse events. Adverse events and serious adverse events following immunization (AEFI) informed during the calls were recorded application against the respective personnel identified as a beneficiary.

With the best efforts of both BBIL and ICMR teams, we connected with the vaccine beneficiaries. Most of the telephonic calls were not answered and in many cases the phone numbers of the beneficiaries were incorrectly give. The summary of adverse events of enrolled beneficiaries is given in **Table 2.** The State-wise data of beneficiaries is given in **Table 3.**

A total of 20 serious adverse events have been reported in this implementation plan. Despite numerous attempts by BBIL and ICMR, data was not shared by the site immunization officers, and we could collect the data of 11 serious adverse events. The summary of serious adverse events is given in **Table 4.**

Table 2: Summary of Adverse Events of Enrolled Beneficiaries *(Available data)*

S. No	Parameter	Total
1	Number of Beneficiaries with AEFI in less than 30 mins	914
2	Number of Beneficiaries with AEFI in 7 days	6835
3	Number of Beneficiaries with AEFI in 28 days	400
4	Beneficiaries Hospitalised Due to SAE	20
5	SAE Death	0

*AEFI-Adverse Event following immunization.

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Table 3: State-wise Call-logs of Enrolled Beneficiaries *(Available data)*

S.No.	District / State	AEFI In less than 30 Minutes	AEFI Within 7 Days	AEFI Within 28 Days	SAE (Death)
1	Delhi	112	1366	40	0
2	Rajasthan	44	202	18	0
3	Tamil Nadu	51	1366	285	0
4	Assam	0	595	0	0
5	Orrisa	0	446	0	0
6	West Bengal	0	77	0	0
7	UP	0	431	0	0
8	Bihar	0	445	0	0
9	Jharkhand	0	197	0	0
10	Andhra Pradesh	0	0	0	0
11	Telangana	1	0	0	0
12	Karnataka	0	259	21	0
13	Kerala	0	0	0	0
14	Gujarat	0	82	0	0
15	Maharashtra	706	732	36	0
16	Haryana	0	637	0	0
17	Madhya Pradesh	0	0	0	0
Total		**914**	**6835**	**400**	**0**

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6. SUMMARY OF ADVERE EVENTS REPORTED (Available data):

- A total of 914 beneficiaries had Adverse event Following immunization within 30 mins.
- A total of 6835 beneficiaries had Adverse event Following immunization within 7 days
- A total of 400 beneficiaries had Adverse event Following immunization within 28 days.
- A total of 20 beneficiaries were hospitalized due to SAEs.

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Table 4: Summary of Serious Adverse Events *(Available data)*

S. No	Place of vaccination	Date of administration	Date of occurrence of SAE	Seriousness Criteria	Brief description about the Serious Adverse Event (SAE)	Outcome of the Event	Date of Submission of Initial Report to CDSCO, EC, and Sponsor by the PI	Date of submission report to DSMB
1.	New Delhi	16/01/2021 (1st Dose)	19/01/2021	Hospitalization	A male vaccine recipient of age 42 years was administered with the first-dose of COVAXIN on 16th January 2021. During the Day 7 follow-up, we came to know that a vaccine recipient who took COVAXIN at ESI Hospital, Basaidarapur, New Delhi has been admitted to the hospital with complaints of weakness on one side of the body (hemiparesis on one side of the body from the 4th Day onwards) as per the information written on the Adverse Event Form filled by the vaccine recipient. No immediate adverse event(s) was reported within 30 minutes after vaccination. On further telephonic follow-up with the concerned doctor of the hospital, he informed that the power in the limbs are 5/5 and it may not be hemiparesis, but the person has weakness on one side of the body. The details of the hospital records, laboratory reports, and treatment are still awaited from the vaccination centre.	Discharged from the hospital	25-01-2021	25-01-2021
2.	Tamil Nadu	09/02/2021 (1st Dose)	09/02/2021	Hospitalization	A female vaccine recipient of age 23 years was administered with the first dose of COVAXIN on 9th Feb 2021. She was admitted to the hospital within 30 minutes after vaccination with complaints of itching and rashes, treated accordingly, recovered and was discharged from the hospital on 11th Feb 2021. The details of the events are still awaited from the vaccination center.	Recovered on 11-02-2021	18-02-2021	18-02-2021

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3.	Tamil Nadu	17/02/2021 (1st Dose)	13/02/2021	Hospitalization	A female vaccine recipient of age 59 years was vaccinated with the first-dose of COVAXIN on 17th Jan 2021. She developed fever, and was tested positive for COVID-19 and was admitted to the hospital from 13th Feb 2021. The details of the events are still awaited from the vaccination center.	Details awaited from the vaccination centre	22-02-2021	22-02-2021
4.	Gujarat	13/02/2021 (1st Dose)	15/02/2021	Hospitalization	A male vaccine recipient of age 48 years was administered with the first-dose of COVAXIN on 13th Feb 2021. He had no immediate adverse events within 30 minutes after vaccination. He was admitted to the hospital from 3rd day of vaccination with complaints of fever, and diarrhoea, and is being treated in the hospital. The details of the events are still awaited from the vaccination center.	Details awaited from the vaccination centre	22-02-2021	22-02-2021
5.	Tamil Nadu	20/02/2021	29/02/2021	Hospitalization	A male vaccine recipient of age 55 years was administered with the first-dose of COVAXIN on 20 Feb 2021. She had no immediate adverse events within 30 minutes after vaccination. He was admitted to the hospital with complaints of Pain for 2days, Upper respiratory tract infection for 3days, Sugar level increased, admitted for COVID positive on 29-01-2021 and discharged on 02-02-2021. The details of the events are still awaited from the vaccination center.	Details awaited from the vaccination centre	25-02-2021	25-02-2021
6.	Delhi	01/02/2021 (1st Dose)	01/02/2021	Hospitalization	A Female vaccine recipient was administered with the first dose of COVAXIN on 1th Feb 2021. She was admitted to the hospital after vaccination with complaints of shivering, unconscious and was discharged within 4 hours from the hospital on 1st Feb 2021.	Discharged within 4 hours	05-03-2021	05-03-2021
7.	Delhi	01/01/2021 (1st dose)	20/01/2021	Hospitalization	A male vaccine recipient was administered with the first dose of COVAXIN on 18th Jan 2021. He was admitted to the hospital on 20th Jan 2021 with complaints of precipitation of	Details awaited from the vaccination	05-03-2021	05-03-2021

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					liver disease for hepatic encephalopathy and Shifted to ICU 25th Jan 2021.	centre		
8.	Delhi	12/02/2021 (1st dose)	17/02/2021	Hospitalization	A male vaccine recipient was administered with the first dose of COVAXIN on 12 Feb 2021. He was admitted to the hospital on 17 Feb 2021 after vaccination with complaints of low BP, Rashes, Fever, Itching Redness of Skin, Weakness, Vertigo, from the hospital on 22nd Feb 2021.	Details awaited from the vaccination centre	05-03-2021	05-03-2021
9.	Chennai	25/02/2021	05/03/2021	Hospitalization	A female vaccine recipient was administered with the first dose of COVAXIN on 25th Feb 2021. She was admitted to the hospital after vaccination on 5th Mar 2021 with complaints of pain, fever, body ache and malaise.	Details awaited from the vaccination centre	05-03-2021	05-03-2021
10.	Delhi	16/01/2021	16/01/2021	Hospitalization	A 21 year old Male vaccine recipient from Delhi was administered with the first dose of COVAXIN on 16th Jan 2021. The subject developed an anaphylactic reaction following on 16th Jan 2021 .Thereafter the subject presented with complaints of rash with predominance on chest and upper back associated with itching. A diagnosis of post vaccination allergic reaction was kept. Steroids were administered along with antihistamines. The subject is now symptomatically better at the time of discharge	Recovered & Discharged	05-03-2021	05-03-2021
11.	Delhi	25/01/2021	25/01/2021	Hospitalization	A 41 year female vaccine recipient was administered with the first dose of COVAXIN on 25th Jan 2021. She had no immediate adverse events within 30 minutes after vaccination. From day 3 onwards developed difficulty in breathing and chest pain admitted to the hospital on 29th Jan 2021 and discharged on 3rd Feb 2021.	Recovered & Discharged On 3rd Feb 2021.	05-03-2021	05-03-2021

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7. CONCLUSIONS:

The Restricted use of COVAXIN® under clinical trial mode was initiated on 16th Jan 2021. Under this program, a total of more than 13 lakh beneficiaries have been vaccinated with COVAXIN®.

Despite numerous attempts by BBIL and ICMR, data was not shared in a timely manner by the site immunization officers. A total of 8149 beneficiaries have reported adverse events following immunization. No death cases were reported in the restricted use of COVAXIN® under clinical trial mode. In conclusion, the COVAXIN® can be considered as a safe vaccine.

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ANNEXURE-5

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Neutralization of UK-variant VUI-202012/01 with COVAXIN vaccinated human serum

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Abstract

We performed the plaque reduction neutralization test ($PRNT_{50}$) using sera collected from the 26 recipients of BBV152/COVAXIN™ against hCoV-19/India/20203522 (UK-variant) and hCoV27 19/India/2020Q111 (heterologous strain). A comparable neutralization activity of the vaccinated individuals sera showed against UK-variant and the heterologous strain with similar efficiency, dispel the uncertainty of possible neutralization escape.

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Main text

The rapid surge inSARS-CoV-2 cases due to the Variant of Concern (VOC) 202012/01, also known as lineage B.1.1.7 or 20B/501Y.V1, in the United Kingdom (UK)[1] raised concerns in several countries. Many of these countries had direct flights to and from UK and the variant was associated with high transmissibility. Identification of other variants from South Africa[2]also initiated a global discussion on the challenges that these new variants could pose to the current vaccine candidates. The genome of the UK-variant has seventeen mutations, eight of which were found in spike receptor-binding domain (RBD) mediating the attachment of the virus to the angiotensin converting enzyme 2 (ACE2) receptor on the surface of human cells.[2]Therefore, it appeared that the majority of the vaccine candidates, being either recombinant or specifically targeting the single epitope of original D614G ancestral spike sequence, might not be able to generate an efficient immune response against the new variants. Here, we successfully isolated and characterized the hCoV-19/India/20203522 SARS-CoV-2 (VOC) 202012/01 from UK-returnees in India with all signature mutations of the UK-variant.[3] Earlier, we have reported development of an inactivated whole-virion SARS-CoV-2 vaccine BBV152 (COVAXIN™), which elicited remarkable neutralizing antibody response in phase I clinical trial against hCoV-19/India/2020770 (homologous), and two heterologous strains from the unclassified cluster namely hCoV-19/India/2020Q111 and hCoV-19/India/2020Q100.[4] In phase II clinical trial, the vaccine candidate showed noteworthy results withplaque reduction neutralization test ($PRNT_{50}$). The sero-conversion rate with neutralizing antibodies (NAb) following vaccination with BBV152 was 99.6%.[5] Here, we present the NAb titers ($PRNT_{50}$) to underline the efficacy of BBV152 vaccine candidate against SARS-CoV-2 UK-variant and one of the heterologous strains hCoV-19/India/2020Q111 (unclassified cluster)[6]. Sera collected from 38 vaccine

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recipients, who received BBV152 vaccine-candidate in phase-II trial4 had equivalent NAb titers to hCoV-19/India/2020770 homologous strain and two heterologous strains with the characteristic N501Y substitution of the UK-variant; hCoV-19/India/20203522 (UK strain) as well as hCoV-19/India/2020Q111 (Figure 1 A and B). The median ratio of 50% neutralization of sera was found to be 0.8 when compared with hCoV-19/India/2020770 against mutant hCoV19/India/20203522 (UK strain), and 0.9 while compared with hCoV-19/India/2020Q111. Non parametric Kruskal-Wallis test for the comparison of the $PRNT_{50}$ values from different groups revealed non-significant difference ($p > 0.05$; Figure1). Andreano E *et al*. reported an escape of the UK-variant with E484K substitution, which was followed by an 11-amino-acid insertion in the NTD N5 loop (248aKTRNKSTSRRE248k) from high NAb in convalescent plasma, which was a serious concern pertaining to the potential efficacy of the vaccines.[7] Our study evidently highlighted comparable neutralization activity of vaccinated individuals sera against variant as well as heterologous SARS-CoV-2 strains. Importantly, sera from the vaccine recipients could neutralise the UK-variant strains discounting the uncertainty around potential escape. It was reassuring from the $PRNT_{50}$ data generated in our laboratory that the indigenous BBV152/ COVAXIN™, following its roll out in vaccination program, could be expected to work against the new UK-variant. It is unlikely that the mutation 501Y would be able to dampen the potential benefits of the vaccine in concern.

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Data availability

The data that support the findings of this study are available from the corresponding authors upon reasonable request.

Author Contributions

PDY and GNS contributed to study design, data collection, data analysis, interpretation, writing and critical review. GRD and RE contributed to data analysis and interpretation, writing and critical review. RRS, NG, VKM and SP contributed to data collection, writing and critical review. PA and BB contributed to writing and critical review of the manuscript.

Conflicts of Interest

The authors declared no competing interest

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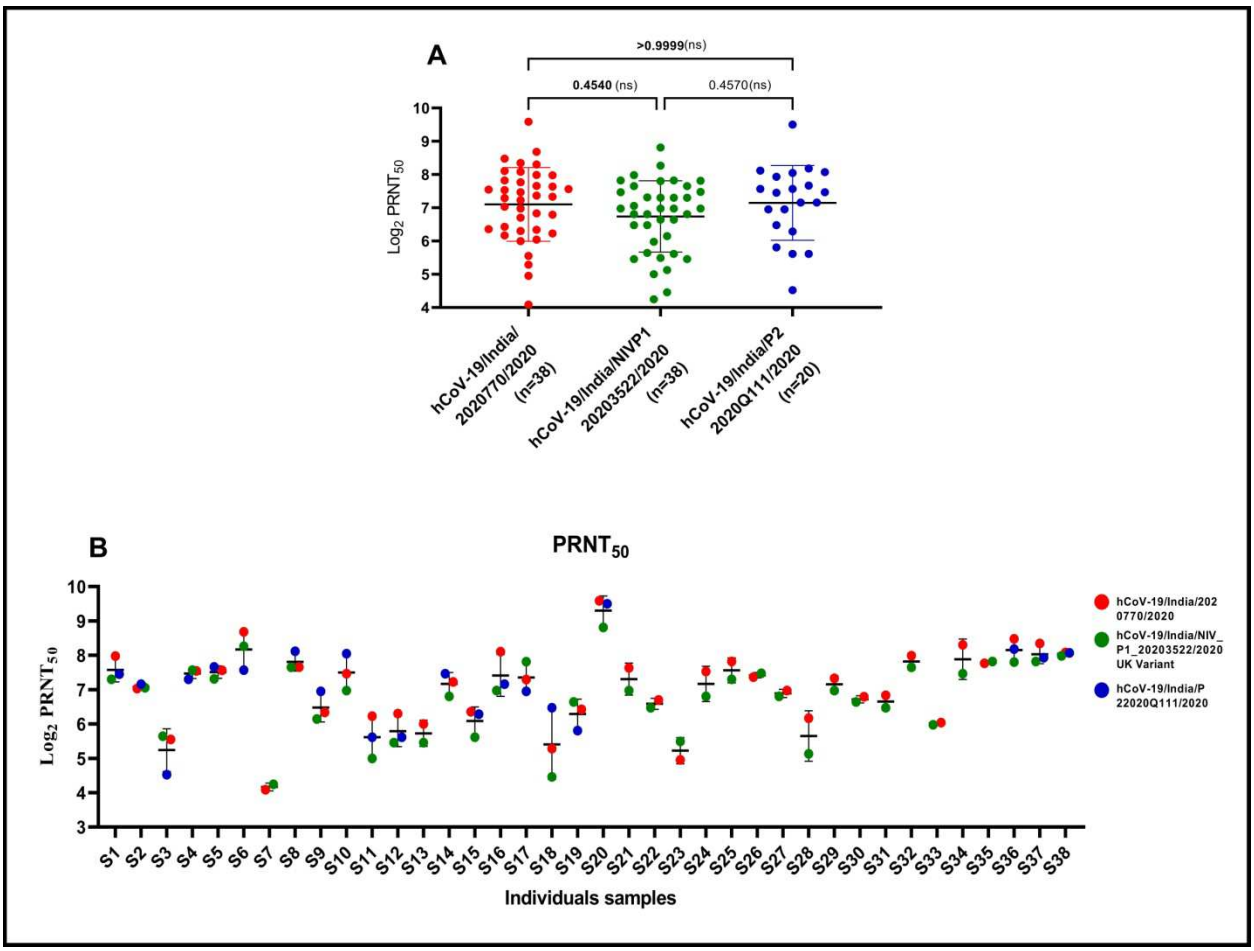

Figure 1: (A) Neutralising antibody response of BBV152/COVAXIN™ vaccinated sera against SARS CoV-2 strains: Neutralizing antibody titers ($PRNT_{50}$) of vaccine's sera against hCoV-19/India/2020770 (homologous), hCoV-19/India/20203522 (heterologous UK strain) and hCoV-19/India/2020Q111 (heterologous unclassified cluster). The bar represents the geometric mean and standard deviation of the respective group titers. Non-parametric Kruskal-Wallis test was used for the comparison of the $PRNT_{50}$ values from different groups. The p-values above 0·05 were considered non-significant and are marked on the figure (ns-non-significant). **(B) Comparison of $PRNT_{50}$ value of each vaccine recipient's sera with three strains of SARS CoV-2:** Neutralizing antibody titers ($PRNT_{50}$) of each vaccinees' sera against hCoV-19/India/2020770 (homologous), hCoV-19/India/20203522 (heterologous UK strain) and hCoV-

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19/India/2020Q111 (heterologous unclassified cluster).The bar represents the mean and standard deviation of the respective sera.

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DECLARAÇÃO

Importação de vacina contra Covid-19 nos termos da Lei 14.124/21 e RDC/ANVISA 476, de 10 de março de 2021 artigo 12 inciso I

A **PRECISA - COMERCIALIZACAO DE MEDICAMENTOS LTDA**., pessoa jurídica de direito privado, com endereço na Avenida Portugal, n.º 1100, Rua 5, parte A-14, Bairro Itaqui, Cidade de Itapevi, Estado de São Paulo, CEP 06696-060, CNPJ 03.394.819/0005-00, neste ato representada por **Emanuela Batista de Souza Medrades**, brasileira, farmacêutica, portador do RG 35.435.759-1- SSP-SP e CPF 330.976.208-42, considerando o disposto na Resolução de Diretoria Colegiada - RDC nº 476, de 10 de março de 2021, **DECLARA,** sob as penas da lei, **que trata-se de importação de vacina contra a Covid-19 nos termos da Lei 14.124/21 e RDC/ANVISA 476, de 10 de março de 2021, conforme art. 12 inciso I.**

Por ser expressão da verdade, firmamos a presente para que surta os seus efeitos legais.

Brasília/DF, 17 de março de 2021.

EMANUELA BATISTA DE SOUZA MEDRADES:33097620842

Assinado de forma digital por EMANUELA BATISTA DE SOUZA MEDRADES:33097620842
Dados: 2021.03.22 10:19:58 -03'00'

EMANUELA BATISTA DE SOUZA MEDRADES
CPF 330.976.208-42
Representante Legal/Técnica

MADISON
Biotech PTE Ltd

PROFORMA INVOICE

EXPORTER MADISON BIOTECH PTE LIMITED 31 Cantonment Road Singapore -089747 Company Registration No: 202005277E	No & Date No: MAD/HM/2021/07 19 March 2021 Exporter's Ref Buyer's Order No : Other Reference(s)
CONSIGNEE HEALTH'S MINISTRY (ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG SADM – SERVIÇO DE ARMAZENAMENTO E DISTRIBUIÇÃO DE MEDICAMENTOS RUA JAMIL JOÃO ZARIF, 684, JARDIM SANTA VICÊNCIA, UNIDADES 11 A 17 E 18A. CEP: 07143-000- MUNICÍPIO DE GUARULHOS	**BUYER** HEALTH'S MINISTRY (ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG SADM – SERVIÇO DE ARMAZENAMENTO E DISTRIBUIÇÃO DE MEDICAMENTOS RUA JAMIL JOÃO ZARIF, 684, JARDIM SANTA VICÊNCIA, UNIDADES 11 A 17 E 18A. CEP: 07143-000- MUNICÍPIO DE GUARULHOS
Pre Carriage By / Place of Receipt By Pre-Carrier	Country of Origin of Goods: INDIA / Country of Final Destination: BRAZIL
Vessel / Flight No / Port of Loading: HYDERABAD, INDIA	
Port of Discharge / Final Destination	Terms Payment : 100% Advance payment Dispatched by : FCA Hyderabad Dispatch : In the month of April 2021 Currency USD

No	PRODUCT	PACK SIZE	Quantity	Unit Price USD	Amount USD
1.	COVAXIN (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml	300,000	150.00	45,000,000.00
				Total: CIP	45,000,000.00
	Amount in Words: USD FORTY FIVE MILLION ONLY.				

Bank name DBS Bank.
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.
Account number: 0720224590
IFSC Code: DBSSOIN0811
SWIFT Code: DBSSSGSG.

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

For, MADISON BIOTECH PTE. LTD.

AUTHORISED SIGNATORY

Mensagem Parte 01 (0021609932) SEI 25000.100536/2021-98 / pg. 266

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 22 de março de 2021 10:24
Para: William Amorim Santana; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Luis Ricardo Fernandes Miranda
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I
Anexos: India EUL 12032021.pdf; DECLARACAO_ART_12_III_Ateste de adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância.pdf; BBV152-CDSCO-IB-Phase 3_V4.0.pdf; Phase 3 Efficacy Study Interim Report.pdf; DECLARACAO_ART_12_I_Importação de vacina contra Covid-19-2.pdf; PI ON LETTER HEAD.pdf

Senhores, bom dia.

Conforme solicitado, estamos fracionando os documentos para abertura de LI em formato de autorização excepcional de importação conforme RDC 476/2.021.

Aguardo orientações,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: quinta-feira, 18 de março de 2021 16:39
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades

<emanuela.medrades@precisamedicamentos.com.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezada Regina Célia,

Boa tarde!

Conforme contato, recebemos essa mensagem da Empresa Precisa Medicamentos solicitando providências quanto a execução do contrato 29/2021 para importação da vacina COVAXIN, bem como as tratativas junto a ANVISA para liberação da mesma.
Tendo em vista tratar-se de aquisição via contrato, encaminho a área demanda para manifestação junto ao fornecedor quanto aos procedimentos necessários.
Caso julgue pertinente qualquer manifestação desta DIIMP, nos colamos à disposição.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Itapevi, 17 de março de 2.021.

À

DLOG/MS – DEPARTAMENTO DE LOGÍSTICA DO MINISTÉRIO DA SAÚDE.

DOSSIÊ PARA CONCESSÃO PARA AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO DE VACINA PARA O COVID-19 AUTORIZADOS PARA USO EMERGENCIAL POR AUTORIDADES SANITÁRIAS ESTRANGEIRAS NOS TERMOS DO ART/15 DA RDC 476 DE 10 DE MARÇO DE 2.021.

Ref. IMPORTAÇÃO DE VACINA PARA COVID 19 AUTORIZADAS PARA USO EMERGENCIAL POR AUTORIDADE ESTRANGEIRA

A Precisa Comercialização de Medicamentos Ltda, inscrita no CNPJ. 03.394.819/0005-00, representante exclusiva da Bharat Biotech International Limited desenvolvedora da vacina COVAXIN contra SARS-CoV-2, desenvolvida com base na tecnologia de virion inteiro inativado, com origem na Índia, o qual firmou o contrato de número 29/2.021 com o Ministério da Saúde em 25 de fevereiro de 2.021 com o compromisso de fornecer 20.000.000 (vinte milhões) de doses para utilização pela união através do PNO – Plano Nacional de Operacionalização da Vacina contra Covid19, conforme cronograma apresentado no TR.

Considerando que:

- Os prazos acordados estão diretamente relacionados as aprovações da Agência Nacional de Vigilância Sanitária -ANVISA no momento da assinatura do contrato em vigor;
- Conforme RDC 476 de 2.021, seguindo as exigências de tal resolução, iremos apresentar a documentação exigida para as vacinas que possuem autorização de uso emergencial em autoridades sanitárias estrangeiras;
- Com base no contrato assinado, o importador e *consignee* será o Ministério da Saúde através do Departamento de Logística em Saúde – DLOG.

Da Caracterização do produto e sua origem:
CARACTERÍSTICAS FÍSICO-QUÍMICAS, ORGANOLÉPTICAS E BIOLÓGICAS
Informações gerais e Caracterização do Insumo Farmacêutico Ativo:

Nomenclatura

Denominação Comum Brasileira (DCB)	12473
Denominação Comum Internacional (DCI)	NA
Nome químico	Antígeno do Vírus Corona Inativado, Virion Inteiro
Código da empresa ou Laboratório e Chemical Abstracts Service (CAS)	NA

Estrutura

Estrutura	SARS-COV-2 (NIV 2020-770) abriga um linear genoma de RNA de fita simples com sentido positivo, que codifica 4 proteínas estruturais pico (S), envelope (E), membrana (M) e nucleocapsídeo (N)] dos quais S é um principal antígeno protetor que induz anticorpos neutralizantes altamente potentes (NAbs), 16 proteínas não estruturais (nsp1-nsp16) e várias proteínas acessórias

Proteínas específicas do SARS-COV-2 (NIV 2020-770):

	Nome da Proteína	Peso Molecular
Proteína Spike	Monômero de Proteína S Trimérica	~180 kDa
	Proteína S1	~114 kDa
	Proteína S2	~91.5kDa
Nucleoproteína	-	~48kDa
Proteína-M	-	~ 25 kDa

Propriedades Gerais

Descrição física	Líquido límpido, incolor, translúcido, livre de partículas
pH	7,00 – 8,00
Esterilidade	Nenhum crescimento deve ser observado (produto estéril)
Conteúdo total de proteína	NLT 15.00 µg/ mL
Teste amplificação do vírus Corona	Nenhum vírus vivo residual deve ser observado
Teste da Inativação de do vírus Corona	Nenhum CPE (células com Efeitos Citopático deve ser observado
Conteúdo de Residual de DNA celular	NMT 10.00 ng/mL
Conteúdo de Residual de albumina sérica bovina	NMT 50.00 ng/mL
Pureza antigênica por SDS - PAGE	Deve mostrar apenas bandas específicas do vírus Corona
Endotoxinas bacterianas	Menos que 25 unidades internacional (IU) / mL

Conteúdo Residual de β-propiolactone (BPL)	Nenhum Residual de β-propiolactone (BPL) deve estar presente
Conteúdo residual de tripsina por método Elisa	Informativo

Componente	**DCB /CAS**	**Função**	**Forma farmacêutica:** suspensão injetável Concentração: **Qtde/dose**
Antígeno do Vírus Corona Inativado, Virion Inteiro	DCB: 12473	Ingrediente Biológico ativo	6.0 µg
Hidróxido de Alumínio Gel equivalente a Alumínio (Al3+)	CAS: 21645-51-2	Adjuvante	0,25 mg
AgonistaTLR7/8		Adjuvante	15 µg
2-fenoxietanol	DCB: 03991 CAS: 122-99-6	Conservante	2.5 mg
Phosphate Buffered Saline	NA	Diluente	q.s to 0.5 mL

#TLR7/8 Agonist is Imidazo quinolin gallamide (IMDG)
#During development Algel-IMDG is referred as Algel2; IMDG is Imidazo quinolin gallamide is an Agonist molecule also referred as TLR7/8.
*SHD: Single human dose

NOME E ENDEREÇO DO FABRICANTE

Fabricantes

Nome	Endereço	Responsabilidade	Fase do ensaio clínico
Bharat Biotech International Limited.	Sy.No.230, 231 & 235, Turkapally, Genome Valley, Shamirpet Mandal, Medchal-Malkajgiri District, Telangana, India – 500078.	Processo Produtivo completo	Fase II/III

1. [Ofício do Ministério da Saúde de solicitação de autorização excepcional e temporária para importação de vacina contra Covid19 autorizada excepcionalmente por autoridade sanitária estrangeira á ANVISA];

   Solicitamos a este departamento de logística que provejam este documento que deverá ser necessária para apresentação a Agência Nacional de Vigilância Sanitária.

2. [Anexo 2 - Declaração informando tratar-se de importação de vacina contra Covid19 nos termos da Lei 14.124/21] país de origem, a identificação do produto e o cronograma pretendido para importação];

3. [Anexo 3 - Comprovação AUE estrangeira/Relatório técnico de avaliação de AUE emitido pela autoridade sanitária internacional -CDSCO];

4. [Anexo 4 - Declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância – Modelo em anexo a RDC];

5. [LI – SISCOMEX – a ser preenchida pela equipe de importação (DIIMP/Despachante)].

Documentos complementares

6. [Documentos que atestam Qualidade, Eficácia e Segurança da Vacina]
   6.1. [Anexos Fase 1 Publicação Científica/ Fase 2 Publicação Científica/ Fase 3 Report Interino] ;
   6.2. Qualidade: GMP CDSCO [Anexo CDSCO UEL], GMP WHO [Anexo GMP WHO] e avaliação submetida de CBPF nos expedientes 1040299211 e 1040161219 em fase final de apreciação pela ANVISA;

   6.3. Segurança: Farmacovigilância;

7. [Condições gerais para transporte, armazenagem para garantia da manutenção da qualidade – Estudos de Estabilidade];

   7.1. [Certificados do equipamento de acondicionamento Anexos Qualificação Envirotainer]

   7.2. [Anexo – DOU Autorização de Funcionamento – Fornecedora e Armazém]

   7.3. [Anexo - Estudos de estabilidade de longa e curta duração;]

Nos mantemos a disposição para maiores esclarecimentos,

Atenciosamente.

PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA.
03.394.819/0005-00

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 22 de março de 2021 10:28
Para: Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: IMPORTAÇÃO DE VACINA PARA COVID 19 AUTORIZADAS PARA USO EMERGENCIAL POR AUTORIDADE ESTRANGEIRA.pdf

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de **18/03/2021**, documentação proveniente da empresa **PRECISA MEDICAMENTOS** referente a solicitação de autorização de embarque para 1ª parcela **Contrato 29/2021 VACINA COVAXIN/BBV152.**

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se **05 (cinco)** dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL			
PARCELA	COMPRIMIDOS	ENTREGA	RECEBIMENTO
1ª	4.000.000	17/03/2021	EM TRAMITE
2ª	4.000.000	27/03/2021	
3ª	4.000.000	11/04/2021	
4ª	4.000.000	26/04/2021	
5ª	4.000.000	06/05/2021	
TOTAL	20.000.000		

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana
Ministério da Saúde

DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Thiago Fernandes da Costa
Enviado em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana; Regina Celia Silva Oliveira; Renata Marques Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Francieli Fontana Sutile Tardetti Fantinato; Lauricio Monteiro Cruz
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

Thiago Fernandes da Costa
Gestão de Insumos
Departamento de Imunização e Doenças Transmissíveis – DEIDT
Secretaria de Vigilância em Saúde - SVS
☎ (61) 3315-3646

De: William Amorim Santana <william.santana@saude.gov.br>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de **18/03/2021**, documentação proveniente da empresa **PRECISA MEDICAMENTOS** referente a solicitação de autorização de embarque para 1ª parcela **Contrato 29/2021 VACINA COVAXIN/BBV152.**

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se **05 (cinco)** dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL			
PARCELA	COMPRIMIDOS	ENTREGA	RECEBIMENTO
1ª	4.000.000	17/03/2021	EM TRAMITE
2ª	4.000.000	27/03/2021	

3ª	4.000.000	11/04/2021
4ª	4.000.000	26/04/2021
5ª	4.000.000	06/05/2021
TOTAL	20.000.000	

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 22 de março de 2021 12:17
Para: Lenice Guimaraes Araujo
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho
Assunto: Oficio de solicitação de concessão de excepcionalidade VACINA COVAXIN (INDIA)

Prezada Lenice,

Bom dia!

Conforme conversado, segue minuta do Oficio no qual solicita autorização excepcional para importação das parcelas, objeto do contrato 29/2021 aquisição de 20.000.000 (vinte milhões) de doses da vacina COVAXIN (indiana).

MINUTA

Ao Gabinete do Diretor-Presidente da Agência Nacional de Vigilância Sanitária- GADIP
SIA, Trecho 5, Área Especial 57, Lote 200, Bloco A/B, 1º Andar
CEP.: 71205-050
Telefones: (61) 3462-4342
Email: gabinete.presidencia@anvisa.gov.br

Assunto: Solicitação de autorização para importação em caráter Excepcional de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN

Senhor Diretor Presidente,

Considerando Decreto Legislativo nª 06 de 20 de março de 2020 que ratifica o Reconhecimento, para os fins do art. 65 da Lei Complementar nº 101, de 4 de maio de 2000, a ocorrência do estado de calamidade pública, nos termos da solicitação do Presidente da República encaminhada por meio da Mensagem nº 93, de 18 de março de 2020;

Considerando trata-se de processo de aquisição celebrado entre este Ministério da Saúde (MS) e a empresa BHARAT BIOTECH LIMITED INTERNATIONAL, representada pela empresa PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA, CNPJ: 03.394.819/0005-00, com sede na Avenida Portugal nº 1100, Rua 5, Parte A-14-B, Itaqui, Itapevi/SP, CEP: 06.696-060, pelo instrumentado Contrato 29/2021 para aquisição de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN/BBV152 divididos em 05 (cinco) parcelas de 4.000.000 (quatro milhões) cada.

Considerando que o fabricante **BHARANT BIOTECH INTERNATIONAL LIMITED (BBIL)** localizado na **Genome Valley, Shameerpt, Hyderabad, Telangana, Índia**, não possui registro sanitário junto a Agência Nacional de Vigilância Sanitária (ANVISA);

Considerando o disposto nos Art. 4º e 5ª da Resolução da Diretoria Colegiada (RDC) nª 476, de 10 de março de 2021 que:

> *"Estabelece os procedimentos e requisitos para submissão de pedido de autorização excepcional e temporária para importação e distribuição de medicamentos e vacinas contra Covid19 para o enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), nos termos da Lei nº 14.124, de 10 de março de 2021". e*

Considerando tratar-se de insumo essencial para o enfrentamento da Pandemia de SARS-COV-2.

Mensagem Parte 01 (0021609932) SEI 25000.100536/2021-98 / pg. 281

Este Departamento de Logistica (DLOG/SE-MS), vem por meio deste, *mui respeitosamente,* solicitar a Vossa Senhoria autorização para esta importação **EM CARÁTER EXCEPCIONAL das 20.000.000 (vinte milhões) de doses,** objeto do contrato em questão, afim de seja dada a devida continuidade deste processo.

Atenciosamente,

Roberto Ferreira Dias
Diretor do Departamento de Logística em Saúde

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

Thiago Fernandes da Costa
Gestão de Insumos
Departamento de Imunização e Doenças Transmissíveis – DEIDT
Secretaria de Vigilância em Saúde - SVS
☎ (61) 3315-3646

De: William Amorim Santana <william.santana@saude.gov.br>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de **18/03/2021**, documentação proveniente da empresa **PRECISA MEDICAMENTOS** referente a solicitação de autorização de embarque para 1ª parcela **Contrato 29/2021 VACINA COVAXIN/BBV152.**

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se **05 (cinco)** dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL			
PARCELA	COMPRIMIDOS	ENTREGA	RECEBIMENTO
1ª	4.000.000	17/03/2021	EM TRAMITE
2ª	4.000.000	27/03/2021	
3ª	4.000.000	11/04/2021	
4ª	4.000.000	26/04/2021	
5ª	4.000.000	06/05/2021	
TOTAL	20.000.000		

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760

william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

Ministério da Saúde
Secretaria Executiva
Departamento de Logística em Saúde

OFÍCIO Nº 62/2021/DLOG/SE/MS

Brasília, 22 de março de 2021.

Ao Senhor
ANTONIO BARRA TORRES
Diretor-Presidente da Agência Nacional de Vigilância Sanitária- GADIP
SIA, Trecho 5, Área Especial 57, Lote 200, Bloco A/B, 1º Andar
CEP.: 71205-050
Telefones: (61) 3462-4342
Email: gabinete.presidencia@anvisa.gov.br

Assunto: Solicitação de autorização para importação em caráter Excepcional de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN

Senhor Diretor Presidente,

1. Considerando Decreto Legislativo nª 06 de 20 de março de 2020 que ratifica o Reconhecimento, para os fins do art. 65 da Lei Complementar nº 101, de 4 de maio de 2000, a ocorrência do estado de calamidade pública, nos termos da solicitação do Presidente da República encaminhada por meio da Mensagem nº 93, de 18 de março de 2020;

2. Considerando trata-se de processo de aquisição celebrado entre este Ministério da Saúde (MS) e a empresa BHARAT BIOTECH LIMITED INTERNATIONAL, representada pela empresa PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA, CNPJ: 03.394.819/0005-00, com sede na Avenida Portugal nº 1100, Rua 5, Parte A-14-B, Itaqui, Itapevi/SP, CEP: 06.696-060, pelo instrumentado Contrato 29/2021 para aquisição de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN/BBV152 divididos em 05 (cinco) parcelas de 4.000.000 (quatro milhões) cada.

3. Considerando que o fabricante **BHARANT BIOTECH INTERNATIONAL LIMITED (BBIL)** localizado na **Genome Valley, Shameerpt, Hyderabad, Telangana, Índia**, não possui registro sanitário junto a Agência Nacional de Vigilância Sanitária (ANVISA);

4. Considerando o disposto nos Art. 4º e 5ª da Resolução da Diretoria Colegiada (RDC) nª 476, de 10 de março de 2021 que:

> *"Estabelece os procedimentos e requisitos para submissão de pedido de autorização excepcional e temporária para importação e distribuição de medicamentos e vacinas contra Covid19 para o enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), nos termos da Lei nº 14.124, de 10 de março de 2021". e*

5. Considerando tratar-se de insumo essencial para o enfrentamento da Pandemia de SARS-COV-2, este Departamento de Logística (DLOG/SE-MS), vem por meio deste, *mui respeitosamente,* solicitar a Vossa Senhoria autorização para esta importação **EM CARÁTER**

Mensagem Parte 02 (0021609958) SEI 25000.100536/2021-98 / pg. 286

EXCEPCIONAL das 20.000.000 (vinte milhões) de doses, objeto do contrato em questão, afim de seja dada a devida continuidade deste processo.

6.

Atenciosamente,

ROBERTO FERREIRA DIAS

Diretor do Departamento de Logística em Saúde

Documento assinado eletronicamente por **Roberto Ferreira Dias**, **Diretor(a) do Departamento de Logística**, em 22/03/2021, às 15:07, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

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Referência: Processo nº 25000.043170/2021-42 SEI nº 0019668812

Departamento de Logística em Saúde - DLOG
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa, Brasília/DF, CEP 70058-900
Site - saude.gov.br

Mensagem Parte 02 (0021609958) SEI 25000.100536/2021-98 / pg. 287

William Amorim Santana

De: ANVISA/Chefe de Gabinete - Gabinete do Diretor-Presidente <gabinete.presidencia@anvisa.gov.br>
Enviado em: segunda-feira, 22 de março de 2021 16:39
Para: Rafael Neves de Menezes Agostinho; hamilton.teixeira@saude.gov.br; Ariana Josélia Gonçalves Pereira; Genivano Pinto de Araújo; Luis Ricardo Fernandes Miranda; Lilian Almeida Araujo de Melo Sá; Ana Carolina Mendes de Carvalho; Mônica Cristina Moraes E Souza Araújo; LISTA - DIVISÃO DE IMPORTAÇÃO; Cristiano Fagundes da Rocha; Christiane Kukulka Maia; Thiago Fernandes da Costa; Soraya Machado de Jesus; Carmelita Ribeiro Filha; Rodrigo Ramos de Sena; Iara Martins Pereira; willlian.santana@saude.gov.br; Camila Almeida de Melo Cirera; Sidney Richardson de Araújo Costa Roriz; Patricia de Abreu Teixeira; Alexandro Ogliari; Núcleo de Insumos DEIDT; Lucinei Garces Bueno da Silva; Gabriel Alves Trindade; Alex Lial Marinho; Guilherme Sheldon Rufino de Lima; Marcelo Calado; Thiago Ferreira Guedes; Regina Celia Silva Oliveira; Ariadne Gisele Muniz Bonvino; Rafaela Tavares Peixoto; Manuara Aparecida Alves de Souza; Aquisições via OPAS Dept.de Imunização e Doenças Transmissíveis; AIDS - Gerson Fernando Mendes Pereira - UEPI
Assunto: pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152
Anexos: Oficio_1379489_SEI_MS___0019668812___Oficio.pdf

Senhores(as),

Referimo-nos ao seguinte processo:

25351.908110/2021-03 ******* IMPORTAÇÃO DE VACINA CONTRA COVID-19 ***** Vacina COVAXIN / BBV152 **** fabricante - BHARAT BIOTECH LIMITED INTERNATIONAL (India) ***** **** 20.000.000 de doses

---

A documentação enviada na solicitação em epígrafe está INCOMPLETA.

Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:

** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)

** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)

** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)

(gentileza confirmar o recebimento desta mensagem)

Atenciosamente,

Assessoria Técnica
Gabinete do Diretor-Presidente GADIP

Solicitamos que as informações complementares sejam anexadas diretamente no SEI-Anvisa, acessado pelo link: http://portal.anvisa.gov.br/sei.

A utilização do SEI-Anvisa é decorrente de acordo firmado entre a Agência e o Ministério da Saúde, conforme comunicado pelo Ofício nº 818/2020/SEI/GADIP-CG/ANVISA, internalizado no Ministério da Saúde pelo OFÍCIO CIRCULAR Nº 9/2020/SAA/DISTEC/SAA/SE/MS (processo SEI-MS nº 25351.909295/2018-60).

Orientações para realização do peticionamento no SEI-Anvisa podem ser consultadas no Manual do Usuário Externo SEI-Anvisa.

Eventuais dúvidas poderão ser encaminhadas para o e-mail sei@anvisa.gov.br .

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Ministério da Saúde
Secretaria Executiva
Departamento de Logística em Saúde

OFÍCIO Nº 62/2021/DLOG/SE/MS

Brasília, 22 de março de 2021.

Ao Senhor
ANTONIO BARRA TORRES
Diretor-Presidente da Agência Nacional de Vigilância Sanitária- GADIP
SIA, Trecho 5, Área Especial 57, Lote 200, Bloco A/B, 1º Andar
CEP.: 71205-050
Telefones: (61) 3462-4342
Email: gabinete.presidencia@anvisa.gov.br

Assunto: Solicitação de autorização para importação em caráter Excepcional de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN

Senhor Diretor Presidente,

1. Considerando Decreto Legislativo nª 06 de 20 de março de 2020 que ratifica o Reconhecimento, para os fins do art. 65 da Lei Complementar nº 101, de 4 de maio de 2000, a ocorrência do estado de calamidade pública, nos termos da solicitação do Presidente da República encaminhada por meio da Mensagem nº 93, de 18 de março de 2020;

2. Considerando trata-se de processo de aquisição celebrado entre este Ministério da Saúde (MS) e a empresa BHARAT BIOTECH LIMITED INTERNATIONAL, representada pela empresa PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA, CNPJ: 03.394.819/0005-00, com sede na Avenida Portugal nº 1100, Rua 5, Parte A-14-B, Itaqui, Itapevi/SP, CEP: 06.696-060, pelo instrumentado Contrato 29/2021 para aquisição de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN/BBV152 divididos em 05 (cinco) parcelas de 4.000.000 (quatro milhões) cada.

3. Considerando que o fabricante **BHARANT BIOTECH INTERNATIONAL LIMITED (BBIL)** localizado na **Genome Valley, Shameerpt, Hyderabad, Telangana, Índia**, não possui registro sanitário junto a Agência Nacional de Vigilância Sanitária (ANVISA);

4. Considerando o disposto nos Art. 4º e 5ª da Resolução da Diretoria Colegiada (RDC) nª 476, de 10 de março de 2021 que:

> *"Estabelece os procedimentos e requisitos para submissão de pedido de autorização excepcional e temporária para importação e distribuição de medicamentos e vacinas contra Covid19 para o enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), nos termos da Lei nº 14.124, de 10 de março de 2021". e*

5. Considerando tratar-se de insumo essencial para o enfrentamento da Pandemia de SARS-COV-2, este Departamento de Logística (DLOG/SE-MS), vem por meio deste, *mui respeitosamente,* solicitar a Vossa Senhoria autorização para esta importação **EM CARÁTER**

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EXCEPCIONAL das 20.000.000 (vinte milhões) de doses, objeto do contrato em questão, afim de seja dada a devida continuidade deste processo.

6.

Atenciosamente,

ROBERTO FERREIRA DIAS

Diretor do Departamento de Logística em Saúde

Documento assinado eletronicamente por **Roberto Ferreira Dias**, **Diretor(a) do Departamento de Logística**, em 22/03/2021, às 15:07, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015; e art. 8º, da Portaria nº 900 de 31 de Março de 2017.

A autenticidade deste documento pode ser conferida no site http://sei.saude.gov.br/sei/controlador_externo.php?acao=documento_conferir&id_orgao_acesso_externo=0, informando o código verificador **0019668812** e o código CRC **40F915B2**.

Referência: Processo nº 25000.043170/2021-42 SEI nº 0019668812

Departamento de Logística em Saúde - DLOG
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa, Brasília/DF, CEP 70058-900
Site - saude.gov.br

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 22 de março de 2021 17:01
Para: emanuela.medrades@precisamedicamentos.com.br
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa; Lenice Guimaraes Araujo
Assunto: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152
Anexos: Oficio_1379489_SEI_MS___0019668812___Oficio.pdf

Prezada Emanuela,

Boa tarde!

Venho por meio deste informar que esta Divisão de Importação (DIIMP) submeteu a documentação, por vos enviada, a Agencia Nacional de Vigilância Sanitária (ANVISA) para autorização da importação da Vacina COVAXIN, objeto do Contrato 29/2021. Contudo, o referido regulador solicitou documentação complementar para análise do processo.

Segue abaixo:

> "A documentação enviada na solicitação em epígrafe está INCOMPLETA.
>
> Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:
>
> ** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)
>
> ** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)
>
> ** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)"

(**) Esta DIIMP já solicitou a despachante a confecção da Licença de Importação (LI) e estamos no aguardo para adita-lo ao dossiê ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

Pelo exposto, ficamos no aguardo dos documentos, acima elencados, afim de submete-os a ANVISA.

-----Mensagem original-----
De: ANVISA/Chefe de Gabinete - Gabinete do Diretor-Presidente [mailto:gabinete.presidencia@anvisa.gov.br]
Enviada em: segunda-feira, 22 de março de 2021 16:39
Para: Rafael Neves de Menezes Agostinho <rafael.agostinho@saude.gov.br>; hamilton.teixeira@saude.gov.br; Ariana Josélia Gonçalves Pereira <ariana.pereira@saude.gov.br>; Genivano Pinto de Araújo <genivano.araujo@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Lilian Almeida Araujo de Melo Sá <lilian.sa@saude.gov.br>; Ana Carolina Mendes de Carvalho <anac.carvalho@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Cristiano Fagundes da Rocha <cristiano.rocha@saude.gov.br>; Christiane Kukulka Maia <Christiane.Maia@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Soraya Machado de Jesus <soraya.jesus@saude.gov.br>; Carmelita Ribeiro Filha <carmelita.filha@saude.gov.br>; Rodrigo Ramos de Sena <rodrigo.sena@saude.gov.br>; Iara Martins Pereira <iara.martins@saude.gov.br>; willlian.santana@saude.gov.br; Camila Almeida de Melo Cirera <camila.cirera@saude.gov.br>; Sidney Richardson de Araújo Costa Roriz <sidney.roriz@saude.gov.br>; Patricia de Abreu Teixeira <patricia.teixeira@saude.gov.br>; Alexandro Ogliari <Alexandro.Ogliari@saude.gov.br>; Núcleo de Insumos DEIDT <insumos.deidt@saude.gov.br>; Lucinei Garces Bueno da Silva <lucinei.silva@saude.gov.br>; Gabriel Alves Trindade <gabriel.alves@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Guilherme Sheldon Rufino de Lima <guilherme.sheldon@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>; Thiago Ferreira Guedes <thiago.guedes@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rafaela Tavares Peixoto <rafaela.peixoto@saude.gov.br>; Manuara Aparecida Alves de Souza <manuara.souza@saude.gov.br>; Aquisições via OPAS Dept.de Imunização e Doenças Transmissíveis <lista.aquisicoesopasdeidt@saude.gov.br>; AIDS - Gerson Fernando Mendes Pereira - UEPI <gerson.pereira@aids.gov.br>
Assunto: pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Senhores(as),

Referimo-nos ao seguinte processo:

25351.908110/2021-03 ******* IMPORTAÇÃO DE VACINA CONTRA COVID-19 ***** Vacina COVAXIN / BBV152 **** fabricante - BHARAT BIOTECH LIMITED INTERNATIONAL (India) ***** **** 20.000.000 de doses

---

A documentação enviada na solicitação em epígrafe está INCOMPLETA.

Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:

** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)

** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)

** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)

(gentileza confirmar o recebimento desta mensagem)

Atenciosamente,

Assessoria Técnica
Gabinete do Diretor-Presidente GADIP

Solicitamos que as informações complementares sejam anexadas diretamente no SEI-Anvisa, acessado pelo link: http://portal.anvisa.gov.br/sei.

A utilização do SEI-Anvisa é decorrente de acordo firmado entre a Agência e o Ministério da Saúde, conforme comunicado pelo Ofício nº 818/2020/SEI/GADIP-CG/ANVISA, internalizado no Ministério da Saúde pelo OFÍCIO CIRCULAR Nº 9/2020/SAA/DISTEC/SAA/SE/MS (processo SEI-MS nº 25351.909295/2018-60).

Orientações para realização do peticionamento no SEI-Anvisa podem ser consultadas no Manual do Usuário Externo SEI-Anvisa.

Eventuais dúvidas poderão ser encaminhadas para o e-mail sei@anvisa.gov.br .

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
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ADMINISTRAÇÃO DA REDE MSNET

DRUGS CONTROL ADMINISTRATION
GOVERNMENT OF TELANGANA

L. Dis.No. 1646/STORES/2020 **Date: 28/11/2020**

To
M/s. Bharat Biotech International Limited,
Sy. No. 230, 231 & 235, Genome Valley,
Turkapally, Shamirpet Mandal,
Medchal - Malkajgiri District-500078,
Telangana State, India.

Sir,

Sub: Drugs and Cosmetics Act, 1940 and Rules made thereunder-Issue of World Health Organization G.M.P Certificate - Regarding.

Ref: 1. Your letter dated: 17/03/2020
2. Joint Inspection report dt: 04/03/2020 to 06/03/2020 and further on 08/07/2020 to 10/07/2020.

-x-x-x-x-

With reference to your application cited, I forward herewith **WORLD HEALTH ORGANISATION GOOD MANUFACTURING PRACTICE** Certificate for the products mentioned in the joint Inspection Report of the officers of Drugs Control Administration, Telangana State and CDSCO, ZONAL Office, Hyderabad vide reference 2nd cited.

This Certificate is valid for a period of Three years from the date of issue.

DRUGS CONTROL ADMINISTRATION * HYDERABAD JD(FAC) * GOVERNMENT OF TELANGANA

Yours faithfully,

28/11/2020

Dr.Y.Naveen Kumar
Joint Director (FAC) & Licensing Authority

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L. Dis.No. 1646/STORES/2020 Date: 28/11/2020

LIST OF PRODUCTS APPROVED UNDER WHO-GMP CERTIFICATION SCHEME FOR EXPORT PURPOSE

1.	**Purified Rabies Final Bulk Vaccine BP** **(For Export Purpose)**	
	Presentation : 10 L & 20 L Bottles	
	Composition: Each 1 mL contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	NLT 4.0 I.U.
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	up to 1 immunizing dose
	Human Albumin BP	up to 1 immunizing dose
2.	**Typhoid Polysaccharide Final Bulk Vaccine BP** **(For Export Purpose)**	
	Presentation : 1 L, 5 L, & 10 L, 20 L Bottles	
	Composition: Each 1 mL contains:	
	Purified Vi Capsular Polysaccharide of *Salmonella typhi Ty2*	50 µg
	Phenol BP	NMT 0.25% w/v
	Phosphate Buffered Saline	q.s to 1.0 mL
3.	**Poliomyelitis Vaccine, Live (Oral) BP** **(For Export Purpose)**	
	Brand Name: BIOPOLIO	
	Presentation: 1.0 mL (10-dose) vial & 2.0 mL (20-dose) vial	
	Route of Administration: Oral	
	Composition: 1 dose = 0.1mL (2 Drops) contains:	
	Primary Monkey Kidney Cell Culture-derived	
	Poliovirus Type 1 (Sabin)	NLT $10^{6.0}$ $CCID_{50}$
	Poliovirus Type 2 (Sabin)	NLT $10^{5.0}$ $CCID_{50}$
	Poliovirus Type 3 (Sabin)	NLT $10^{5.5}$ $CCID_{50}$
	Stabilized with Magnesium Chloride ($MgCl_2$ 1M)	
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid Sulphate BP	15 µg
4.	**Monovalent Poliomyelitis Vaccine Type 1 Live (Oral)** **(For Export Purpose)**	
	Brand Name : BIOPOLIO M1	
	Presentation: 1.0 mL (10- dose) vial & 2.0 mL (20- dose) vial	
	Route of Administration: Oral	
	Composition: 1 dose = 0.1 mL (2 Drops) contains:	
	Primary Monkey Kidney Cell Culture-derived	
	Poliovirus Type 1 (Sabin)	NLT $10^{6.0}$ $CCID_{50}$
	Stabilized with Magnesium Chloride ($MgCl_2$ 1M)	
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid Sulphate BP	15 µg
	Water for Injections BP	q.s to 0.1 mL

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5.	**Poliomyelitis Vaccine Live (ORAL) BP** **(For Export Purpose)**	
	Brand Name : BIOPOLIO	
	Presentation: 1.0 mL (10-dose) vial & 2.0 mL (20-dose) vial	
	Route of Administration: Oral	
	Composition: 1 dose = 0.1mL (2 Drops) contains:	
	MRC-5 Cell Line -derived	
	Poliovirus Type 1 (Sabin)	NLT $10^{6.0}$ $CCID_{50}$
	Poliovirus Type 2 (Sabin)	NLT $10^{5.0}$ $CCID_{50}$
	Poliovirus Type 3 (Sabin)	NLT $10^{5.5}$ $CCID_{50}$
	Stabilized with Magnesium Chloride ($MgCl_2$ 1M)	
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid Sulphate BP	15 µg
	Water for Injections BP	q.s. to 0.1 mL
6.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Brand Names : INDIRAB & CELLRAB	
	Presentation: Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration: Intramuscular	
	Composition: Each dose (0.5mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5mg
	Water for Injections IP/BP	q.s to 0.5mL
7.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Brand Names : INDIRAB & CELLRAB	
	Presentation : Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration : Intradermal Injection of 0.1 mL per site & Intramuscular Injection of 0.5 mL	
	Composition: Each dose (0.5mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5 mg
	Water for Injections IP/BP	q.s to 0.5 mL

DRUGS CONTROL ADMINISTRATION HYDERABAD JD(FAC) GOVERNMENT OF TELANGANA

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8.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Presentation : Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration : Intradermal Injection of 0.1 mL per site & Intramuscular Injection of 0.5 mL	
	Composition: Each dose (0.5mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5 mg
	Water for Injections IP/BP	q.s to 0.5 mL
9.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Brand Names : INDIRAB & CELLRAB	
	Presentation : Lyophilized Vaccine vial supplied along with 1.0 mL diluent ampoule	
	Route of Administration : Intradermal Injection of 0.1 mL per site	
	Composition: Each dose (1.0 mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 1.0 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	3 mg
	Water for Injections IP/BP	q.s to 1.0 mL
10.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Brand Names : INDIRAB & CELLRAB	
	Presentation: Lyophilized Vaccine vial supplied along with 1.0 mL diluent ampoule	
	Route of administration: Intramuscular Injection of 1.0 mL per dose or Intradermal Injection of 0.1 mL per site	
	Composition: Each dose (1.0 mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 1.0 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	3 mg
	Water for Injections IP/BP	q.s to 1.0 mL

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DRUGS CONTROL ADMINISTRATION HYDERABAD JD(FAC) GOVERNMENT OF TELANGANA

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11.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Brand Name : INDIRAB & CELLRAB	
	Presentation: Lyophilized Vaccine vial supplied along with 1.0 mL diluent ampoule	
	Route of administration: Intramuscular	
	Composition: Each dose (1.0 mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 1.0 mL diluent ampoule contains:	
	Sodium Chloride IP/BP	3 mg
	Water for Injections IP/BP	q.s to 1.0 mL
12.	**Rabies Vaccine BP (Thiomersal-free)** **(For Export Purpose)**	
	Brand Name : INDIRAB	
	Presentation : Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration: Intramuscular	
	Composition: Each dose (0.5 mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5 mg
	Water for Injections IP/BP	q.s to 0.5 mL
13.	**Rabies Vaccine BP (Thiomersal-free)** **(For Export Purpose)**	
	Presentation : Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration : Intramuscular	
	Composition: Each dose (0.5 mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5 mg
	Water for Injections IP/BP	q.s to 0.5 mL

28/11/2020

DRUGS CONTROL ADMINISTRATION HYDERABAD JD(FAC) GOVERNMENT OF TELANGANA

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14.	**(TEN) HUMAN RABIES VACCINE BP (INDIRAB) LYOPHILIZED VIAL + (TEN) 0.5ML DILUENT + (TEN) 2 ML DISPOSABLE SYRINGE: (MULTICARTON) FOR INTRAMUSCULAR USE (For Export Purpose)**	
	(a) (Ten) Human Rabies Vaccine BP	
	Composition: On Reconstitution each Vial (0.5mL) contains:	
	Purified BPL Inactivated Rabies Virus	
	Potency	≥2.5 IU
	(Prepared on Vero Cells Pitman Moore strain of Rabies Virus)	
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Dosage: 0.5mL (Intramuscular Injection)	
	(b) (Ten) Diluent for Reconstitution	
	Composition: Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5mg
	Water for Injections IP/BP	0.5 mL
	(c) (Ten) 2 mL disposable syringe with 25 gauge needle	
15.	**(TEN) HUMAN RABIES VACCINE BP (INDIRAB) LYOPHILIZED VIAL + (TEN) 1 ML DILUENT + (HUNDRED) 1 ML INSULIN SYRINGE WITH 30 GAUGE NEEDLE: (MULTICARTON) FOR INTRADERMAL USE (For Export Purpose)**	
	(a) (Ten) Human Rabies Vaccine BP	
	Composition: On Reconstitution each Vial (0.5mL) contains:	
	Purified BPL Inactivated Rabies Virus	
	Potency	≥2.5 IU
	(Prepared on Vero Cells Pitman Moore strain of Rabies Virus)	
	Thiomersal BP	NMT 0.01% w/v
	Maltose	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Dosage: 0.1 mL (Intradermal Injection)	
	(b) (Ten) Diluent for Reconstitution	
	Composition: Each 1 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	3.0mg
	Water for Injections IP/BP	1 mL
	(c) Hundred 1 ML Insulin Syringe with 30 Gauge Needle	

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16.	**ADJUVANTED H1N1 VACCINE** **(For Export Purpose)**	
	Brand Name : HN-VAC	
	Presentation: 0.5 mL (Single dose) vial & 5.0 mL (Multi dose) vial	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	MDCK Cell-derived Hemagglutinin Antigen (HA) equivalent of Purified,Inactivated Influenza A (H1N1) Pandemic Virus Bulk [A/California/7/2009/NYMCX-179-A(H1N1) virus]	
	Potency	≥15 µg
	Aluminium Hydroxide Gel equivalent to Aluminium (Al^{+++})	0.25 mg
	Thiomersal BP	0.025 mg
	Phosphate Buffered Saline	q.s to 0.5 mL
17.	**Typhoid Polysaccharide Vaccine BP** **(For Export Purpose)**	
	Brand Name : TYPBAR-PFS	
	Presentation : 0.5mL (Single dose) in PFS	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	Purified Vi Capsular Polysaccharide of *Salmonella typhi Ty2*	25 µg
	Phenol BP	NMT 0.25% w/v
	Phosphate Buffered Saline	q.s. to 0.5 mL
18.	**Typhoid Vi Conjugate Vaccine** **(For Export Purpose)**	
	Brand Name : Typbar TCV	
	Presentation: 0.5 mL (Single dose) vial, 2.5 mL (Multi dose) vial & 0.5 mL (Single dose) in PFS	
	Route of Administration: Intramuscular	
	a) Composition for Single dose presentation in Vial and PFS:	
	Each dose of 0.5 mL contains	
	Purified Vi Capsular Polysaccharide of *Salmonella typhi Ty2* conjugated to Tetanus Toxoid	25 µg
	Sodium Chloride BP	4.5 mg
	Water for Injections BP	q.s. to 0.5 mL
	b) Composition for Multi dose presentation in Vial:	
	Each dose of 0.5 mL contains	
	Purified Vi Capsular Polysaccharide of *Salmonella typhi Ty2* conjugated to Tetanus Toxoid	25 µg
	Sodium Chloride BP	4.5 mg
	2-Phenoxyethanol BP	5.0 mg
	Water for Injections BP	q.s. to 0.5 mL

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19.	***Haemophilus Type b* Conjugate Vaccine BP** **(For Export Purpose)**	
	Brand Name : BioHib	
	Presentation : Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration : Intramuscular	
	Composition :On reconstitution each dose of 0.5mL reconstituted Vaccine contains:	
	Purified Capsular polysaccharide of Hib [Covalently bound to 20-40 µg Tetanus Toxoid (PRP-TT)]	10 µg
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP	4.5 mg (0.9% w/v)
	Water for Injections IP	q.s. to 0.5 mL
20.	**Hepatitis B Vaccine (rDNA) BP (Pediatric dose)** **(For Export Purpose)**	
	Brand Names : Revac-B+ / Revac-B / Hepliv / Heptec-B / Unihep-B*	
	Presentation : 0.5mL (Single dose) Vial, 2.5 mL (Multi dose) vial & 5.0 mL (Multi dose) Vial	
	Route of Administration : Intramuscular	
	Composition: Each pediatric dose of 0.5 mL contains:	
	Hepatitis B surface Antigen (HBsAg)	≥ 10 µg
	Aluminium Hydroxide Gel equivalent to Aluminium (Al^{+++})	0.25 mg
	Thiomersal BP	0.025 mg
	Phosphate Buffered Saline	q.s. to 0.5 mL
21.	**Hepatitis B Vaccine (rDNA) BP (Adult dose)** **(For Export Purpose)**	
	Brand Names : Revac-B+ / Revac-B / Hepliv / Heptec-B / Unihep-B*	
	Presentation : 1.0 mL (Single dose) vial & 10.0 mL (Multi dose) vial	
	Route of Administration : Intramuscular	
	Composition : Each adult dose of 1.0 mL contains:	
	Hepatitis B surface Antigen (HBsAg)	≥ 20 µg
	Aluminium Hydroxide Gel equivalent to Aluminium (Al^{+++})	0.5 mg
	Thiomersal BP	0.05 mg
	Phosphate Buffered Saline	q.s to 1.0 mL
22.	**Hepatitis B Vaccine (rDNA) BP (Pediatric Dose) (Thiomersal-Free)** **(For Export Purpose)**	
	Brand Name : Revac-B *mcf*	
	Presentation: 0.5 mL (Single dose) vial, 0.5 mL PFS	
	Route of Administration : Intramuscular	
	Composition: Each Pediatric dose of 0.5 mL contains:	
	Hepatitis B surface Antigen (HBsAg)	≥10 µg
	Aluminium Hydroxide Gel equivalent to Aluminium (Al^{+++})	0.25 mg
	Phosphate Buffered Saline	q.s. to 0.5 mL

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23.	**Hepatitis B Vaccine (rDNA) BP (Adult Dose) (Thiomersal-Free)** **(For Export Purpose)**	
	Brand Name : Revac-B *mcf*	
	Presentation : 1.0 mL (Single dose) vial	
	Route of Administration : Intramuscular	
	Composition: Each adult dose of 1.0 mL contains:	
	Hepatitis B surface Antigen (HBsAg)	≥ 20 µg
	Aluminium Hydroxide Gel equivalent to Aluminium (Al^{+++})	0.5 mg
	Phosphate Buffered Saline	q.s. to 1.0 mL
24.	**Diphtheria, Tetanus and Pertussis (Whole Cell) Vaccine (Adsorbed) BP (For Export Purpose)**	
	Brand Name : ComVac3	
	Presentation : 0.5 mL (Single dose) vial, 0.5 mL PFS (Single dose), 2.5 mL (Multi dose) vial & 5.0 mL (Multi dose) vial	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	Diphtheria Toxoid	≥ 20 Lf to ≤ 30 Lf (≥30 IU)
	Tetanus Toxoid	≥ 5Lf to ≤ 25Lf (≥ 60 IU)
	B. pertussis (Whole Cell Inactivated)	≥ 4 IU
	Aluminium Phosphate Gel equivalent to Aluminium (Al^{+++})	0. 3 mg
	Thiomersal BP	NMT 0.029 mg
25.	**Adsorbed Diphtheria, Tetanus, Pertussis (whole Cell) and Hepatitis B(rDNA) Vaccine (For Export Purpose)**	
	Brand Name : ComVac-4 HB	
	Presentation : 0.5 mL (Single dose) vial, 2.5 mL (Multi dose) vial & 5.0 mL (Multi dose) vial	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	Diphtheria Toxoid	≥ 20 Lf to ≤ 30 Lf (≥ 30 IU)
	Tetanus Toxoid	≥ 5Lf to ≤25 Lf (≥ 60 IU)
	B. pertussis (Whole Cell Inactivated)	≥ 4 IU
	Hepatitis B surface Antigen (HBsAg)	≥ 10 µg
	Aluminium Phosphate Gel equivalent to Aluminium (Al^{+++})	0.3 mg
	Thiomersal BP	NMT 0.029 mg

DRUGS CONTROL ADMINISTRATION HYDERABAD JD(FAC) GOVERNMENT OF TELANGANA

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26.	**Diphtheria, Tetanus, Pertussis (Whole cell), Hepatitis B (rDNA) and *Haemophilus influenzae Type b* Conjugate vaccine (Adsorbed) (For Export Purpose)**	
	Brand Name : Comvac 5	
	Presentation : 0.5 mL (Single dose) vial, 0.5 mL PFS (Single dose), 2.5 mL (Multi dose) vial & 5.0 mL (Multi dose) vial	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	Diphtheria Toxoid	≥ 20 Lf to ≤ 30 Lf (≥30 IU)
	Tetanus Toxoid	≥ 5 Lf to ≤ 25 Lf (≥ 60 IU)
	B. Pertussis (Whole Cell Inactivated)	≥ 4 IU
	Hepatitis B surface Antigen (HBsAg)	≥10 µg
	Hib PRP- TT Conjugate	≥10µg
	Aluminium Phosphate Gel equivalent to Aluminium (Al^{+++})	0. 3 mg
	Thiomersal BP	NMT 0.029 mg
27.	**Recombinant Human Epidermal Growth Factor Gel (For Export Purpose)**	
	Brand Name : REGEN-D 10	
	Presentation : 7.5 gm, 15 gm, 30 gm, 60 gm & 150 gm	
	Route of Administration : For External Use only	
	Composition: Each gram contains:	
	Purified Bulk of rh-Epidermal Growth Factor	10 µg
	Sodium Methylparaben BP	1.8 mg
	Sodium Propylparaben BP	0.2 mg
	Excipients	q.s
28.	**Japanese Encephalitis Vaccine, Inactivated (Adsorbed, Human) (For Export Purpose)**	
	Brand Name: JENVAC	
	Presentation : 0.5 mL (Single dose) Vial, 2.5 mL (Multi Dose) Vial and 0.5 mL in Pre-Filled Syringe (PFS)	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	Vero Cell derived Purified, Inactivated Japanese Encephalitis Virus (JEV strain 821564-XY) Protein	
	Potency	NLT 5µg
	Aluminium Hydroxide Gel equivalent to Aluminium($A1^{+++}$)	0.25 mg
	Thiomersal BP	0.025 mg
	Phosphate Buffered Saline	q.s. to 0.5 mL

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29.	**Japanese Encephalitis Vaccine Inactivated (Adsorbed, Human) (For Export Purpose)**	
	Brand Name : JENVAC	
	Presentation : 0.5 mL in Pre-Filled Syringe	
	Route of Administration : Intramuscular	
	Composition :Each dose of 0.5 mL contains:	
	Vero Cell derived Purified, Inactivated Japanese Encephalitis Virus (821564-XY) Protein	
	Potency	NLT 5.0 µg
	Aluminium Hydroxide Gel equivalent to Aluminium(Al^{+++})	0.25 mg
	2-Phenoxyethanol BP	2.0mg to 3.0mg
	Phosphate Buffered Saline	q.s. to 0.5 mL
30.	**DTP+Hib (Combopack) (For Export Purpose)**	
	DTP- Liquid suspension (0.5mL)	
	Hib- Lyophilized Powder Reconstitute Hib component with DTP Vaccine (0.5 mL)	
	Brand Name : ComVac 3+ BioHib	
	Composition: Each reconstituted dose of 0.5 mL contains:	
	a)Diphtheria Toxoid	≥20 Lf to ≤30 Lf (≥30IU)
	Tetanus Toxoid	≥ 5 Lf to ≤ 25 Lf (≥ 60 IU)
	Inactivated *B. pertussis* (w)	≥4 IU
	Aluminium Phosphate Gel equivalent to Aluminium (Al^{+++})	0. 3 mg
	Thiomersal BP	NMT 0.029 mg
	b)Lyophilized dose of 0.5mL	
	Purified Capsular polysaccharide of Hib	10 µg
	[Covalently bound to 20-40 µg Tetanus Toxoid PRP-TT)]	
31.	**Typhoid Vi Conjugate Vaccine (For Export Purpose)**	
	Brand Name : Typbar TCV	
	Presentation : 5.0 mL Vial (Multi Dose)	
	Route of Administration : Intramuscular (IM)	
	Composition : Each dose of 0.5 mL contains:	
	Purified Vi Capsular Polysaccharide of S.typhi Ty2 conjugated to Tetanus Toxoid	25.0 µg
	Sodium Chloride BP	4.5 mg
	2-Phenoxyethanol BP (as preservative)	5.0 mg
	Water for Injections BP	q.s. to 0.5 mL

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32.	**SILVER SULFADIAZINE, CHLORHEXIDINE GLUCONATE AND RECOMBINANT HUMAN EPIDERMAL GROWTH FACTOR CREAM (For Export Purpose)**	
	Brand Names: SLVRGEN & SIMGEN	
	Pack Size : 50 gms & 100 gms	
	Composition : Each gram of cream contains	
	Recombinant Human Epidermal Growth Factor	10 µg
	Silver Sulfadiazine USP	1% w/w
	Chlorhexidine Gluconate USP	0.2% w/w
	Sodium Methylparaben USP	0.18% w/w
	Sodium Propylparaben USP	0.02% w/w
	Purified Water USP	q.s
33.	**Rotavirus Vaccine (Live , Oral) BP** **(For Export Purpose)**	
	Brand Name: ROTAVAC 5D ®	
	Presentation : 0.5 mL (Single dose) vial and 2.5 mL (Multi dose) vial	
	Route of Administration : Oral	
	Composition: Each Dose of 0.5 mL (5drops) contains:	
	Vero Cell derived Rotavirus 116E Bulk, Live Attenuated	NLT $10^{5.0}$ FFU
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid sulphate BP	15 µg
	Sucrose BP	0.25 gms
	Trehalose BP	2.5 mg
	Lactalbumin Hydrolysate (LAH)	2.5 mg
	Human Albumin BP	0.35 %
	Potassium Di hydrogen orthophosphate BP	1.65 mg
	Di Potassium hydrogen orthophosphate BP	10 mg
	Tri Sodium Citrate Dihydrate BP	7.75 mg
	Water for Injections BP	q.s
34.	**Rotavirus Vaccine (Live , Oral) BP** **(For Export Purpose)**	
	Brand Name: ROTAVAC 5D ®	
	Presentation : 0.5 mL (Single dose) PFS	
	Route of Administration : Oral	
	Composition: Each Dose of 0.5 mL contains:	
	Vero Cell derived Rotavirus 116E Bulk, Live Attenuated	NLT $10^{5.0}$ FFU
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid sulphate BP	15 µg
	Sucrose BP	0.25 gms
	Trehalose BP	2.5 mg
	Lactalbumin Hydrolysate (LAH)	2.5 mg
	Human Albumin BP	0.35 %
	Potassium Di hydrogen orthophosphate BP	1.65 mg
	Di Potassium hydrogen orthophosphate BP	10 mg
	Tri Sodium Citrate Dihydrate BP	7.75 mg
	Water for Injections BP	q.s

DRUGS CONTROL ADMINISTRATION HYDERABAD JD(FAC) GOVERNMENT OF TELANGANA

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35.	**Bivalent Poliomyelitis Vaccine Type 1& 3 Live (Oral) (For Export Purpose)**	
	Brand Name: BIOPOLIO B1/3	
	Presentation: 1.0 mL (10-dose) vial & 2.0 mL (20-dose) vial	
	Route of Administration: Oral	
	Composition: 1 dose = 0.1 mL (2 Drops) contains:	
	Primary Monkey Kidney Cell Culture-derived	
	Poliovirus Type 1 (Sabin)	NLT $10^{6.0}$ $CCID_{50}$
	Poliovirus Type 3 (Sabin)	NLT $10^{5.8}$ $CCID_{50}$
	Stabilized with Magnesium Chloride ($MgCl_2$ 1M)	
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid Sulphate BP	15 µg
	Water for Injections BP	q.s to 0.1 mL
36.	**Monovalent Poliomyelitis Vaccine Type 3 Live (Oral) (For Export Purpose)**	
	Brand Name: BIOPOLIO M3	
	Presentation: 1.0 mL (10-dose) vial & 2.0 mL (20-dose) vial	
	Route of Administration : Oral	
	Composition: 1 dose = 0.1 mL (2 Drops) contains:	
	Primary Monkey Kidney Cell Culture-derived	
	Poliovirus Type 3 (Sabin)	NLT $10^{5.8}$ $CCID_{50}$
	Stabilized with Magnesium Chloride ($MgCl_2$ 1M)	
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid Sulphate BP	15 µg
	Water for Injections BP	q.s to 0.1 mL

Manufacturer : M/s. Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Turkapally, Shamirpet Mandal, Medchal-Malkajgiri District-500078, Telangana State, India.

When applicable : Placing the product on the market as detailed above

It is certified that the above products had been authorized to be placed on the market for use in the Country and exporting countries.

Drug Licence No. : 03/HD/AP/98/V/R, dated: 14/10/1998 under Form 28D valid up to 31/12/2021.

It is also certified that (a) the manufacturing plant in which the product is produced is subject to inspection at suitable intervals.

DRUGS CONTROL ADMINISTRATION HYDERABAD JD(FAC) GOVERNMENT OF TELANGANA

28/11/2020

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L. Dis.No. 1646/STORES/2020 **Date: 28/11/2020**

The Unit M/s. Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Turkapally, Shamirpet Mandal, Medchal-Malkajgiri District-500078, Telangana State, India was inspected jointly by Mrs. L. Suganthi, DI, CDSCO Zonal office, Hyderabad and Mr. G. Prasad, DI, DCA, Hyderabad on 04/03/2020 to 06/03/2020 and further on 08/07/2020 to 10/07/2020.

(b) The manufacturer conforms to requirements for Good Manufacturing Practices in the manufacturer and Quality Control (As recommended by the World Health Organization) in respect of 36 (Thirty-Six) products to be sold or distributed with in the Country or origin (or to be exported).

This Certificate is valid for Three years from the date of issue.

DRUGS CONTROL ADMINISTRATION ★ HYDERABAD JD(FAC) ★ GOVERNMENT OF TELANGANA

28/11/2020

Dr.Y.Naveen Kumar
Joint Director (FAC) & Licensing Authority

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DRUGS CONTROL ADMINISTRATION
GOVERNMENT OF TELANGANA

L.Dis.No. : 35698/TS/2020 **Dated : 4.06.2020**

GMP CERTIFICATE

This is to certify that M/s. Bharat Biotech International Limited, situated at Sy. No. 230, 231 & 235, Genome Valley, Turkapally, Shamirpet Mandal, Medchal-Malkajgiri District - 500 078, Telangana State, India are holding Drug Licence in Form-28D bearing No. **03/HD/AP/98/V/R, Dated:14.10.1998 valid up to 31.12.2021** for the manufacture for sale or distribution of the drugs approved by this Department. The firm is subject to periodical inspection by this Department.

The firm is following **GOOD MANUFACTURING PRACTICES** as stipulated under the provisions of Schedule "M" of Drugs and Cosmetics Rules, 1945.

The firm should however carry out self-inspection from time to time to ensure that the requirements of Good Manufacturing Practices are complied with.

This certificate is valid for one year from the date of issue.

Yours faithfully,

Deputy Director Drugs Control Administration Government Of Telangana HYDERABAD

Dr. B.VENKATESWARLU
Deputy Director

To,
M/s. Bharat Biotech International Limited,
Sy. No. 230, 231 & 235, Genome Valley,
Turkapally, Shamirpet Mandal,
Medchal-Malkajgiri District – 500 078,
Telangana State, India.

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: segunda-feira, 22 de março de 2021 17:13
Para: William Amorim Santana
Assunto: GMP - Covaxin
Anexos: WHO-GMP Certificate Vaccines 2020.pdf; GMP for Vaccines valid till June 2021.pdf

William,
Seguem os GMPs da COVAXIN

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BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS BULK**

Batch Number : 37620001A
A.R. Number : IP-37-20-047
Batch size : NLT 10 L
Date of Receipt : 27/10/2020
Mfg. Date : 10/20
Qty. Sampled : 102 mL
Exp. Date : To be established
Batch Release Date : 30/12/2020
Specification No. : FPS306

TESTS	SPECIFICATIONS	RESULTS
Identity test for vaccine virus (In-vitro)	ELISA test and SDS PAGE serve as an identity test	Complies
Description	Clear colourless, translucent liquid, free from particulate matter	Clear colourless, translucent liquid, free from particulate matter
pH	7.00 - 8.00	7.20
Sterility	No growth should be observed (Sterile)	No growth observed
Total Protein content (Lowry et al)	NLT 15.00 µg/mL	154.88 µg/mL
Corona virus amplification test	No residual live virus should be observed in Corona virus Amplification test	No residual live virus observed
Corona virus inactivation test	No CPE should be observed	No CPE observed
Residual cellular DNA Content	NMT 10.00 ng/SHD	0.02 ng/SHD
Residual Bovine serum Albumin content	NMT 50.00 ng/SHD	2.16 ng/SHD
Antigenic purity by SDS-PAGE	Should show only Corona virus specific bands	Complies
Bacterial Endotoxin	Less than 25 international Units (IU) per mL	<12.5 IU per mL
Residual BPL Content	No Residual BPL Content should be present	No Residual BPL Content present
Residual trypsin content by ELISA method	For information only	0 ng/mL

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS306

Prepared By:	Checked By:	Approved By:
K. Song 30/12/2020	30/12/2020	for 30/12/2020 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS BULK**

Batch Number : 37620002A
Batch size : NLT 10 L
Mfg. Date : 11/20
Exp. Date : To be established
Specification No. : FPS306

A.R. Number : IP-37-20-048
Date of Receipt : 07/11/2020
Qty. Sampled : 102 mL
Batch Release Date : 30/12/2020

TESTS	SPECIFICATIONS	RESULTS
Identity test for vaccine virus (In-vitro)	ELISA test and SDS PAGE serve as an identity test	Complies
Description	Clear colourless, translucent liquid, free from particulate matter	Clear colourless, translucent liquid, free from particulate matter
pH	7.00 - 8.00	7.41
Sterility	No growth should be observed (Sterile)	No growth observed
Total Protein content (Lowry et al)	NLT 15.00 µg/mL	124.61 µg/mL
Corona virus amplification test	No residual live virus should be observed in Corona virus Amplification test	No residual live virus observed
Corona virus inactivation test	No CPE should be observed	No CPE observed
Residual cellular DNA Content	NMT 10.00 ng/SHD	0.18 ng/SHD
Residual Bovine serum Albumin content	NMT 50.00 ng/SHD	12.42 ng/SHD
Antigenic purity by SDS-PAGE	Should show only Corona virus specific bands	Complies
Bacterial Endotoxin	Less than 25 international Units (IU) per mL	<12.5 IU per mL
Residual BPL Content	No Residual BPL Content should be present	No Residual BPL Content present
Residual trypsin content by ELISA method	For information only	0 ng/mL

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS306

Prepared By:	Checked By:	Approved By:
K. Sowj 30/12/2020	30/12/2020	for 30/12/2020 (Head – Quality Control)

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BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS BULK**

Batch Number : 37620003A
A.R. Number : IP-37-20-049
Batch size : NLT 10 L
Date of Receipt : 28/11/2020
Mfg. Date : 11/20
Qty. Sampled : 102 mL
Exp. Date : To be established
Batch Release Date : 30/12/2020
Specification No. : FPS306

TESTS	SPECIFICATIONS	RESULTS
Identity test for vaccine virus (In-vitro)	ELISA test and SDS PAGE serve as an identity test	Complies
Description	Clear colourless, translucent liquid, free from particulate matter	Clear colourless, translucent liquid, free from particulate matter
pH	7.00 - 8.00	7.41
Sterility	No growth should be observed (Sterile)	No growth observed
Total Protein content (Lowry et al)	NLT 15.00 µg/mL	106.13 µg/mL
Corona virus amplification test	No residual live virus should be observed in Corona virus Amplification test	No residual live virus observed
Corona virus inactivation test	No CPE should be observed	No CPE observed
Residual cellular DNA Content	NMT 10.00 ng/SHD	0.41 ng/SHD
Residual Bovine serum Albumin content	NMT 50.00 ng/SHD	13.56 ng/SHD
Antigenic purity by SDS-PAGE	Should show only Corona virus specific bands	Complies
Bacterial Endotoxin	Less than 25 international Units (IU) per mL	<12.5 IU per mL
Residual BPL Content	No Residual BPL Content should be present	No Residual BPL Content present
Residual trypsin content by ELISA method	For information only	0 ng/mL

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS306

Prepared By:	Checked By:	Approved By:
30/12/2020	30/12/2020	for 30/12/2020 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 02 (0021609958) SEI 25000.100536/2021-98 / pg. 313

F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

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Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

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File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

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4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=17d0331d5d9c2d4f9e32179e1411bf, serialNumber=2bea56c83bfbee2154e199b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

CDSCO CDSCO
सत्यमेव जयते
MINISTRY OF HEALTH, GOVERNMENT OF INDIA
CENTRAL DRUGS STANDARD CONTROL ORGANISATION

Mensagem Parte 02 (0021609958) SEI 25000.100536/2021-98 / pg. 319

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 22 de março de 2021 17:57
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa; Lenice Guimaraes Araujo
Assunto: Re: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152
Anexos: CoA - IP 37 20 047.pdf; BBV152-COVAXIN-EUL-12032021[1].pdf

William, boa tarde.

1. Certificado de Análise;
2. Relatório de autorização CDSCO.

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: segunda-feira, 22 de março de 2021 17:01
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Prezada Emanuela,

Boa tarde!

Venho por meio deste informar que esta Divisão de Importação (DIIMP) submeteu a documentação, por vos enviada, a Agencia Nacional de Vigilância Sanitária (ANVISA) para autorização da importação da Vacina COVAXIN, objeto do Contrato 29/2021. Contudo, o referido regulador solicitou documentação complementar para análise do processo.

Segue abaixo:

> "A documentação enviada na solicitação em epígrafe está INCOMPLETA.
>
> Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:
>
> ** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)
>
> ** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)
>
> ** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)"

(**) Esta DIIMP já solicitou a despachante a confecção da Licença de Importação (LI) e estamos no aguardo para adita-lo ao dossiê ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

Pelo exposto, ficamos no aguardo dos documentos, acima elencados, afim de submete-os a ANVISA.
-----Mensagem original-----
De: ANVISA/Chefe de Gabinete - Gabinete do Diretor-Presidente [mailto:gabinete.presidencia@anvisa.gov.br]
Enviada em: segunda-feira, 22 de março de 2021 16:39
Para: Rafael Neves de Menezes Agostinho <rafael.agostinho@saude.gov.br>; hamilton.teixeira@saude.gov.br; Ariana Josélia Gonçalves Pereira <ariana.pereira@saude.gov.br>; Genivano Pinto de Araújo <genivano.araujo@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Lilian Almeida Araujo de Melo Sá <lilian.sa@saude.gov.br>; Ana Carolina Mendes de Carvalho <anac.carvalho@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Cristiano Fagundes da Rocha <cristiano.rocha@saude.gov.br>; Christiane Kukulka Maia <Christiane.Maia@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Soraya Machado de Jesus <soraya.jesus@saude.gov.br>; Carmelita Ribeiro Filha <carmelita.filha@saude.gov.br>; Rodrigo Ramos de Sena <rodrigo.sena@saude.gov.br>; Iara Martins Pereira <iara.martins@saude.gov.br>; willlian.santana@saude.gov.br; Camila Almeida de Melo Cirera <camila.cirera@saude.gov.br>; Sidney Richardson de Araújo Costa Roriz <sidney.roriz@saude.gov.br>; Patricia de Abreu Teixeira <patricia.teixeira@saude.gov.br>; Alexandro Ogliari <Alexandro.Ogliari@saude.gov.br>; Núcleo de Insumos DEIDT <insumos.deidt@saude.gov.br>; Lucinei Garces Bueno da Silva <lucinei.silva@saude.gov.br>; Gabriel Alves Trindade <gabriel.alves@saude.gov.br>;

Alex Lial Marinho <alex.marinho@saude.gov.br>; Guilherme Sheldon Rufino de Lima <guilherme.sheldon@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>; Thiago Ferreira Guedes <thiago.guedes@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rafaela Tavares Peixoto <rafaela.peixoto@saude.gov.br>; Manuara Aparecida Alves de Souza <manuara.souza@saude.gov.br>; Aquisições via OPAS Dept.de Imunização e Doenças Transmissíveis <lista.aquisicoesopasdeidt@saude.gov.br>; AIDS - Gerson Fernando Mendes Pereira - UEPI <gerson.pereira@aids.gov.br>
Assunto: pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Senhores(as),

Referimo-nos ao seguinte processo:

25351.908110/2021-03 ******* IMPORTAÇÃO DE VACINA CONTRA COVID-19 ***** Vacina COVAXIN / BBV152 **** fabricante - BHARAT BIOTECH LIMITED INTERNATIONAL (India) ***** **** 20.000.000 de doses

---
A documentação enviada na solicitação em epígrafe está INCOMPLETA.

Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:

** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)

** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)

** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)

(gentileza confirmar o recebimento desta mensagem)

Atenciosamente,

Assessoria Técnica
Gabinete do Diretor-Presidente GADIP

Solicitamos que as informações complementares sejam anexadas diretamente no SEI-Anvisa, acessado pelo link: http://portal.anvisa.gov.br/sei.
A utilização do SEI-Anvisa é decorrente de acordo firmado entre a Agência e o Ministério da Saúde, conforme comunicado pelo Ofício nº 818/2020/SEI/GADIP-CG/ANVISA, internalizado no Ministério da Saúde pelo OFÍCIO CIRCULAR Nº 9/2020/SAA/DISTEC/SAA/SE/MS (processo SEI-MS nº 25351.909295/2018-60).
Orientações para realização do peticionamento no SEI-Anvisa podem ser consultadas no Manual do Usuário Externo SEI-Anvisa.
Eventuais dúvidas poderão ser encaminhadas para o e-mail sei@anvisa.gov.br .

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

COVID-19 WHOLE VIRION INACTIVATED CORONAVIRUS VACCINE BBV152

INVESTIGATOR'S BROCHURE FOR PHASE 3 CLINICAL TRIAL

Version 4.0 Effective Date 08 Mar 2021

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Disclosure Statement

This document contains information that is confidential and proprietary to Bharat Biotech International Ltd (BBIL). This information is being provided to you solely for the purpose of evaluation and/or conducting a clinical trial for BBIL. You may disclose the contents of this document only to study personnel under your supervision and/or to your Institutional Review Board/ Independent Ethics Committee who need to know the contents for this purpose and who have been advised on the confidential nature of the document.

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DECLARATION BY RESPONSIBLE SPONSOR REPRESENTATIVE(S)

This Investigator Brochure version # 4.0 with effective from 08 Mar 2021 is authored by:

08.03.2021
Date

This Investigator Brochure was critically and scientifically reviewed, and has been approved by me.

08.03.2021
Date

Dr. V. Krishna Mohan
Whole-Time Director
Bharat Biotech International Ltd
Genome Valley
Hyderabad 500078
kmohan@bharatbiotech.com
Tel: +91 40 2348 0567

Mensagem Parte 02 (0021609958) SEI 25000.100536/2021-98 / pg. 326

LIST OF ABBREVIATIONS AND DEFINITIONS OF TERMS

2-PE	2-Phenoxyethanol
AGMK	African Green Monkey Kidney
ATCC	American type culture Collection
BBIL	Bharat Biotech International Limited
BRM	Bacterial Reverse Mutation
BSC	Biosafety Cabinet
BP	British Pharmacopoiea
CoA	Certificate of Analysis
CPCSEA	Committee for the Purpose of Control and Supervision on Experimental Animals
CPE	Cytopathic Effect
CVS	Control Virus Sample
DCG(I)	Drugs Controller General(India)
DMSO	Dimethyl Sulphoxide
DNA	Deoxyribonucleic Acid
DMEM	Dulbecco's Modified Eagle's Medium
DSMB	Data Safety Monitoring Board
EDTA	Ethylenediamine Tetra Acetic Acid
ELISA	Enzyme Linked Immunosorbent Assay
EoPC	End of Production Culture
EP	European Pharmacopoeia
IHS	In-House Specification
IP	Indian Pharmacopoiea
FBS	Fetal Bovine Serum
GCP	Good Clinical Practices
GMP	Good Manufacturing Practices
HIV	Human Immunodeficiency Virus
HTLV	Human T-lymphotropic virus
IAEC	Institutional Animal Ethics Committee
IBSC	Institutional Biosafety Committee
ICH	International Council for Harmonization
IM	Intramuscular
IPA	Isopropyl Alcohol
IPQC	In-Process Quality Control
IRB	Institutional Review Board
LAF	Laminar Air Flow
MCB	Master Cell Bank
MCHC	Mean Corpuscular Hemoglobin Concentration
MCV	Mean Corpuscular Volume
MEM	Minimum Essential Medium,Eagle
MOI	Multiplicity of Infection
MTD	Mean Time to Death
MTD	Maximum Tolerated Dose
MVB	Master Virus Bank
NA	Not Applicable
NGS	Next Generation Sequencing
NLT	Not Less Than
NMT	Not More Than
NOAEL	No Observed Adverse Effect Level
NOC	No Objection Certificate
NRA	National Regulatory Authority
NSP	Non-Structural Protein

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OD	Optical Density
OECD	Organization for Economic Co-operation and Development
PBS	Phosphate Buffered Saline
PCR	Polymerase Chain Reaction
PERT	Product Enhanced Reverse Transcriptase
QA	Quality Assurance
QCD	Quality Control Department
QPERT	Quantitative Product Enhanced Reverse Transcriptase
R&D	Research and Development
RDT	Repeat Dose Toxicity
RNA	Ribonucleic Acid
RT-PCR	Reverse Transcription-Polymerase Chain Reaction
SHD	Single Human Dose
$CCID_{50}$	50% Cell Culture Infectious Dose
TRS	Technical Report Series
USP	United States Pharmacopoeia
WCB	Working Cell Bank
WFI	Water for Injection
WHO	World Health Organization
WVB	Working Virus Bank

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1 INTRODUCTION

1.1 CORONAVIRUS

In December 2019, a novel coronavirus (CoV) started causing illness and death in Wuhan province of China (1). The International Committee on Taxonomy of Viruses (ICTV) named the new virus as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) because of its phylogenetically close relationship with SARS-CoV and the disease was named Coronavirus disease 2019 (COVID-19) by World Health Organization (WHO) (2,3). The WHO declared COVID-19 as global pandemic on March 11, 2020 as the number of confirmed cases increased outside China to 13-fold with increasing number of countries affected with the virus to three-fold(4). The number of confirmed cases and mortality keeps on increasing every day and at present (12th Sep 2020), there are about 30 million confirmed cases and 900,000 deaths reported worldwide (WHO) (5).

The first case of laboratory confirmed SARS-Cov-2 was detected on 1stDecember 2019 in Wuhan, China. The initial outbreak reported to occur in the Seafood market in Huanan involving about 41 people. An epidemiological alert was issued on 31st December 2019 to shut down the market on 1stJanuary 2020. The infection then spread many cities and provinces of China. The first exported case from china was detected in Thailand on 13thJanuary 2020 and simultaneously, the disease spread rapidly across many other countries involving 205 countries (6). As of 12th Sep 2020, about 30 million confirmed cases and 900,000 deaths have been reported worldwide involving 216 countries, territories or areas (5).The initial mortality rates for patients in the hospital were estimated to be 11%–15%, but more recent data were 2%–3%. The mortality rate also varies from country to country, co-morbid conditions, isolation practice of the country (6). As of March 08th 2021, the total number confirmed cases of COVID-19 cases and death in India are 11,229,398 and 157,853 deaths, respectively as per the Official data of Govt. of India official data and the first COVID-19 case in Brazil was reported on Feb 26, 2020, in the city of São Paulo, and as of 2 Feb 2021, approximately 224,504 deaths and 9,204,731 Cases have been reported (7).

1.2 STRUCTURE

Coronavirus is a spherical or pleomorphic enveloped particle containing single-stranded (positive-sense) RNA associated with a nucleoprotein within a capsid comprised of matrix protein. The envelope bears club-shaped glycoprotein projections. Some coronaviruses also contain a hem agglutinin-esterase protein (HE) [8].

Coronaviruses possess the largest genomes (26.4–31.7 kb) among all known RNA viruses, with G + C contents varying from 32% to 43%. Variable numbers of small ORFs are present between the various conserved genes (ORF1ab, spike, envelope, membrane and nucleocapsid) and, downstream to the nucleocapsid gene in different coronavirus lineages.

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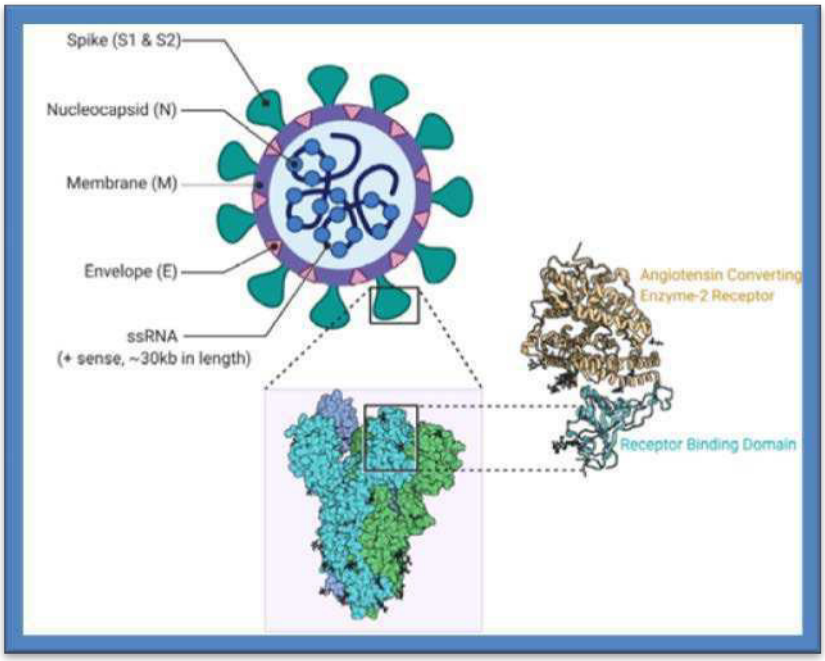
The viral genome contains distinctive features, including a unique N-terminal fragment within the spike protein. Genes for the major structural proteins in all coronaviruses occur in the 5′–3′ order as S, E, M, and N [9].

The structure of SARS-CoV-2 consists of the following: a spike protein (S), hemagglutinin-esterease dimer (HE), a membrane glycoprotein (M), an envelope protein (E) a nucleoclapid protein (N) and RNA as seen in the figure below. [10]



SARS-CoV-2 STRUCTURE

Source: https://www.ncbi.nlm.nih.gov/books/NBK554776/figure/article-52171.image.f3/)

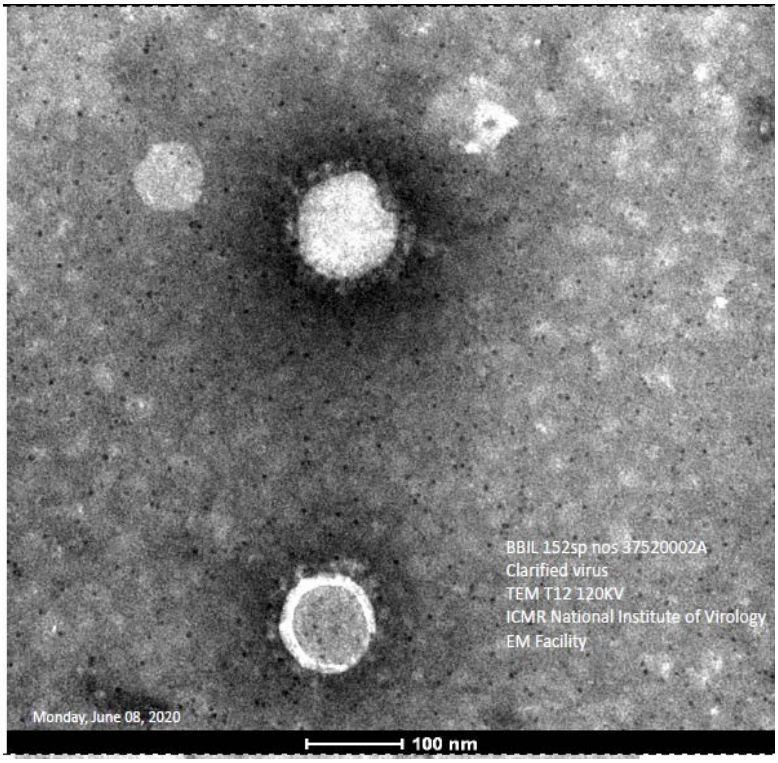


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Figure 1: Electron Microscope image of SARS-CoV-2 Structure of BBIL Clarified virus from EM Facility, National Institute of Virology, Pune

Spike protein (S) is heavily glycosylated, utilizes an N-terminal signal sequence to gain access to the ER and mediate attachment to host receptors. It is the largest structure and makes the distinct spikes on the surface of the virus. S protein is cleaved by cellular furin-like protease [11] into two separate polypeptides S1 and S2.

Nucleocapsid protein (N) binds to RNA in vitro and is heavily phosphorylated. N proteins binds the viral genome in a bead on a string type conformation. This protein likely helps tether the viral genome to replicase-transcriptase complex (RTC), and subsequently package the encapsulated genome into viral particles.

Membrane protein (M) is the most abundant structural protein. It does not contain signal sequence and exists as a dimer in the virion. It may have two different conformations to enable it to promote membrane curvature as well as bind to nucleocapsid.

Envelope protein (E) is found in small quantities in within the virus. It is most likely a transmembrane protein and with ion channel activity. The protein facilitates assembly and release of the virus and has other functions such as ion channel activity. It is not necessary for viral replication but it is for pathogenesis.

RNA is the genome of the SARS-CoV-2 virus and contains positive-sense, single-stranded RNA.

Receptor-binding domain (RBD): Receptor recognition by coronaviruses is the first and essential step for infecting host cells. Coronavirus entry into host cells is mediated by the transmembrane S glycoprotein that forms homotrimers protruding from the viral surface [12]. S glycoprotein comprises two functional subunits responsible for binding to the host cell receptor (S1 subunit) and fusion of the viral and cellular membranes (S2 subunit). The distal S1 subunit comprises the receptor-binding domain (RBD) and contributes to stabilization of the prefusion state of the membrane-anchored S2 subunit that contains the fusion machinery [13]. The receptor binding motif (RBM) in RBD is responsible for direct binding to ACE2 and its binding affinity may directly affect the virus infectivity and transmissibility [14].

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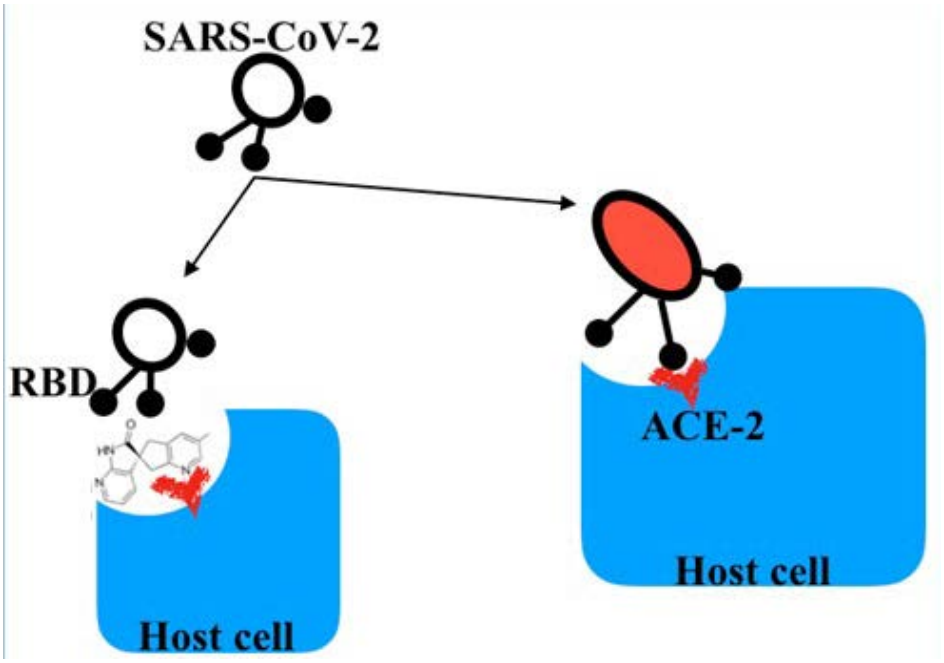

Figure 2: Receptor Binding Domain

[Source: Omotuyi, O.; Nash, O.; Ajiboye, B.; Metibemu, D.; Oyinloye, B.; Ojo, A.; Okaiyeto, K. The Disruption of SARS-CoV-2 RBD/ACE-2 Complex by Ubrogepant Is Mediated by Interface Hydration. Preprints 2020, 2020030466 (doi: 10.20944/preprints202003.0466.v1][15].

Coronavirus entry into susceptible cells is a complex process that requires the concerted action of receptor-binding and proteolytic processing of the S protein to promote virus-cell fusion. As the coronavirus S glycoprotein is surface-exposed and mediates entry into host cells, it is the main target of neutralizing antibodies (Abs) upon infection and the focus of therapeutic and vaccine design.

1.3 GENETIC DIVERSITY

Nucleotide substitution has been proposed to be one of the most important mechanisms of viral evolution in nature. The rapid spread of SARS-CoV-2 raises intriguing questions such as whether its evolution is driven by mutations. To assess the genetic variation, Tung Phan reported that eighty-six complete or near-complete genomes of SARS- CoV-2 were collected from GISAID [https://www.gisaid. org/]. These SARS-CoV-2 strains were detected in infected patients from China (50), USA (11), Australia (5), Japan (5), France (4), Singapore (3), England (2), Taiwan (2), South Korea (1), Belgium (1), Germany (1), and Vietnam (1). The pair-wise nucleotide sequence alignment was performed by ClustalX2, and the sequence of the strain China/WHU01/2020/EPI_ISL_406716 was used as a reference genome. Like other beta-coronaviruses, the genome of SARS-CoV-2 has a long ORF1ab polyprotein at the 5′ end, followed by four major structural proteins, including the spike surface glycoprotein, small envelope protein, matrix protein, and nucleocapsid protein. The genetic analysis discovered three deletions in the genomes of SARSCoV-2 from Japan (Aichi), USA

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(Wisconsin), and Australia (Victoria). Two deletions (three nucleotides and twenty-four nucleotides) were in the ORF1ab polyprotein, and one deletion (ten nucleotides) was in the 3′ end of the genome. The nucleotide sequence alignment also revealed ninety-three mutations over the entire genomes of SARS-CoV-2. Forty-two missense mutations were identified in all the major non-structural and structural proteins, except the envelope protein. Twenty-nine missense mutations were in the ORF1ab polyprotein, eight in the spike surface glycoprotein, one in the matrix protein, and four in the nucleocapsid protein. Of note, three mutations (D354, Y364, and F367) located in the spike surface glycoprotein receptor-binding domain. The spike surface glycoprotein plays an essential role in binding to receptors on the host cell and determines host tropism. It is also the major target of neutralizing antibodies. Mutations in the spike surface glycoprotein might induce its conformational changes, which probably led to the changing antigenicity. To date, a study on localization of amino acids involved in conformational changes of the SARS-CoV-2 spike surface glycoprotein structure is not available. The identification of these amino acids is of significance and should be investigated by further studies. [12].

2 CORONAVIRUS INFECTION

2.1 TRANSMISSION

The human-to-human transmissions occur via droplets and contact. The R0 currently is estimated by the WHO as 1.4–2.5. R0 describes about how many secondary cases that is expected to be produced from one primary infection in a susceptible population. For example, the median R0 for seasonal flu is reported as 1.28 with interquartile range of 1.19–1.37), whereas for measles it is reported as 12–18. As R0 value can be affected based on the local factors such as disease susceptibility, case detection rate and infection control measures, it should be calculated from population specific data taking local variability factors into consideration. Therefore, R0 value of COVID-19 may be changed in future when additional information on the disease become available [13].

2.2 CLINICAL SYMPTOMS

Signs and symptoms of coronavirus disease 2019 (COVID-19) may appear two to 14 days after exposure. This time after exposure and before having symptoms is called the incubation period. Common signs and symptoms can include:

- Fever
- Cough
- Tiredness

Other symptoms can include:

- Shortness of breath or difficulty breathing
- Muscle aches
- Chills
- Sore throat

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- Loss of taste or smell
- Headache
- Chest pain

This list is not all inclusive. Other less common symptoms have been reported, such as rash, nausea, vomiting and diarrhea. Children have similar symptoms to adults and generally have mild illness.

The severity of COVID-19 symptoms can range from very mild to severe. Some people may have only a few symptoms, and some people may have no symptoms at all. People who are older or who have existing chronic medical conditions, such as heart disease, lung disease, diabetes, severe obesity, chronic kidney or liver disease, or who have compromised immune systems may be at higher risk of serious illness. This is similar to what is seen with other respiratory illnesses, such as influenza.
Some people may experience worsened symptoms, such as worsened shortness of breath and pneumonia, about a week after symptoms start.

2.3 DISEASE BURDEN

In India, the first three SARS-CoV-2 cases were reported from Kerala during January 27-31, 2020. Later during March 2020, cases were also reported from a group of Italian tourists (n=15) and their contacts in New Delhi, India. Simultaneously, cases were reported in Agra, Uttar Pradesh, which was the outcome of close contact of an infected Delhi-based individual who returned from Italy. Subsequently, SARS-CoV-2 cases were reported from all over the country. As of Sep 12 2020, the total number confirmed cases of COVID-19 cases and death in India are ~ 5 million, and 77,000 deaths, respectively as per the Official data of Govt. of India official data [7].

2.4 DIAGNOSIS

2.4.1 MOLECULAR TEST

The WHO recommends collecting specimens from both the upper respiratory tract (naso- and oropharyngeal samples) and lower respiratory tract such as expectorated sputum, endotracheal aspirate, or bronchoalveolar lavage. The collection of BAL samples should only be performed in mechanically ventilated patients as lower respiratory tract samples seem to remain positive for a more extended period. The samples require storage at four degrees celsius. In the laboratory, amplification of the genetic material extracted from the saliva or mucus sample is through a reverse polymerase chain reaction (RT-PCR), which involves the synthesis of a double-stranded DNA molecule from an RNA mold. Once the genetic material is sufficient, the search is for those portions of the genetic code of the CoV that are conserved. The probes used are based on the initial gene sequence released by the Shanghai Public Health Clinical Center & School of Public Health, Fudan University, Shanghai, China on Virological.org, and subsequent confirmatory evaluation by additional labs. If the test result is positive, it is recommended that the test is repeated for verification. In patients with

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confirmed COVID-19 diagnosis, the laboratory evaluation should be repeated to evaluate for viral clearance prior to being released from observation. The availability of testing will vary based on which country a person lives in with increasing availability occurring nearly daily.

2.4.2 SEROLOGY

Despite the numerous antibody tests designed, to date serologic diagnosis has limitations in both specificity and sensitivity. Again, results from different tests vary. A CDC research on a test developed by the US Vaccine Research Center at the National Institutes of Health is ongoing. Of note, this test seems to have specificity higher than 99% with a sensitivity of 96%. Nevertheless, further research is needed for elucidating several aspects of the matter.

Inparticular:

- If IgG antibodies will provide immunity from future SARS-CoV-2 infection.
- On the protective titer of antibodies.
- On the duration of the protection.

Serologic, however, can have an important role in broad-based surveillance.

2.4.3 LABORATORY EXAMINATIONS

Concerning laboratory examinations:

- In the early stage of the disease, a normal or decreased total white blood cell count (WBC) and a decreased lymphocyte count can be demonstrated. Interestingly, lymphopenia appears to be a negative prognostic factor.
- Increased values of liver enzymes, lactate dehydrogenase (LDH), muscle enzymes, and C-reactive protein can be detected.
- Unless a bacterial overlap, a normal procalcitonin value is found.
- The elevated neutrophil-to-lymphocyte ratio (NLR), derived NLR ratio (d-NLR) [neutrophil count divided by the result of WBC count minus neutrophil count], and platelet-to-lymphocyte ratio, can be the expression of the inflammatory storm.[23] The correction of these indices is an expression of a favourable trend.
- Increased D-dimer.
- In critical patients, D-dimer value is increased, blood lymphocytes decreased persistently, and laboratory alterations of multiorgan imbalance (high amylase, coagulation disorders, etc.) are found.

2.4.4 IMAGING

2.4.4.1 CHEST X-RAY EXAMINATION

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Since the disease manifests itself as pneumonia, radiological imaging has a fundamental role in the diagnostic process, management, and follow-up. Standard radiographic examination (X-ray) of the chest has a low sensitivity in identifying early lung changes and in the initial stages of the disease. At this stage, it can be completely negative. In the more advanced stages of infection, the chest X-ray examination generally shows bilateral multifocal alveolar opacities, which tend to confluence up to the complete opacity of the lung. Pleural effusion can be associated.

2.4.4.2 CHEST COMPUTED TOMOGRAPHY

Given the high sensitivity of the method, chest computed tomography (CT), in particular

high-resolution CT (HRCT), is the method of choice in the study of COVID-19 pneumonia, even in the initial stages. Several non-specific HRCT findings and patterns can be found. Most of these findings may also be observed in other lung infections, such as Influenza A (H1N1), CMV, SARS, MERS, streptococcus, and Chlamydia, Mycoplasma. The most common findings are multifocal bilateral "ground or ground glass" (GG) areas associated with consolidation areas with patchy distribution, mainly peripheral/subpleural and with greater involvement of the posterior regions and lower lobes. The "crazy paving" pattern can be also observed. This latter finding is characterized by the presence of GG areas with superimposed interlobular septal thickening and intralobular septal thickening. It is a non-specific finding that can be detected in different conditions. Other findings are the "reversed halo sign" which is a focal area of GG delimited by a peripheral ring with consolidation, and the finding of cavitations, calcifications, lymphadenopathies, and pleural effusion.

2.4.4.3 LUNG ULTRASOUND

Ultrasound approach can allow evaluating the evolution of the disease, from a focal interstitial pattern up to "white lung" with evidence often of sub-pleural consolidations. It should be performed within the first 24 hours in the suspect and every 24/48 hours and can be useful for patient follow-up, choice of the setting of mechanical ventilation, and for indication of prone positioning. The main sonographic features are:

- Pleural lines often thickened, irregular, and discontinuous until it almost appears discontinuous; subpleural lesions can be seen as small patchy consolidations or nodules.
- B lines. They are often motionless, coalescent, and cascade and can flow up to the square of "White lung".
- Thickenings. They are most evident in the posterior and bilateral fields especially in the lower fields; the dynamic air bronchogram within the consolidation is a manifestation of disease evolution.
- Perilesional pleural effusion

In summary, during the course of the disease, it is possible to identify the first phase with focal areas of fixed B lines, a phase of numerical increase of the lines B up to the white

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lung with small subpleural thickenings, and further progress until evidence of posterior consolidations.

2.5 TREATMENT

There is no specific antiviral treatment recommended for COVID-19, and no vaccine is currently available. The treatment is symptomatic, and oxygen therapy represents the first step for addressing respiratory impairment. Non-invasive and invasive mechanical ventilation may be necessary in cases of respiratory failure refractory to oxygen therapy.

The clinical management of COVID-19 should be based on the stage and type of syndrome associated with disease at the time of presentation. Mild illness can be managed with conventional symptomatic treatment. Patients with severe illness may require immediate supplementary oxygen therapy. At present, there are no approved drugs with proven efficacy available for the treatment of COVID-19. Some of drugs approved drugs for other diseases are currently used worldwide for the treatment of the patients. The drugs/therapy currently used are either re-purposed or tried as experimental therapy for the treatment of COVID-19 [13,16]. These are:

1) Anti-malarial drugs: Hydroxychloroquine, Chloroquine
2) Anti-retroviral drugs: Lopinavir/Ritonavir (Protease inhibitors)
3) Anti-viral drugs: Remdesivir (nucleoside analogue), Favipiravir
4) Corticosteroids: Methylprednisolone
5) Monoclonal antibodies: Tocilizumab
6) Intravenous immunoglobulin (IVIG)
7) Convalescent plasma transfusion

Remdesivir has been authorized in US under Emergency Use Authorization for the management of adult and pediatric patients for whom use of an IV agent is clinically appropriate and who are under the care or consultation of a licensed clinician skilled in the diagnosis and management of patients with potentially life-threatening illness. Favipiravir has been approved for restricted emergency use in India.

Although none of the vaccines are approved for the prevention of COVID-19, many vaccine candidates are under development throughout the world.

3 COVID 19 VACCINE DEVELOPMENT

3.1 RATIONALE

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection is accelerating globally leading to an increase in morbidity and mortality. The high-risk group includes the health care workers (HCW) (physicians and paramedical staff), working amid SARS-CoV-2 infected patients, all other people including household contacts of COVID-19 confirmed patients, people currently residing or working in COVID-19 hotspots/outbreak areas where there is a high risk of transmission of SARS-CoV-2 infection and especially the elderly people (age >60 Years). Though SARS-CoV-2 infection may cause mild symptoms in many, nearly 14% develop a severe disease that requires hospitalization and oxygen support, and

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5% require admission to an intensive care unit. In severe cases, COVID-19 can be complicated by acute respiratory distress syndrome, sepsis, septic shock, and multiorgan failure with an estimated case fatality of 3.4%.
The COVID-19 pandemic is rapidly worsening in all parts of the world, overwhelming health systems. There is a serious threat to a densely populated country like India. Also, reports from all over the world demonstrate that the disease takes a severe course in elderly people and people with co-morbid conditions leading to higher mortality rates. Thus, there is an urgent need to ensure the safety and health of existing people living in COVID-19 affected areas where there is a high risk of disease transmission and find strategies to prevent the SARS-CoV-2 infection among such populations.

To date, no specific antiviral drug has been approved for COVID-19 although remdesivir has been given Emergency Use Authorization approval by USFDA, and Favipiravir has been used under restricted emergency use in India. Hence, there is a necessity to develop a vaccine to prevent SARS-CoV-2 infection. Various types of COVID-19 vaccines, such as DNA, RNA based formulations, recombinant subunit vaccines containing the viral protein (Spike) epitopes, vector-based formulations (eg: Adenovirus, Measles, Rabies,) and traditional inactivated vaccines are under development 10,11,12,13. Two Chinese based vaccine manufacturing company (Sinovac Biotech Ltd., and China National Pharmaceutical Group Co., Ltd. (Sinopharm)) have developed inactivated vaccine formulation against the SARS-CoV-2 virus and proved its safety and immunogenicity in animals such as mice, rats, and non-primate mammal, rhesus macaque monkeys [17,18]. The phase 1/2 (Sinopharm) and Phase 2 (Sinovac Biotech Ltd.) results have been published and the inactivated vaccine have demonstrated safety and immunogenicity in healthy adults [19,20]. Currently, the phase 3 clinical trials for these two inactivated vaccines are ongoing.

3.2 HISTORY AND CURRENT STATUS

The potential vaccine target could be whole cell antigen (WCA), spike protein (S protein) (The Full-Length S Protein, RBD, NTD, S1 subunit, FP), nucleocapsid protein (N Protein), membrane protein (M Protein) or envelope protein (E protein). The potential vaccine candidates for covid-19 can be categorized into various types such as whole-cell killed and live-attenuated vaccines, subunit vaccines, mRNA vaccines, DNA vaccine, live vector vaccines, synthetic peptide or epitope vaccine.

As of 10th Aug 2020, about 139 vaccine candidates are in preclinical evaluation stage and 28 candidate vaccines in clinical evaluation stage. (The COVID-19 vaccine development landscape, WHO).

3.3 CHALLENGES IN NEW VACCINE DEVELOPMENT

New vaccine development is challenging as usually the reference reagents like antibodies,

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reference vaccine for testing and virus strain suitable for vaccine development are not available. Hence fundamental work is required to qualify any virus strain to be used as a vaccine strain. Extensive validation is required to qualify primary in-house reference reagents. However, the most challenging aspect of a new vaccine development is the derivation and rationalization of vaccine doses for clinical testing. The use of different platform technologies renders comparison of protective correlates induced by the different candidate vaccines difficult to assess.

In the case of COVID19 vaccine development at Bharat Biotech there were additional challenges. The vaccine project was initiated at the time when very little or no information was available on virus pathogenesis, genetic diversity, transmission, diagnosis, serological correlates for protection or animal models to test the vaccine concepts. From vaccine point of view, there was no information on whether the virus can be cultured in vitro in cell substrates and if yes, which cell substrates are best suitable, mechanism of adaptation to cells, potential virus titers and the feasibility to manufacture the vaccine product for human administration, as the published information at that time pertained to passaging the virus in mouse brain which is not suitable for vaccine production. The extent of R&D work done on this vaccine has now led to the development of a very promising candidate vaccine being advanced into clinical development.

3.4 TARGET PRODUCT PROFILE

Table 1: Develop and license vaccine for reactive use in outbreak settings (Outbreak) and/or with **long-term protection for administration to those at high ongoing risk of COVID-19 (LT)**

BBV 152 Vaccine characteristics	**Preferred**	**Critical or Minimal**
Indication for use	Outbreak: For active immunization of at-risk persons in the area of an on-going outbreak for the prevention of infection of SARS-CoV-2; to be used in conjunction with other control measures to curtail or end an outbreak. Long Term (LT): For active immunization of at-risk persons to prevent COVID-19	Outbreak: For active immunization of at-risk persons in the area of an on-going outbreak for the prevention of COVID-19; to be used in conjunction with other control measures to curtail or end an outbreak Long Term (LT): For active immunization of at-risk persons to prevent COVID-19
Contraindication	None	Some contraindications (e.g., immunocompromised) may

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		be acceptable
Target population	All ages[1]. Suitable for administration to pregnant and lactating women.	Adults, including elderly
Safety/Reactogenicity	Safety and reactogenicity sufficient to provide a highly favourable benefit/risk profile in the context of observed vaccine efficacy; with only mild, transient adverse events related to vaccination and no serious AEs.	Outbreak: Safety and reactogenicity whereby vaccine benefits outweigh safety risks[2]. Long Term (LT): Safety and reactogenicity sufficient to provide a highly favourable benefit/risk profile in the context of observed vaccine efficacy; with only mild, transient adverse events related to vaccination.
Measures of Efficacy	At least 70% efficacy (on population basis, with consistent results in the elderly[3]. Endpoint may be assessed vs. disease, severe disease, and/or shedding/transmission. Outbreak: Rapid onset of protection (less than 2 weeks). Long Term (LT): Rapid onset of protection is less important.	Clear demonstration of efficacy (on population basis) ideally with ~50% point estimate. Endpoint may be assessed vs. disease, severe disease, and/or shedding/transmission[4].
Dose regimen	Outbreak: Two-dose primary series[5]. Long Term (LT): Lower frequency (yearly or less) of booster doses is preferred.	Outbreak: No more than two dose regimen[6]. Long Term (LT): Booster doses permitted
Durability of protection	Confers protection for at least 1 year.	Confers protection for at least 6 months[7].
Route of Administration	Outbreak: Any route of administration is acceptable, if vaccine is safe and effective.	Any route of administration is acceptable, if vaccine is safe and effective

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	Long Term (LT): Any route of administration is acceptable.	
Product Stability and Storage	Higher storage temperatures and higher thermostability will greatly enhance vaccine distribution and availability, and are thus strongly preferred.	Outbreak: Storage at 2°C – 8°C or higher; Long Term (LT): Storage at 2°C – 8°C or higher;
Co-administration with other vaccines	Outbreak: Stand-alone product. Long Term (LT): potential for coadministration with other vaccines (e.g, flu, polio, measles, pneumococcal) preferred	Stand-alone product
Presentation	Outbreak: Multi-dose presentation is preferred for ease of use in campaigns. Long Term (LT): Mono-dose or multidose presentations are acceptable Maximum parenteral dose volume: 0.5 mL Multi-dose presentations should be formulated, managed and discarded in compliance with WHO's multi-dose vial policy.	Multi- or mono- dose presentations are acceptable. Maximum parenteral dose volume: 1 mL Multi-dose presentations should be formulated, managed and discarded in compliance with WHO's multi-dose vial policy.

1.Recognize that herd immunity (and transmission blocking) will depend on broad immunization, likely including children.
2 Benefit/risk may depend on age, other factors. Benefit/risk assessment should take potential for enhanced disease into account.
3 The lower confidence limit of the efficacy estimate could be lower
4 If regulatory authorization is provided with incomplete clinical efficacy data, effectiveness data are to be generated during use
5 Note strong preference for single-dose, but do not desire to discourage development of 2-dose vaccines if that is what is feasible
6 note cholera is 2 dose, and many 2 dose vaccines confer partial protection after a single dose. For two-dose vaccines, protection after single dose should be assessed
7 This might not be demonstrated in initial clinical studies, but could be supported by follow-on studies, animal data, etc

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4 CORONAVIRUS VACCINE PRODUCT DEVELOPMENT AT BHARAT BIOTECH

4.1 SUMMARY

The aim was to manufacture a safe COVID-19 vaccine based on the whole-virion inactivated vaccine under BSL3 facility for human clinical trial. This vaccine was based on vero cell manufacturing platform, manufactured and characterized at Bioreliance USA. The safety is well established. This vaccine used the same platform used for vaccines, such as Rabies, Rotavirus, Chikungunya, Zika, Japanese Encephalitis, Inactivated Polio vaccines.

The coronavirus vaccine BBV152 is whole virion inactivated vaccine developed in collaboration with Indian Council of Medical Research and National Institute of Virology, Pune.

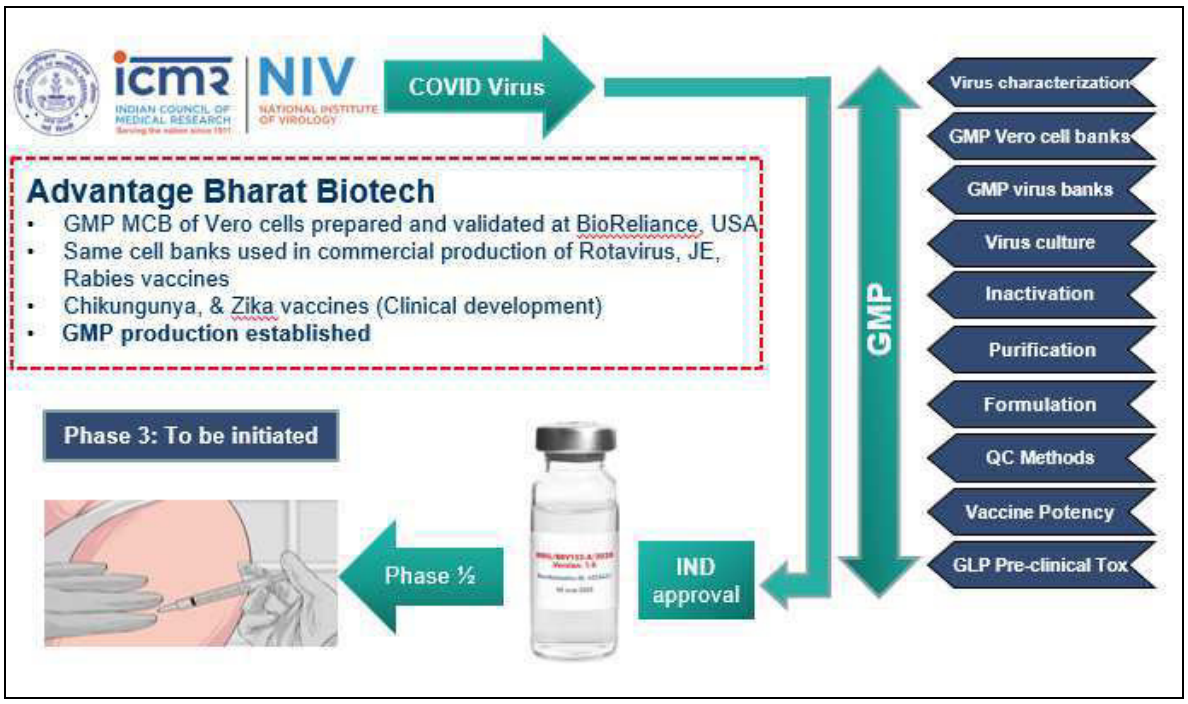

Figure 3: Summary of Vaccine product Development

4.2 VERO-CELL SUBSTRATE

4.2.1 MASTER CELL BANK (MCB) PREPARATION

Vero Cell MCB was prepared and characterized by BioReliance for BBIL. The preparation of MCB was initiated by BioReliance with 2 cryovials of Vero MCB (P/N: 5.41075L/N: 3006- 103388.) at passage #8 (equivalent to passage#130 of ATCC CCL-81). Vero Cells were seeded in 2 x 225 cm^2 flasks. Cells were serially passaged three more times up to the stage of 10^5 x 225 cm^2 flasks. Cells were harvested from all the 10^5 flasks and cryo preservation medium containing 90% FBS and 10% DMSO was added to the pooled cell suspension. The cell suspension was distributed in 1.0 mL aliquots into sterile cryo vials

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labelled as under:

Vero MCB, P-11
P/N: BHAMC1.FP, L/N: 3006-104986
10/07/03 1 mL Vial #
BioReliance. Stored: Liq. N2

The running passage level of notional P#11 is P#133 as per the records of BioReliance. The Vero Cell MCB was completely characterized at BioReliance.

4.2.2 MASTER CELL BANKCHARACTERIZATION

a) Sterility test in accordance with 21CFR, USP 26 AND EP. Result was satisfactory.
b) Test for Bacteriostatic/Fungistatic activity of a test article using direct inoculation method. Result was satisfactory.
c) Test for the presence of Agar cultivable and Non-Agar cultivable Mycoplasma. Results: Test was negative.
d) Cell culture identification and characterization. Results: Isoenzyme analysis is consistent with cells of Cercopithecus monkey origin.
e) Test for the presence of inapparent viruses in suckling mice, adult mice and embryonated hen's eggs. Results: No evidence of contamination with adventitious agents.
f) In vitro assay for the presence of viral contaminants. Results: Adventitious viral contaminants were not detected.
g) PCR assay for the detection of Simian Virus 40 in biological samples. Results: Negative for SV40 DNA
h) PCR assay for the detection of Simian Retrovirus in biological samples. Results: Negative for SRV sequence
i) Transmission electron microscopic evaluation of cultured cells. Results: Negative for virus like particles and other microbial agents.
j) Product Enhanced Revert Transcriptase (PERT) assay for the detection of Retrovirus in biological samples. Results: Negative for RT activity.
k) Cytogenetic analysis for the characterization of cell lines. Results: Identity confirmed as African Green Monkey Cells.

4.2.3 MANUFACTURER'S WORKING CELL BANK (MWCB) PREPARATION

One cryovial was taken from the Vero MCB P/N: (BioReliance) P#133 and seeded into 1xT- 150 flask (P#134). At the time of revival, cell count of the re-suspended cells was found to be $5.6x10^6$ cells and viability was found to be 56%. Cells were serially passaged further up to P#138 for expansion in order to obtain 144 x T-150 flasks. Cells were trypsinised, harvested and made into a cell suspension. To the cell suspension, cryopreservation medium (90% FBS+10% DMSO) was added. Cell suspension was

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aliquoted in 1.2 mL aliquots into sterile cryovials.

4.2.4 MANUFACTURER'S WORKING CELL BANK CHARACTERIZATION

MWCB cryovials were tested for sterility and mycoplasma at BBIL. Samples were sent to BioReliance for characterization.

a) Sterility test in accordance with 21 CFR, USP 27 AND EP for final product; Results: Satisfactory
b) Test for the presence of Agar-cultivable and Non-Agar Cultivable Mycoplasmas in accordance with EP and USFDA; Results: Negative
c) Cell culture identification and characterization; Results: Isoenzyme analysis consistent with cells of Cercopithecus monkey origin.
d) Cytogenetic analysis for the characterization of cell lines; Results: Identified as African Green Monkey Kidney (AGMK) Cells

4.2.5 CHARACTERIZATION OF END OF PRODUCTION CELLS (EOPC)

a) Evaluation of tumor formation in nude athymic mice following subcutaneous injection of cell suspension; Results: Non-tumorigenic.
b) 28 Day in vitro assay for the detection of viral contaminants in 3 detector cell lines; Results: Negative for the presence of viral contaminants.

5 CORONAVIRUS VACCINE STRAIN

GENERAL DESCRIPTION AND HISTORY OF STARTING MATERIAL

5.1 CELL SUBSTRATE

The origin of Vero Cells is from ATCC. Vero Cell CCL-81(Lot No. F-11497) was procured by Bio Reliance Corporation (BRC) from ATCC and Master Cell Bank was prepared by (BRC). The part number of the Vero Cell batch is BHAMCI.FP and the Lot Number is 3006-104986.

5.2 SYSTEM OF SEED/MASTER/WORKING BANKS

5.2.1 MASTER CELL BANK ESTABLISHMENT AND CHARACTERIZATION:

Bharat Biotech engaged BioReliance Corporation, Rockville, MD, USA, in 2005 to prepare and characterize Vero Cell Master Cell Bank for the production of viral vaccines. The origin of Vero Cell line used by BioReliance Corporation, for the preparation of Vero Master Cell Bank for Bharat Biotech was Vero ATCC®.CCL-81TM. Vero Cell line was developed in 1962 by Y. Yasumura and Y. Kawakita at the Chiba University in Chiba, Japan from the kidneys of a normal Cercopithecus aethiops monkey and was given to National Institutes of

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Allergy and Infectious Diseases (NIAID) in the USA in 1964 and NIAID, in turn, provided the cell line to the American Type Culture Collection (ATCC) in 1966.

Bio Reliance received Vero Cells from ATCC with a passage number 122 and prepared MCB with a passage number at 133. It was numbered as Vero MCB P/N: BHAMC1.FP, L/N: 3006-104986. The MCB was fully characterized by BioReliance, the tests and results of which are given Table: 2.

Table – 2: Various tests performed for characterization of MCB and the results

S. No	Test performed	Observation/Result
1.	Sterility Test in Accordance with 21CFR, USP 26 and/ or European Pharmacopeia (EP) for final product	Satisfactory
2.	Test for Bacteriostatic / Fungistatic Activity of a test article using direct inoculation method	Satisfactory
3.	Test for the presence of Agar cultivable and Non-Agar cultivable Mycoplasma	Negative
4.	Cell culture identification and characterization	Isoenzyme analysis consistent with cells of Cercopithecus Monkey origin
5.	Test for the Presence of inapparant viruses in suckling mice, adult mice and embryonated hen's eggs	No evidence of contamination with adventitious agents
6.	In vitro assay for the presence of Viral contaminants	Adventitious viral contaminants were not detected
7.	Polymerase chain Reaction assay for the detection of Simian Virus 40 (SV40) in Biological samples	Negative for SV40 DNA
8.	Polymerase chain Reaction assay for the detection of Simian Retrovirus (SRV) in Biological samples	Negative for SRV Sequence
9.	Transmission Electron Microscopic evaluation of cultured cells	Negative for Virus-Like Particles and other microbial agents
10.	Product Enhanced Reverse Transcriptase (PERT) Assay for the detection of Retrovirus in Biological samples	Negative RT activity at a sensitivity of $2x10^7$ RT Units/4.0µl of test article
11.	Cytogenetic Analysis for the characterization of cell lines	Identified as African Green Monkey

The tests done by BioReliance on End of Production Culture (EOPC), Vero-CCL81 EOPC P#159 is given in Table: 3

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Table – 3: Tests performed and the results

S. No	Test Performed	Results
1	Evaluation of Tumor formation in nude (NU/NU) athymic mice following subcutaneous injection of cell suspension	Not considered to be Tumorigenic
2	28 Day In vitro Assay for the Detection of Viral Contaminants-3 Detector cell lines	Negative

Each MCB cryovial contains approximately 10^7 cells/1.0mL. These cells are stored at -130°C or below in the cell bank storage area in Building 'C' and are controlled, monitored and issued by QA.

5.2.2 MANUFACTURER'S WORKING CELL BANK ESTABLISHMENT AND CHARACTERIZATION:

The MWCB was characterized by BBIL as per Specification no. SMS003

Table -4: Various tests performed for the characterization of MWCB and the results

S.No	Test Performed	Specification	Results
1	Identity	Should show 222 bp band after PCR amplification in Gel Analysis for AGMK species	222 bp band observed
2	Sterility	No Growth should be observed	No Growth observed (Sterile)
3	Mycoplasma	Should be Negative for Mycoplasma	Negative for Mycoplasma species
4	Adventitious agents (in-vivo and in-vitro)	Should be Free from Adventitious Agents	Free from Adventitious Agents
5	Haemadsorption	Should be Free from Haemadsorbing viruses	Free from Haemadsorbing viruses
6	Growth characteristics	Cells should be healthy and growing	Cells are healthy and growing
7	Homogeneity test	90% to 110% recovery should be observed from initial cell count in each cryovials	98.94%
8	Cell Viability	NLT 80%	98.7%
9	Cell count	NLT 5 x 10^6 cells/ cryovial	5.21 x 10^6 cells/ cryovial

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Flow chart of Vero MWCB Preparation:

Stage 1: Vials of MCB, *P# 133*

↓

Stage 2: Revival (1xT-25 flask), *P# 134*

↓

Stage 3: Cell Expansion I (1 x T-175 cm^2 flask), *P# 135*

↓

Stage 4: Cell Expansion II (4 x T-175 cm^2 flask), *P# 136*

↓

Stage 5: Cell Expansion III (1x CS10), *P# 137*

↓

Stage 6: Cell Expansion IV (6 x CS10), *P# 138*

↓

Cryo-preserved, *P# 138*

5.3 DESCRIPTION, HISTORY AND CHARACTERIZATION & SEED LOT SYSTEM FOR VERO CELLS

5.3.1 EMBRYONATED EGGS AND OTHER CELLS SUBSTRATES:

Not Applicable.

5.3.2 MASTER SEED AND WORKING SEED OF VIRUS BANKS

5.3.2.1 VIRUS STRAIN

A new severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) associated with human to human transmission and extreme human sickness has been as of late announced from the city of Wuhan in China. The nucleocapsid protein (N-protein) and spike protein (S-protein) are encoded by all coronaviruses, including the coronavirus (SARS-CoV-2, COVID-19) that was first detected in Wuhan City, China, in December 2019.

5.3.2.2 VIRUS SEED LOT SYSTEM

The seed virus (Strain NIV 2020-770) were transferred from ICMR –National Institute of Virology to Bharat Biotech. This strain was the first successful virus isolation from the nasal and throat swabs of person with a travel history from Italy. The seed virus received from the NIV was adapted and amplified to produce MASTER VIRUS BANK (MVB). WORKING

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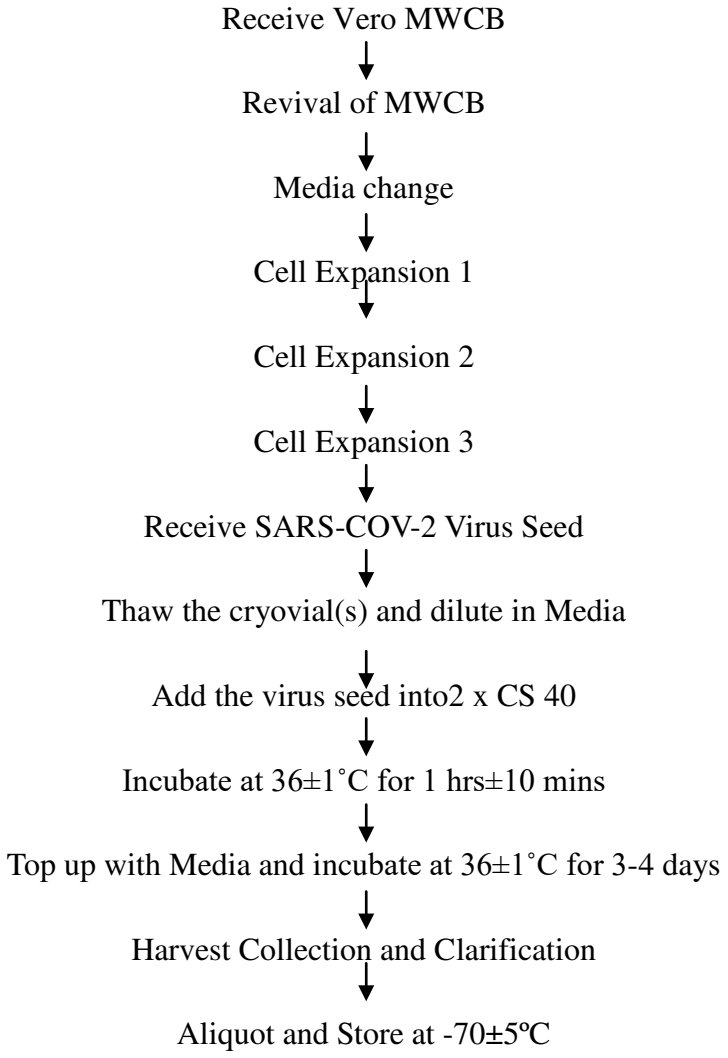
VIRUS BANK (WVB) was prepared from MVB and characterized. WVB is being used for the production.

5.4 PREPARATION OF MASTER VIRUS BANK (MVB)

SARS-COV-2 Master Virus Bank preparation flow chart



5.5 CHARACTERIZATION OF MVB

Characterization of MVB was done and the following QC tests certified the MVB for production of vaccine lots.

Table -5: Various tests performed for the characterization of MVB and the results

S.No	TEST	SPECIFICATION
1	Identity (By In-vitro method)	Virus titration by qPCR serve as an identity test
2	Sterility	No Growth should be observed
3	Mycoplasma	Should be negative for mycoplasma
4	Virus titration (*in vitro*)	NLT $10^{6.00}$ $CCID_{50}$/mL

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5	Virus Titration by qPCR	NLT $10^{6.00}$ Copies per mL
6	Adventitious agents (In-vitro)	Should be free from Adventitious agents
7	Haemadsorption	Should be free from Haemadsorption agents
8	Virus identity by NGS method	95% sequence should match with published Sequence

5.6 PREPARATION OF WORKING VIRUS BANK (WVB)

Working Virus Bank (WVB) was prepared from the well characterized MVB.
The working virus banks were prepared as follows:

Receive Vero MWCB

↓

Revival of MWCB

↓

Media change

↓

Cell Expansion 1

↓

Cell Expansion 2

↓

Cell Expansion 3

↓

Cell Expansion 4

↓

Receive Covid 19 Virus Seed

↓

Thaw the cryovial(s) and dilute in Media

↓

Add the virus seed into3 x CS 40

↓

Incubate at 36±1˚C for 1 hrs±10 mins

↓

Top up with Media and incubate at 36±1˚C for 3-4 days

↓

Harvest Collection and Clarification

↓

Aliquot and Store at -70±5ºC

5.7 CHARACTERIZATION OF WORKING VIRUS BANK (WVB)

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Characterization of WVB was done and the following QC tests certified the MVB for production of vaccine lots.

Table -6: Various test performed for the characterization of WVB with specification

S.No	TEST	SPECIFICATION
1	Identity (By In-vitro method)	Virus titration by qPCR serve as an identity test
2	Sterility	No Growth should be observed
3	Mycoplasma	Should be negative for mycoplasma
4	Virus titration (*in vitro*)	NLT $10^{6.00}$ $CCID_{50}$/mL
5	Virus Titration by qPCR	NLT $10^{6.00}$ Copies per mL
6	Adventitious agents (In-vitro)	Should be free from Adventitious agents
7	Haemadsorption	Should be free from Haemadsorption agents
8	Virus identity by NGS method	95% sequence should match with published sequence

6 CORONAVIRUS BANKS

6.1 VIRUS SEED LOT SYSTEM

A virus seed lot system was established to provide traceability to the virus stocks used in the production of vaccine lots.

6.2 PREPARATION OF P3 MASTER SEED VIRUS

Coronavirus Seed Virus as described earlier was used for the preparation of P3 Master Seed. The seed virus was passaged twice in C6/36 Ae. albopictus cells and plaque purified twice from Vero cells to obtain 'Coronavirus Master Seed which was advanced into preparation of GMP Master Virus Banks. The virus titer in the P3 Master Seed is $10^{7.40}$ CCID50 / mL.

6.3 CHARACTERIZATION OF P3 MASTER SEED VIRUS

The Corona P3 Master Seed Virus was extensively tested for mycoplasma, sterility, virus titer, whole genome sequencing by Next Generation Sequencing (NGS) platform before advancing to the preparation of GMP Master Virus Banks.

6.4 CHARACTERIZATION OF MVB

6.4.1.1 WHOLE GENOME SEQUENCING BY NGS PLATFORM

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The genomic RNA isolated from the pre-seed was sequenced using NGS platform at Genotypic Technologies, Bangalore. The sequence confirmed the identity of the MR 766 strain of Coronavirus.

6.4.1.2 MVB CHARACTERIZATION AS PER WHO TRS963

Table 7: QC Specification No. SMS 034

S.No.	Tests	Specifications	Results
1.	Virus identity by sequencing (NGS Method)	95% Sequence should match with published sequence	Under Test
2.	Virus identity by In-Vitro Method	Virus titration by qPCR serve as an Identity test	Complies
3.	Sterility by direct inoculation method	No growth should be observed	Sterile
4.	Mycoplasma by PCR method	Should be free from mycoplasma	Negative for mycoplasma
5.	Virus titration (In-Vitro)	NLT 106.00 CCID50/ml	106.25 CCID50/ml
6.	Virus titration by qPCR	NLT 106.00 Copies per mL	107.25 Copies per mL
7.	Adventitious agents (In-vitro)	Should be free from adventitious agents	Under Test
8.	Haemadsorption	Should be free from haemadsorbing viruses	Under Test

6.5 PREPARATION OF WORKING VIRUS BANK (WVB)

Working Virus Bank (WVB) was prepared from the well characterized MVB under GMP conditions.

6.6 CHARACTERIZATION OF WVB

6.6.1 WHOLE GENOME SEQUENCING BY NGS PLATFORM

The genomic RNA isolated from the WVB was sequenced by NGS platform using Illumina NextSeq500. The nucleotide sequence confirmed the identity of coronavirus.

6.6.2 WVB CHARACTERIZATION AS PER TRS963

Table 8: QC Specification No. SMS 034

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S.No	Test	Specification	Results
1	Virus identity by sequencing (NGS Method)	95% Sequence should match with	Under Test
2.	Virus identity by In-Vitro Method	Virus titration by qPCR serve as an Identity test	Complies
3	Sterilityby direct inoculation method	No growth should be observed	Sterile
4	Mycoplasma by PCR method	Should be free from mycoplasma	Negative for mycoplasma
5	Virus titration (In-Vitro)	NLT 106.00 CCID50/ml	106.88 CCID50/ml
6.	Virus titration by qPCR	NLT 106.00 Copies per mL	107.44 Copies per mL
7.	Adventitious agents (In-vitro)	Should be free from adventitious agents	Under Test
8.	Haemadsorption	Should be free from haemadsorbing viruses	Under Test

7 CORONAVIRUS VACCINE PRODUCTION

7.1 VACCINE BULK

GMP production of vaccine bulk was standardized at 80 L pilot scale. The flow chart below describes the steps involved in the bioprocess related to production of purified inactivated bulk of coronavirus vaccine. All the steps in production comply with the In-Process Quality Control (IPQC) parameters established for GMP production of vaccine bulk. In-process steps for quality checking of the vaccine bulk were developed at different stages of the bioprocess to ensure consistency and to prevent any inadvertent introduction of contamination from extraneous agents.

PROCESS FLOW CHART: drug substance

Dispensing of Raw Materials

↓

Washing and sterilization of Consumables

↓

Sterilization of glassware

↓

Solution preparation (pH)

↓

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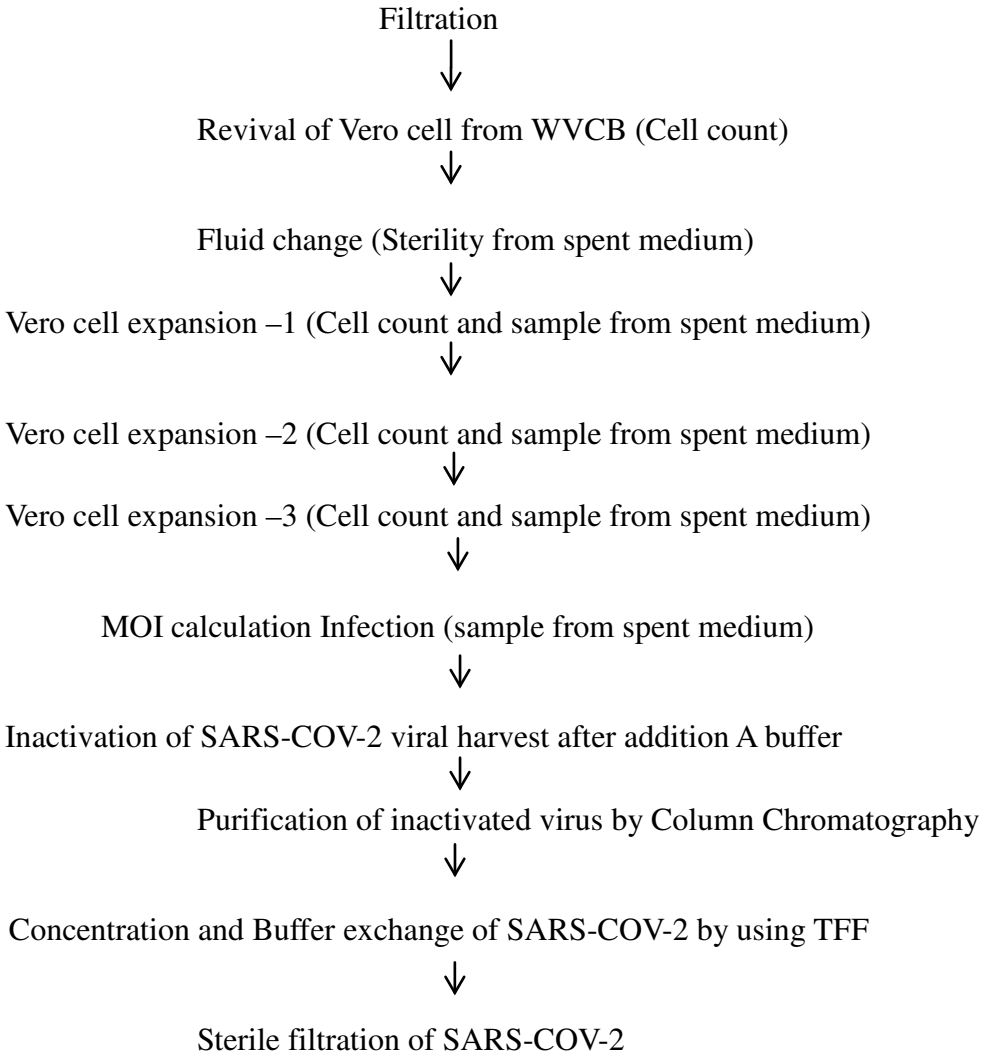

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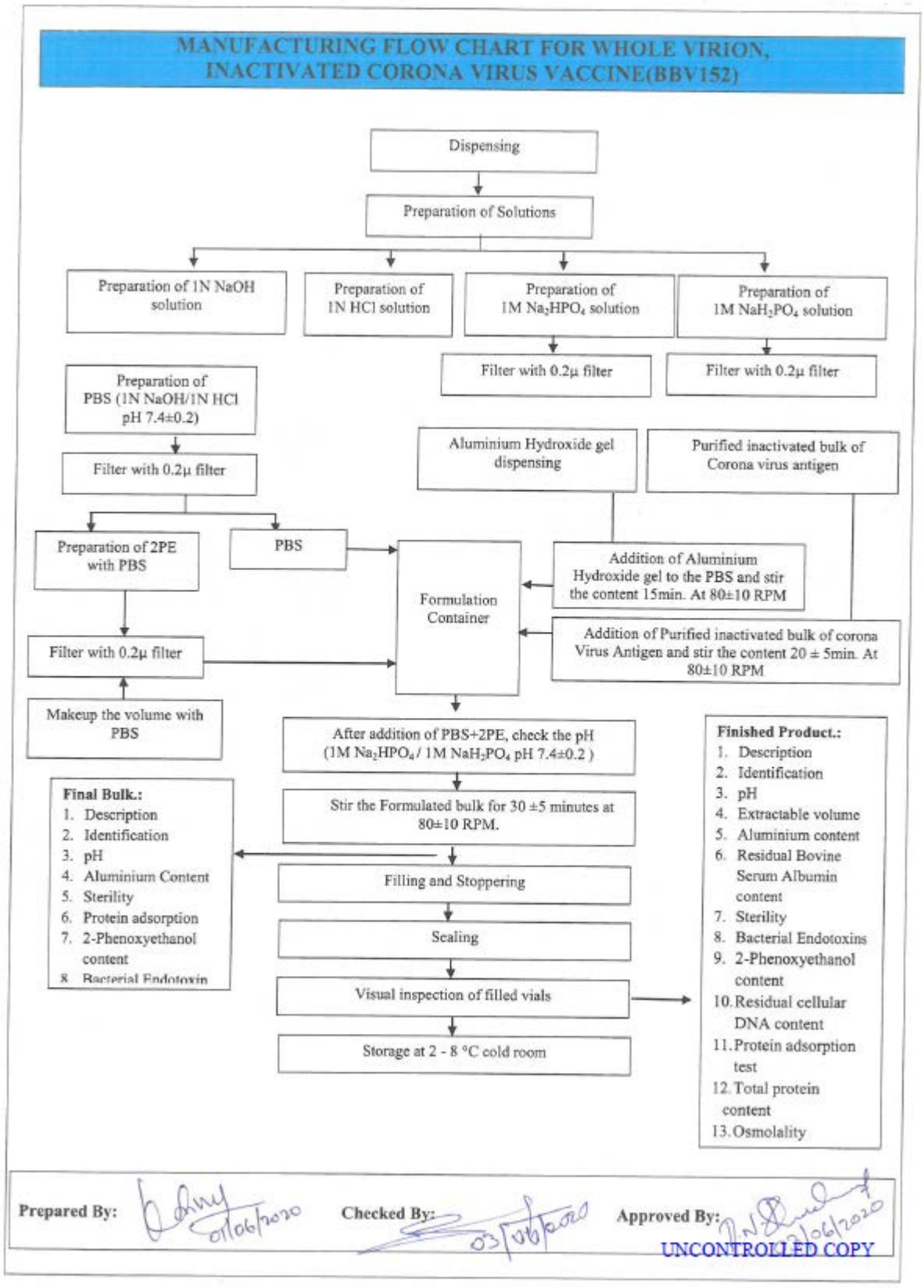

Figure 4: Manufacturing flow chart for Whole-virion Inactivated Coronavirus vaccine (BBV-152)

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7.2 LOT RELEASE SPECIFICATIONS

The table lists the in-house specifications and the proposed limits of the constituents and extraneous matter in the Coronavirus vaccine product. The limits were defined after performing tests for consistency from R&D pilot scale batches of the vaccine. The GMP pilot scale batches of the product described in this document comply with the following specifications and the limits.

Table 9: Lot Release Specifications

S.No	Tests Performed	Acceptance criteria
Final lot		
1.	Description	White, translucent liquid free from particulate matter
2.	Identification	The ratio of OD of test sample to OD of negative control should not be less than 2
3.	pH	For Information Only
4.	Extractable Volume	NLT 0.50 mL
5.	Aluminium Content	NLT 0.19 mg/SHD and NMT 0.29 mg/SHD
6.	Residual Bovine Serum Albumin content	NMT 50 ng per Single Human Dose
7.	Sterility	No growth should be observed (Sterile)
8.	Bacterial Endotoxins	Less than 25 international Units (IU) per single human dose (SHD)
9.	2-Phenoxyethanol content	NLT 85.0% and NMT 115.0% of the stated label claim
10.	Residual Cellular DNA Content	NMT 10 ng per Single Human Dose
11.	Protein adsorption Test	NLT 75% of the stated claim of total protein

7.3 VACCINESTABILITY

7.3.1 BULKSTABILITY

Thestabilitytestingofthebulkmaterialthatisstoredaftermanufacture,butpriortoformulation was studied. Stability testing has been planned for batches for which manufacture and storage are representative of the manufacturing scale of production. Hence, the qualities of the batches of vaccine bulk placed into the stability program are a representative of the quality of the material used in preclinical toxicology and to be used in clinical studies. During manufacture of the inactivated, purified Coronavirus bulk no specific intermediate

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that can potentially alter the stability of the final purified bulk substance was identified. The protocols used for stability indicating profile of purified, inactivated Coronavirus bulk provides methods to detect changes in the purity and sterility of the product. Bulk substance batches for Phase I trial are planned to keep under stability programme at real time temperature. .

7.3.2 FINISHED PRODUCTSTABILITY

Stability testing has been done on batches of the formulated material that have been derived from the same vaccine bulk which was entered into the stability testing program. Stability testing specifications of the pilot scale batches and storage conditions can be considered as representative of the manufacturing scale of operations. Hence the quality of the batches of vaccine product placed into the stability program is a representative of the quality of the material used earlier in Pre-Clinical toxicology studies and of the quality of the material to be made at manufacturing scale. The samples will be stored at 5±3ºC for real time stability and at 25±2ºCfor accelerated stability in an upright position and hence there was no interaction of the drug substance with the closure. The clinical batches manufactured under GMP will be kept for stability testing program and the studies are ongoing. At the accelerated storage condition of 25± 2ºC five time points, including the initial and final time points at 0, 1, 3 and 6 months would be carried out.

The stability of the vaccine product is planned to study under stress conditions with temperature stress of 37ºC for 07 days. Good thermal stability of the product was observed up to 37ºC during the above time period. This study helps us to understand the effect of minor or major excursions in temperature on the vaccine. From the results of the stability testing of the vaccine product from pilot scale batches, real time storage condition of 5±3ºC will be confirmed with proposed shelf life of at least two years.

7.4 FORMULATION DEVELOPMENT

This product development report is limited for "Whole Virion, Inactivated Coronavirus Vaccine (BBV152)" for intended use to prevent the Coronavirus infection.

7.4.1 SCOPE:

The scope of this report is applicable to development of "Whole Virion, Inactivated Corona Virus Vaccine (BBV152)" which is intended for prevention of Coronavirus infection, wherein Algel is used as an adjuvant while the Whole Virion Inactivated Corona Virus protein is used as an antigen, based on extensive literature survey 2 concentration of antigens ie 3 and 6 mcg/single human dose in as 0.5mL presentation were used.

7.4.2 TYPE OF FORMULATIONS EXECUTED IS GIVEN BELOW:

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1. 152A: 3µg of protein concentration /SHD with 0.25 mg/ml Algel2 (Al^{+++}) concentration
2. 152B: 6µg of protein concentration /SHD with 0.25 mg/ml Algel2 (Al^{+++}) concentration
3. 152C: 6µg of protein concentration/SHD with 0.25mg/ ml Algel1 (Al^{+++}) concentration

Three different formulations were carried out with varying concentration of the antigen as well as the Algel and in one formulation no Algel was added. In all the above formulations, 10mM PBS and 2Phenoxyethanol concentration 5mg/mL were common.
In brief the formulation was carried out using calculated quantity of sterile phosphate buffer, addition of the required quantity of the bulk protein, adjuvant, and 2-Phenoxyethanol 5mg/mL concentration and mixing for 60 minutes.
The formulations were tested for protein adsorption and it confirms that based on the above results it was concluded that the percentage of protein adsorption was meeting the criteria of over 75% binding of the protein to the gel.

8 ANALYTICAL METHODS ESTABLISHMENT

8.1 TESTS FOR VIRUS QUANTITATION

8.1.1 MEDIAN TISSUE CULTURE INFECTIOUS DOSE ($CCID_{50}$)

Tissue culture infectious dose is the amount of a virus which causes CPE in 50% of cell cultures and is expressed as CCID50/ml. This assay is performed to determine the infectious titer of coronavirus that causes CPE over a period of 5 days while the cells in culture remain viable. Briefly, standardized numbers of Vero cells are seeded in growth medium 24 hrs before the assay in 96-well flat bottom tissue culture plates and the plates were incubated overnight in 37˚C incubator with 5% CO_2.When the cells are 90-95% confluent, coronavirus vaccine was seeded at 10- fold serial dilutions (log dilutions) of the virus in serum free medium and incubated for 60 min at 37˚C with 5% CO_2. Equal volume of growth medium was added in the control wells. After incubation, the virus containing medium was discarded and 200 µl of growth medium was added to each well and the plates were incubated in a37˚C incubator with 5% CO_2 for 5 days. Signs of CPE were monitored in each well using inverted microscope at the end of the incubation period. The number of CPE positive and negative wells was recorded and CCID50 titer was calculated using Reed and Muench method.

Calculation:

$$\text{Proportionate Distance (PD)} = \frac{(\%\ \text{CPE at dilution above 50\%}) - (50\%)}{(\%\ \text{CPE at dilution above 50\%}) - (\%\ \text{CPE at dilution below 50\%})}$$

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50% end point titer = $10^{\text{log total dilution above 50\% - (PD x log DF)}}$
= $CCID_{50}$ /ml

*DF = Dilution factor

8.1.2 SAFETY AND IMMUNOGENICITY TESTING OF THE CANDIDATE VACCINE

8.1.2.1 INSTITUTIONAL ANIMAL ETHICS COMMITTEE (IAEC) APPROVAL

All the animal studies were performed after obtaining permission from the Institutional Animal Ethics Committee (IAEC). The functioning of Bharat Biotech's IAEC is overseen by the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA). CPCSEA is a statutory body constituted under the Prevention of Cruelty to Animals Act, 1960, Govt. of India.

8.2 GLP PRE-CLINICAL TOXICITYSTUDIES

8.2.1 8.2.1 GLP STATEMENT

The non-clinical (or pre-clinical) toxicity studies to assess the safety of the candidate Coronavirus vaccine 'BBV152' were performed in compliance with the norms of Good Laboratory Practice (GLP). The studies were carried out at RCC Laboratories India Pvt. Ltd Hyderabad, which is a OECD certified GLP laboratory. All the studies were conducted with the approval of the Institutional Biosafety Committee (IBSC) and the Institutional Animal Ethics Committee (IAEC) of the RCC Laboratories India Pvt. Ltd.

The pre-clinical studies complied with the following guidelines:

- Schedule Y (Amended version of 2005) of the Drugs and Cosmetics Act 1940 and Rules 1945 of the Government of India.
- ICH harmonized tripartite guidelines: Non-Clinical Safety studies for the conduct of Human Clinical Trials for Pharmaceuticals, 16 July 1997.
- WHO Guidelines on Nonclinical Evaluation of Vaccines, Adopted by the 64th meeting of the WHO Expert Committee on Biological Standardization, 21-25 November 2013.
- Annex 2 Guidelines on the nonclinical evaluation of vaccine adjuvants and adjuvanted vaccines. WHO Expert Committee on Biological Standardization Sixty-fourth report, TRS 987 Annex 2.
- CPCSEA Guidelines for Laboratory Animal Facility, India Journal of Pharmacology, 2003; 35: 257-274.
- OECD Guidelines for the Testing of Chemicals, Section 4, Health Effects, 1998

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8.2.2 ANIMAL MODELS

Human intended adjuvanted vaccine was tested for potency in 2 small animal models (Mice, and Rabbits) as per regulatory requirement**.** Animals were housed in Bharat Biotech, animal facility, after taking appropriate Institutional Animal Ethics Committee (IAEC) approvals. End point investigation (Histopathology, Biochemistry & Hematology) was carried out CRO (RCC Laboratories).

a. Mice: Balb/C (inbred) mice were be used for immunogenicity study. Swiss Albino (Outbred) mice were used for Repeated Dose toxicity.

b. *Rabbits: New England White Rabbits were tested for Safety. However, we collected blood to evaluate the antigen specific antibody titer elicited by the Inactivated SARS-CoV-2 vaccine.

c. *Rats: Wistar Rats were used to conduct repeated dose toxicity study for adjuvanted vaccine.

d. Hamster: Syrian Hamster was conducted also be used to test protective efficacy and immunogenicity of inactivated vaccine at NIV, Pune.

e. Non-Human Primates: Challenge studies were conducted to test protective efficacy and immunogenicity of BBV152 in Rhesus Macaques at NIV, Pune.

8.3 PRE-CLINICAL STUDIES:

8.3.1 SAFETY AND IMMUNOGENICITY IN MICE, RATS, AND RABBITS:

Study objective:

To evaluate the safety and immunogenicity of a whole-virion inactivated SARS-COV-2 vaccine (BBV152), adjuvanted with aluminium hydroxide gel (Algel), or anovel TLR7/8 agonist adsorbed Algel.

Study design:

We used a well-characterized SARS-CoV-2 strain and anestablished vero cell platform to produce large-scale GMP grade highly purified inactivated antigen, BBV152. Product development and manufacturing were carried out in a BSL-3 facility. Immunogenicity was determined at two antigen concentrations (3µg and 6µg), with two different adjutants in mice, rats, and rabbits.

Three animal models were used to evaluate the immunogenicity and safety of the three inactivated whole virion vaccine formulations (BBV152 A, B & C).

a) Mice: Balb/C or Swiss Albino mice (6-8week old) were vaccinated via an intraperitoneal or intramuscular route with either $1/10^{th}$ or $1/20^{th}$of full human single

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dose (BBV152 A, B or C) of inactivated vaccine with or without adjuvant on day 0, 7 & 14 days (n+1 (one extra dose compared to the intended human regimen doses). A formulation with 9µg was also tested.

b) Rats: Wistar Rats (6-8weeks old) were vaccinated intramuscularly with 9µgof inactivated whole-virion vaccine with Algel-1 or Algel-2 on days 0, 7 & 14 days (n+1 doses).

c) Rabbits: Zealand white rabbits (3-4 months old) were vaccinated via an intramuscular route with full Human intended single dose (BBV152 A, B or C; n+1 doses). The animals were observed up to 14 days, post third dose.

All studies were conducted with an equal number of males and females unless otherwise specified. The control group was injected with saline. Animals were bled from the retro-orbital plexus; 2hoursbefore each immunization on 0, 7, 14 & 21 days, and serum was separated and stored at -20°C until further use.

Pooled and individual sera from vaccinated mice and rabbits were used to test the antigen-specific antibody binding titer and antibody isotyping profile by Enzyme-Linked Immunosorbent Assay (ELISA). Pooled or Individual sera from all vaccinated species (mice, rabbits & rats) were used to test neutralization antibody titer by Plaque Reduction Neutralization Test ($PRNT_{90}$) or Micro Neutralization Test (MNT_{50}).

BBV152 vaccine candidates were formulated with two alum adjuvants: Algel (aluminium hydroxidegel) and Algel-IMDG, animidazoquinoline class molecule (TLR7/TLR8 agonist abbreviated as IMDG) adsorbed on aluminium hydroxide gel. The agonist molecule for Algel-IMDG was licensed from ViroVax LLC, USA. Three vaccine formulations were prepared with 3µg and 6µg with Algel-IMDG (BBV152A and BBV152B, respectively) and 6µg with Algel (BBV152C).

Results:

Both the adjuvanted vaccines (with Algel and Algel-IMDG), Antigen and Adjuvant alone did not reveal any treatment-related findings, except local reactions when administered through the human intended route (intramuscular) on days 0, 7, and 14 (n+1) with full Human single dose (HSD) or higher than HSD in rodents and non-rodents, thereby establishing the vaccine safety. All the three inactivated whole virion SARS-CoV-2 vaccine candidates showed 100% seroconversion with high titers of antigen binding and neutralizing antibody responses. The adjuvanted formulation, BBV152B, when immunized in Balb/C mice, showed 10 times higher dose sparing effect compared to antigen alone (Figure 5 & 6). These formulations also induced immunity that is biased towards Th1 mediated response, as demonstrated by the ratio between IgG2a and IgG1 (greater than 1) (Figure 7). Additionally, secretion of anti-viral cytokines such as IL-2, IL-4, IL-6, IL-10, IL-17, TNF-α, IFN-γ was observed on days 7 and 14 (7 days after the 1^{st}& 2^{nd} dose) of vaccination with Algel-IMDG adjuvanted formulations. A combination of high neutralizing antibody titers elicited against inactivated antigen alone

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and the presence intact spike protein on the surface of the virus confirms that the antigen is in the right confirmation and can itself may act as a Th1 inducer with its surface glycoproteins, intracellular viral proteins. The study publication is available as pre-print at bioRxiv (**doi:** https://doi.org/10.1101/2020.09.09.285445) [21].

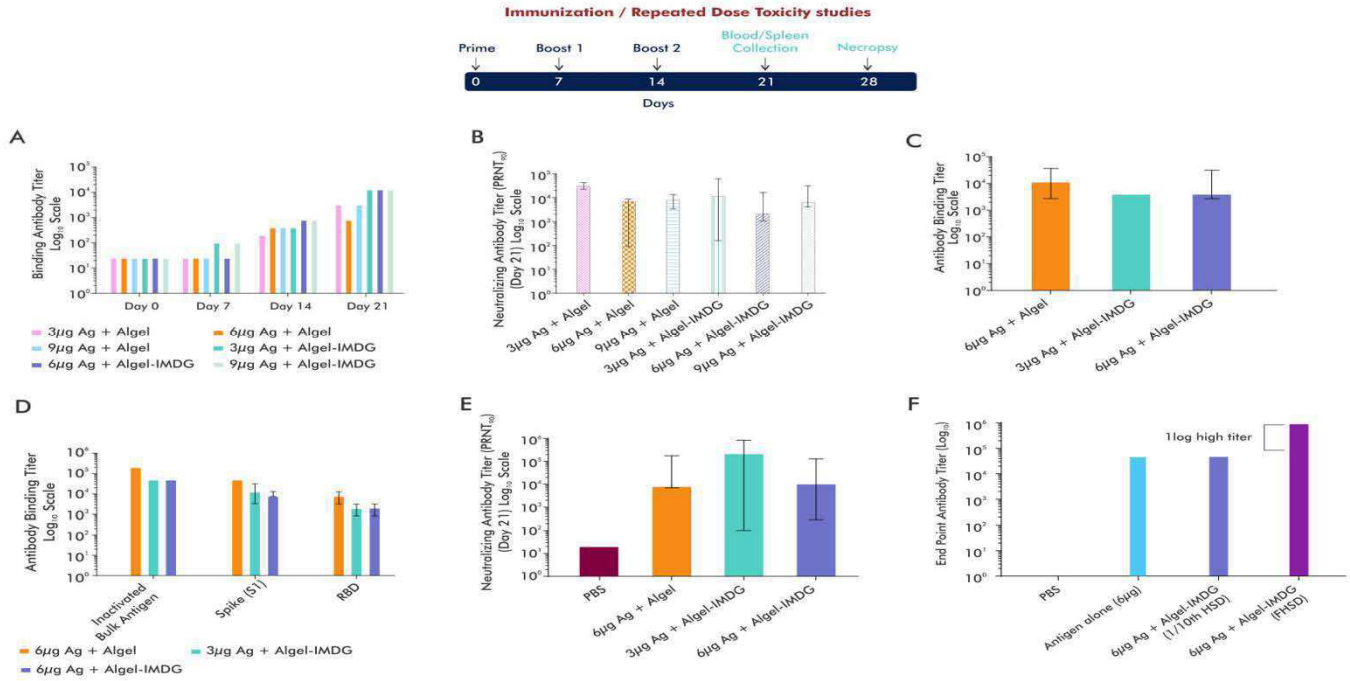

Figure 5: BBV152 Vaccines Induces High Virus-specific Antibody Response in Mice

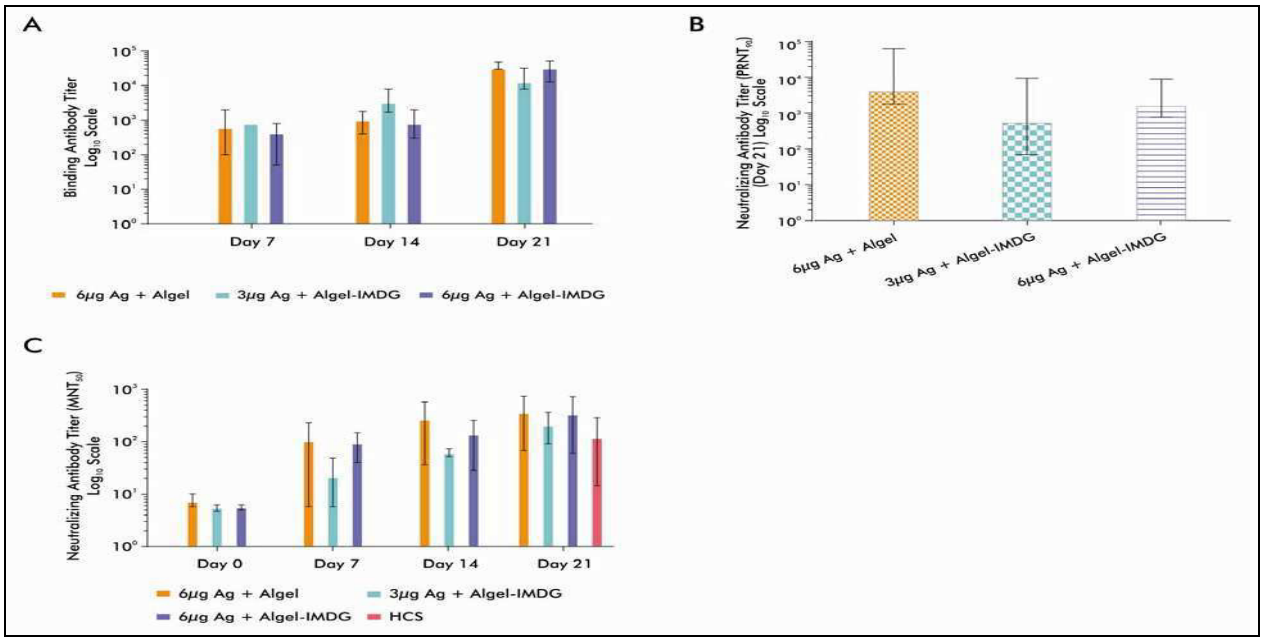

Figure 6: BBV152 Induces Robust Neutralizing Antibody Response in Rabbits

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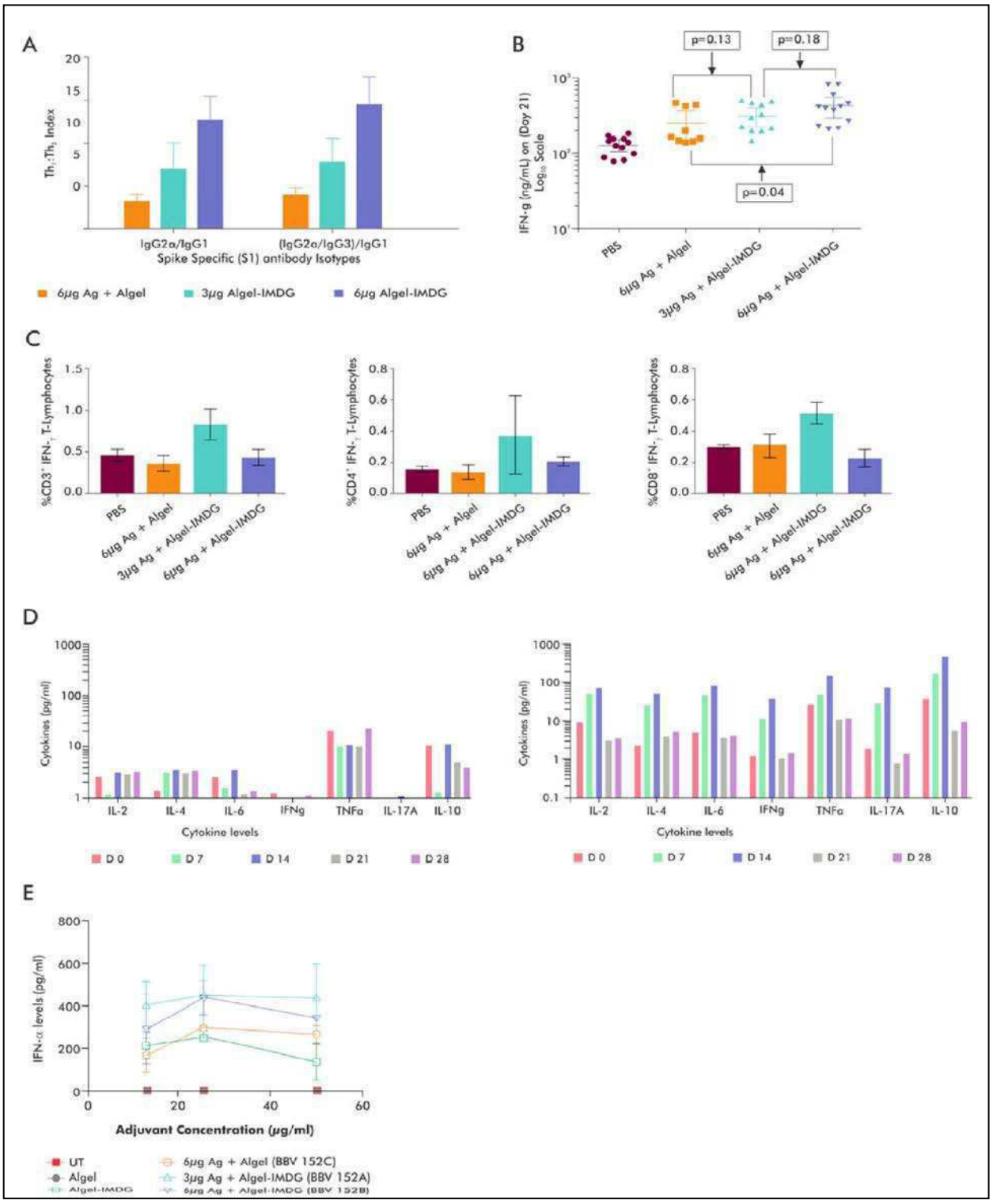

Figure 7: BBV152 Induces A Robust Virus-specific T Cell Response.

Conclusion:

BBV152 vaccine formulations generated significantly high antigen-binding and neutralizing antibody titers, at both concentrations, in all three species with excellent safety profiles. The inactivated vaccine formulation containing TLR7/8 agonist adjuvant-induced Th1 biased antibody responses with elevated IgG2a/IgG1 ratio and increased levels of SARS-CoV-2 specific IFN-γ + CD4 T lymphocyte response.

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8.3.2 IMMUNOGENICITY AND PROTECTIVE EFFICACY IN THE SYRIAN HAMSTERS

Study objective:
To assess the immunogenicity and protective efficacy of an inactivated SARS-CoV-2 vaccine (BBV152) in hamsters.

Study design:
Two different antigen concentrations (3 µg and 6 µg) and 2 adjuvants namely Algel 1 (Alum) and Algel 2 (TLR 7/8 (imidazoquinoline) agonist adsorbed alum) in combinations were used for the study. The vaccine formulations evaluated in the study were 6 µg antigen with Algel1, 3 µg with Algel 2, and 6 µg with Algel 2. Accordingly, the animals were divided into 4 groups (9 animals/per groups):

1. Placebo –PBS
2. 6 µg antigen with Algel1
3. 3 µg with Algel 2
4. 6 µg with Algel 2

Immunization of hamsters
Animals of each group were immunized with 0.1 ml of PBS/vaccine formulations intramuscularly in the left hind leg under isoflurane anaesthesia 0, 14, and 35 days. Post immunization hamsters were observed daily for clinical signs and injection site reaction. Rectal temperature was monitored every 24 hours for 3 days post-immunization and weekly thereafter. Body weight was measured every alternate day for the first week and weekly thereafter. The hamsters were bled on day 12, 21, and 48 post-immunization to check for antibody response.

Challenge study in hamsters
For optimization, of the intranasal virus challenge dose, SARS-CoV-2 dilutions ranging from $10^{1.5}$ TCID50 /0.1ml to $10^{5.5}$ TCID50 /ml were inoculated in 5 groups of 6 Syrian hamsters each in containment facility.

The immunized hamsters were challenged with 0.1 ml of $10^{5.5}$ TCID50 SARS-CoV-2 virus intranasally on the eighth-week post-immunization (day 50) in the containment facility of ICMR-National Institute of Virology, Pune under isoflurane anaesthesia.

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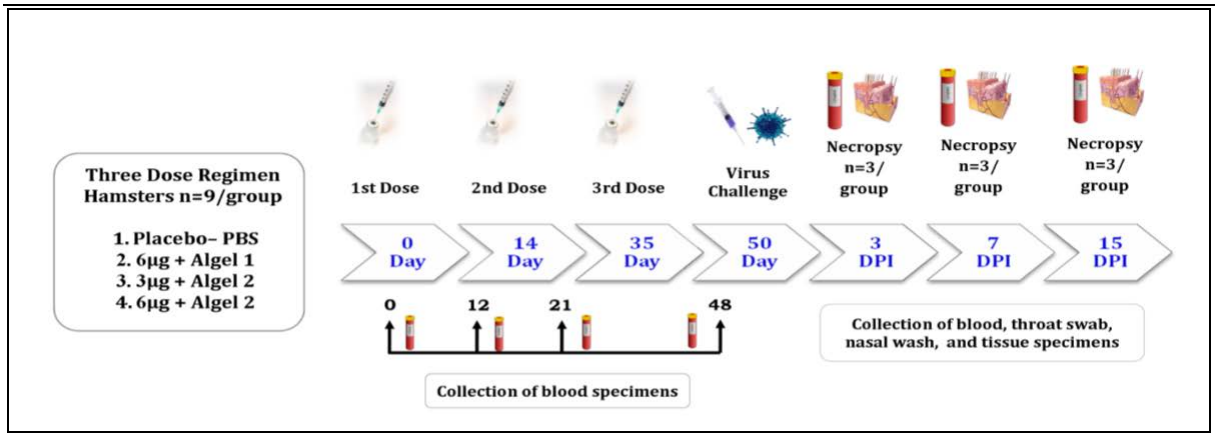

Figure 8: Experiment summary of the workflow Syrian Hamster study

Results

Three dose vaccination regimes with three formulations of BBV152 induced significant titres of SARS-CoV-2 specific IgG and neutralizing antibodies (Figure 9). The formulation with imidazoquinoline adsorbed on alum adjuvant remarkably generated a quick and robust immune response. Th1 biased immune response was demonstrated by the detection of IgG2 antibodies. Post-SARS-CoV-2 infection, vaccinated hamsters did not show any histopathological changes in the lungs. The protection of the hamsters was evident by the rapid clearance of the virus from lower respiratory tract, reduced virus load in upper respiratory tract, absence of lung pathology and robust humoral immune response. The study publication is available as pre-print at Research Square (DOI:10.21203/rs.3.rs-76768/v1) [22].

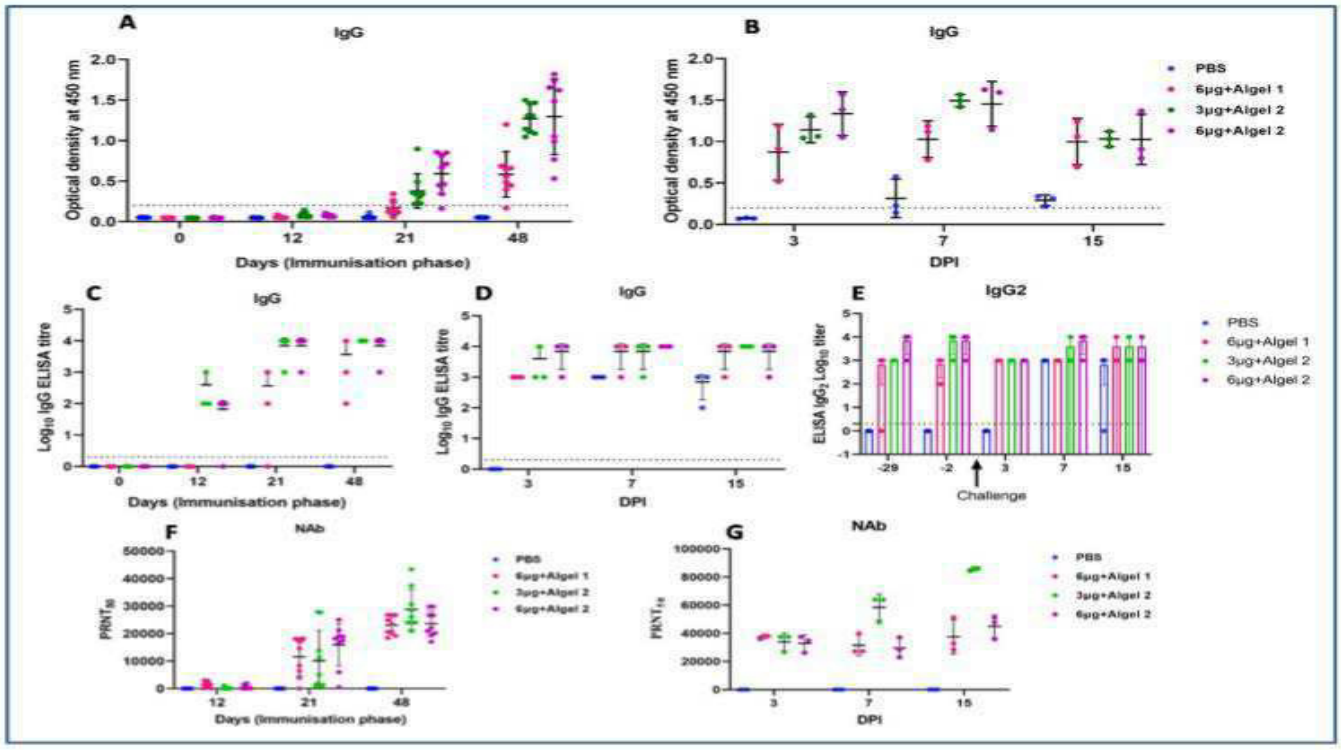

Figure 9: Humoral response in vaccinated animals

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Conclusion: These findings confirm the immunogenic potential of BBV152 and further protection of hamsters challenged with SARS-CoV-2.

8.3.3 IMMUNOGENICITY AND PROTECTIVE EFFICACY IN RHESUS MACAQUES

Study objective:
To assess the immunogenicity and protective efficacy of an inactivated SARS-CoV-2 vaccine (BBV152) in rhesus macaques.

Study design:
Twenty macaques were divided into four groups of five animals each. One group was administered a placebo while three groups were immunized with three different vaccine candidates at 0 and 14 days. The groups were:

1. Group I: Placebo –PBS
2. Group II: 6 µg + Adjuvant A
3. Group III: 3 µg + Adjuvant B
4. Group IV: 6 µg + Adjuvant B

All the macaques were challenged with SARS-CoV-2 fourteen days after the second dose.

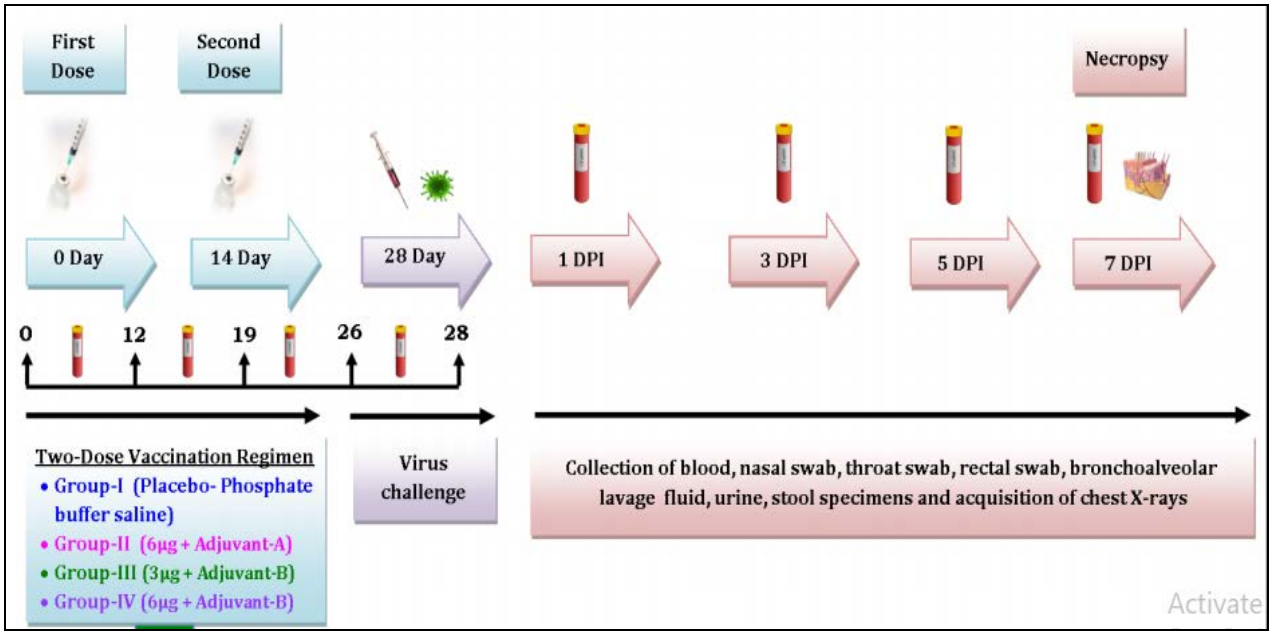

Figure 10: Experiment summary of the workflow of NHP study

Results
The protective response was observed with increasing SARS-CoV-2 specific IgG and neutralizing antibody titers from 3rd-week post-immunization. Weight loss, pyrexia and worsening of SpO_2 at room air, lethargy, reduced food and water intake, reduced self-grooming was observed in placebo group and persisted till 7 DPI whereas these features resolved in the other group II and IV. Viral clearance was observed from bronchoalveolar

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lavage fluid, nasal swab, throat swab, and lung tissues at 7 days post-infection in the vaccinated groups. No evidence of pneumonia was observed by histopathological examination in vaccinated groups, unlike the placebo group which showed features of interstitial pneumonia and localization of viral antigen in the alveolar epithelium and macrophages by immunohistochemistry. The study publication is available as pre-print at Research Square (DOI:10.21203/rs.3.rs-65715/v1) [23].

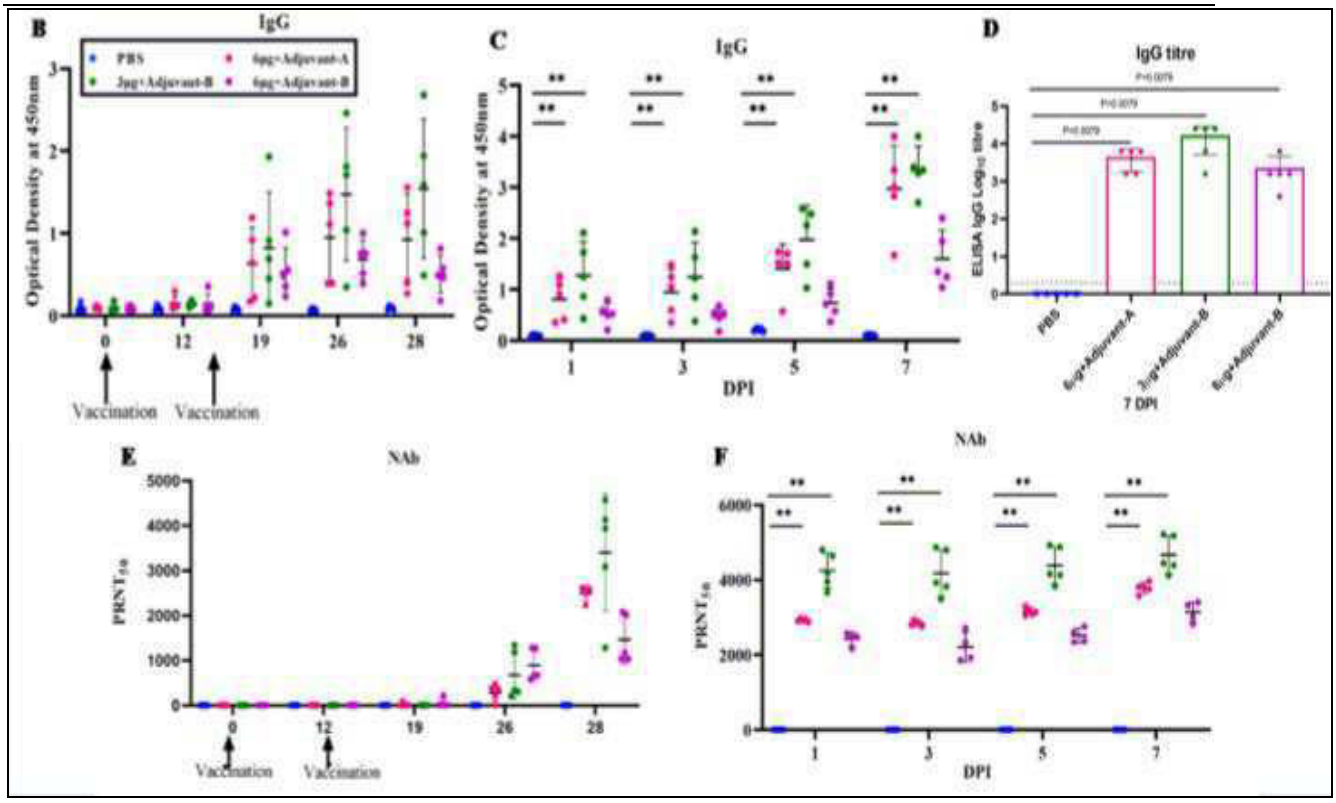

Figure 11: Humoral response in vaccinated animal

Conclusion:

The study demonstrates that a two-dose vaccination regimen induced a significant immune response and provided effective protection in animals challenged with SARS-CoV-2.

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Table 10: Overview of the pre-clinical studies:

Study Type	Test System	Test Item	Route of Administration	Dosing Regimen	Unit dose	Key Test Item result
Repeated dose toxicity studies	Wistar Rats	Antigen, Adjuvante vaccines, Adjuvants	Intramuscular	Day 0, 7 & 14	1/10th or 1/20th of human equivalent dose. (3µg and 6µg with Algel-IMDG(BBV152 A and BBV152B, respectively), and 6µg with Algel (BBV152C))	All the Test Items have been demonstrated to be safe from a Toxicology perspective.
	Swiss Albino Mice	Adjuvanted vaccines & Adjuvants	Intramuscular			
	BALB/c Mice	Antigen, Adjuvanted vaccines, &Adjuvants	Intraperitoneal			
	New Zealand White Rabbits	Adjuvanted Vaccines	Intramuscular			
Mutagenicity assay (Bacterial Reverse Mutation)	Salmonella typhimurium	Algel-IMDG	-	-	-	
Maximum Tolerated Dose studies	Swiss albino mice & Wistar Rats	Algel-IMDG	Intramuscular	Day 0	200µg Algel and 20µg IMDG	
Immunogenicity and protective efficacy	Syrian hamsters	BBV-152A, B, C, and placebo	Intramuscular	Day 0 & 14	3µg and 6µg with Algel-IMDG (BBV152A and BBV152B, respectively), and 6µg with Algel (BBV152C))	BBV152, an inactivated vaccine induced potent humoral immune response in hamsters Th1 biased immune response was elicited by BBV152. BBV152 protected Syrian hamsters from SARS-CoV–2 pneumonia.
Immunogenicity and protective efficacy	Rhesus macaques	BBV-152A, B, C, and placebo	Intramuscular	Day 0 & 14	3µg and 6µg with Algel-IMDG (BBV152A and BBV152B, respectively), and 6µg with Algel (BBV152C)	A two-dose vaccination regimen using 3µg dose of the vaccine candidate with adjuvant B induce a significant immune response and provide effective protection in animals challenged with SARS-CoV-2.

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8.3.4 OVERALL CONCLUSION OF THE PRECLINICAL STUDIES:

Based on the above pre-clinical study results, it was concluded that all formulations shown to be safe, immunogenic, in both mice, rats& rabbits. The vaccine candidates showed good immune response and protective efficacy in Syrian hamsters and Rhesus macaques. Hence, it can be concluded that the vaccine candidate manufactured was safe and effective.

9 CLINICAL DEVELOPMENT PATHWAY

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections are accelerating globally leading to an increase in morbidity and mortality. In view of the prevailing covid-19 pandemic, the clinical trial has been designed in a seamless manner (phase1/2) compared to conventional approach. The sample size has been deliberately kept large to assess the immune responses from the vaccine ensuring a high degree of power.

The Clinical study was designed as a adaptive, Seamless Phase 1, Followed by Phase 2.
The safety, reactogenicity, tolerability, and immunogenicity was evaluated through Four arms (BBV152-A, BBV152-B, BBV152-C and Placebo) in Phase I and Based on the Phase1 results two arms (BBV152-A and BBV152-B) were selected for Phase II.

WholeVirion, Inactivated SARS-CoV-2 Vaccine (BBV152) has proven to be safe and well-tolerated in the Phase II study. The vaccine containing 6 µg of whole virion plus adjuvant was selected for Phase 3.

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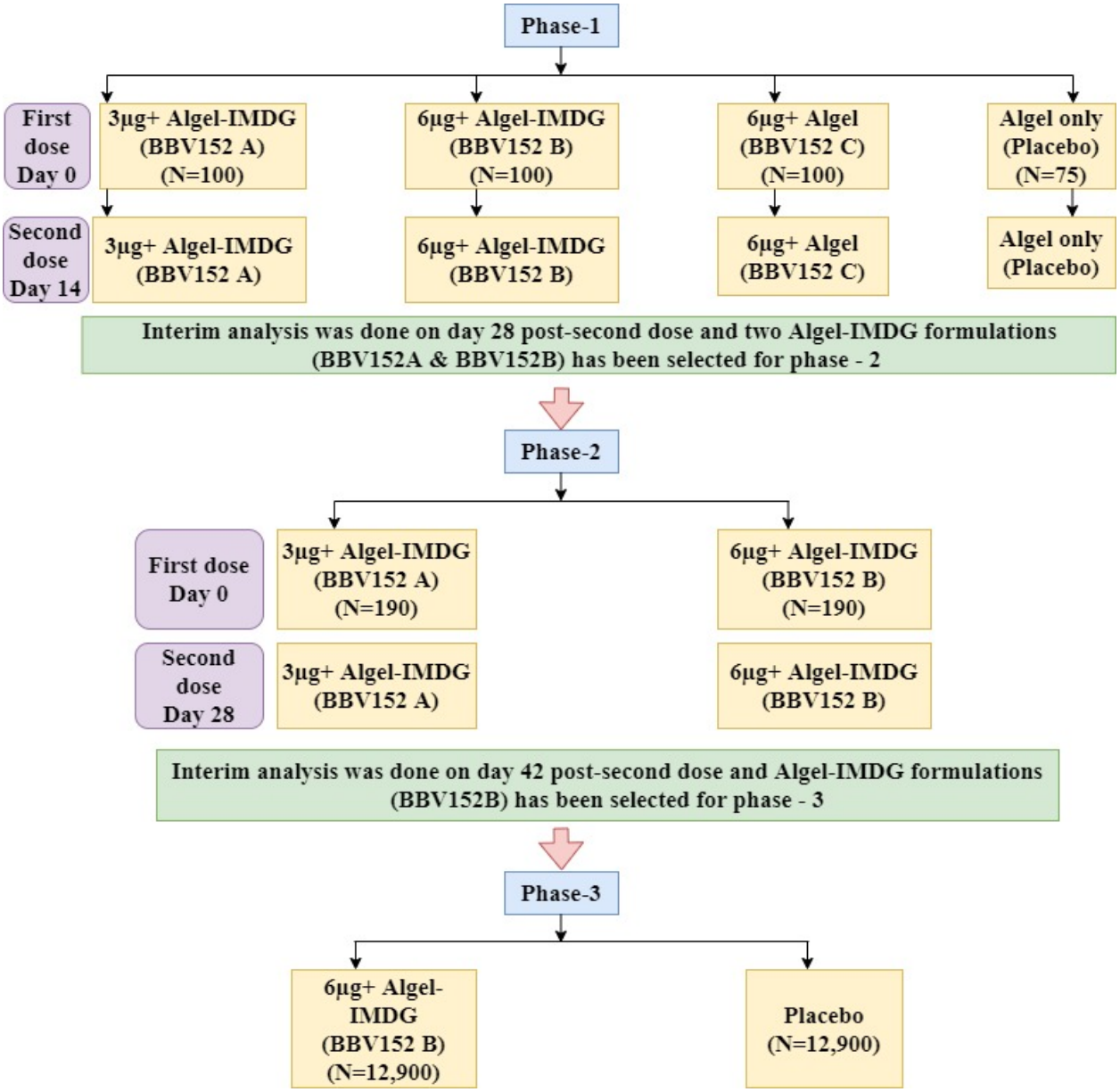

Figure 12: COVAXIN Clinical Trial Pathway

Preliminary Report of the Phase 1 Clinical Trial

We conducted a double-blind, multicentre, randomized, controlled phase 1 trial to evaluate the safety, reactogenicity, tolerability, and immunogenicity of three different formulations of BBV-152 (BBV-152A, BBV-152B, and BBV-152C) in healthy male and nonpregnant female volunteers.

9.1 STUDY DESIGN AND PARTICIPANTS

Healthy individuals aged 18-55 years were taken into study. All the individuals were screened for eligibility based on the health status, including medical history, laboratory findings, vital signs, and physical examination and enrolled after getting signed and dated

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written informed consent (audio/video consent for vulnerable participants). Participants who tested positive for Covid-19 at the screening by either nucleic acid test or serology were excluded from the trial. Details of inclusion and exclusion criteria can be found on www.clinicaltrials.gov: NCT04471519.

Participants were assigned a computer-generated randomization number (IWRS). After meeting eligibility, participants were randomized equally to receive three vaccine groups (BBV 152A, BBV 152B, BBV 152C) and a control group of aluminum hydroxide (alum) adjuvant only. A two-dose intramuscular regimen was adopted, 14 days apart at dose strength.
The trial was conducted across 11 sites in India. The trial was approved by the Central Licensing Authority (India), respective Ethics Committees, and was conducted in compliance with all International and local Ethical guidelines.

9.1.1 STUDY VACCINE

BBV152 (manufactured by Bharat Biotech) is a whole virion β-propiolactone-inactivated SARS-COV-2 vaccine. The candidates were formulated with two adjuvants: Algel (alum) and Algel-IMDG, an imidazoquinoline class molecule (TLR7/TLR8 agonist abbreviated as IMDG) adsorbed onto Algel. The agonist molecule for Algel-IMDG was licensed from ViroVax LLC, USA. Three vaccine formulations were prepared with 3µg and 6µg with Algel-IMDG (BBV152A and BBV152B, respectively) and 6µg with Algel (BBV152C). The placebo group contained only sterile phosphate-buffered solution and Algel adjuvant. The vaccine was provided as a sterile liquid for injection through the intramuscular route at a volume of 0.5mL/dose, as a two-dose regimen, 14 days apart.

9.1.2 STUDY PROCEDURES

Two doses of BBV 152 vaccine were administered at a volume of 0.5mL/dose injection intramuscularly (deltoid muscle) at days 0 and 14. The follow-up visits were scheduled on days 7, 28, 42, 104, and 194 days. The study was performed in a dose-escalation manner wherein after completing vaccination in the first 50 participants with BBV 152A (the lowest antigen concentration) and placebo, the participants were followed up for seven days and safety was assessed by an independent Data Safety Monitoring Board (DSMB). Based on the DSMB recommendation, the trial was allowed to continue by the remaining participants' enrollment across all groups.

9.1.3 BLINDING

The appearance, color, viscosity across all treatment, and control formulations were identical. Treatment groups were blinded against participants, investigators, study coordinators, study-related personnel, and the sponsor (excluding an unblinded CRO, tasked with the dispatch of vaccine vials and generation of master randomization code). Blinding was maintained using the randomization code.

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9.1.4 SAFETY ASSESSMENTS

The primary safety outcome was the number and percentage of participants with solicited local and systemic reactogenicity within -two hours, -7 days, -14 days, and 28 days after vaccination. Participants recorded local and systemic reactions using a diary card for seven days after each vaccination. No formal instructions on the use of analgesics were given to participants before or after vaccination. Laboratory values (serum chemistry and hematology) were compared between the pre-vaccination (day 0) and the post-vaccination (day 28) visits.

9.1.5 IMMUNOGENICITY ASSESSMENTS

Binding antibody (IgG) responses against RBD, S, and N proteins of SARS-CoV-2, were assessed by enzyme-linked immunosorbent assay (ELISA) and expressed as Geometric Mean Titers (GMTs). Neutralizing antibody titers (NAbs) were assessed by wild type virus neutralization assays: micro-neutralization assay (MNT_{50}) across the entire cohort. Seroconversion (SCR) rates were defined as titers remaining ≥4-fold above baseline. All serum samples were analyzed in a blinded manner at Bharat Biotech and NIV.

9.2 RESULTS

Among the 555 screened between July 13th and July 29th, 2020, 375 participants were randomized. Among the three treatment arms, 100 each were randomized into the BBV152-A, -B, and C groups, respectively, and 75 were randomized into the control arm.

9.2.1 SAFETY

After the first and second vaccination, all AEs were mild or moderate in severity and resolved transiently. Pain at the injection site was the most common local adverse event reported. The other adverse events reported were fever, headache, fatigue, body pain, cold, cough, nausea, vomiting, and dizziness. The distribution of local and systemic AEs was equal amongst all groups, and is mentioned in the below table. A total of 7 AEs was reported within 2 hours after Dose 1 (3 µg with Algel-IMDG: 0; 6 µg with Algel-IMDG: 2, 6 µg with Algel: 1, Control arm: 4) The AEs were pain at injection site, swelling of arm, headache, giddiness, feeling hungry. No immediate AEs were reported after Dose 2.

One serious adverse event was reported in the BBV152 C arm. The participant was found positive for SARS-CoV-2 (by RT-PCR) 9 days after screening and 5 days following the administration of vaccine. The participant was hospitalized, and recovered after treatment. Based on the causality assessment, the serious adverse event was not related to the vaccine.

Table 11: Adverse events reported in Phase 1 study

Adverse Events	3 µg with Algel-IMDG N=100	6 µg with Algel-IMDG N=100	6 µg with Algel N=100	Control Arm N=75
0-7 Days				
Local reactions				
Pain at injection site				

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Mild	**4(4%; 1.1 – 9.9)**	**4(4%; 1.1 – 9.9)**	**1 (1%; 0.0-5.5)**	**2(3%; 0.3-9.3)**
Moderate	1(1%; 0.0-5.5)	1(1%; 0.0-5.5)	0	0
Swelling				
Mild	0	0	0	1(1%; 0.0-7.2)
Moderate	0	0	0	0
Systemic reactions				
Fever				
Mild	0	1(1%; 0.0-5.5)	1(1%; 0.0-5.5)	0
Moderate	0	1(1%; 0.0-5.5)	2 (2%; 0.2-7.0)	0
Body ache				
Fatigue				
Mild	1(1%; 0.0-5.4)	0	0	0
Moderate	2(2%; 0.2- 7.0)	3(3%; 0.6-8.5)	0	0
Headache				
Mild	1(1%; 0.03-5.5)	2(2%; 0.2-7.0)	0	5(7%; 2.2-14.9)
Moderate	0	3(3%; 0.6-8.5)	2(2%; 0.2-7.0)	0
Nausea or vomiting				
Mild	1(1%; 0.03-5.5)	2(2%; 0.2-7.0)	2(2%; 0.2-7.0)	2(3%; 0.3-9.3)
Moderate	0	0	0	0
0-14 Days				
Local reactions				
Pain at injection site				
Mild	2(2%; 0.2-7.0)	1(1%; 0.03-5.5)	1(1%; 0.0-5.5)	0
Moderate	0	0	0	0
Swelling				
Mild	0	0	0	0
Moderate	0	0	0	0
Systemic reactions				
Fever				
Mild	2	1	1	0
Moderate	0	0	0	0
Body ache				
Mild	0	0	0	0
Moderate	1(1%; 0.0-5.5)	0	0	0
Fatigue				
Mild	1(1%; 0.03-5.4)	0	3(3%;0.6-8.5)	0
Moderate	1	0	0	0
Headache				
Mild	0	0	0	0
Moderate	0	0	0	0
Nausea or vomiting				
Mild	0	0	0	0
Moderate	0	0	0	0

Data are n (%; 95% CI). The safety set includes all participants who received one dose of the vaccine (n=375). Dose 1 events are from days 0–7 and dose 2 events are days 14–21. The grading scale for most adverse events was based on the US Food and Drug Administration

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(FDA) guidance document for toxicity grading scale for healthy adult and adolescent volunteers enrolled in preventive vaccine clinical trials. For adverse events where grading was not mentioned in the FDA guidance document, we have used the common terminology criteria for adverse events grading. There were no severe adverse events.

9.2.2 IMMUNE RESPONSES

Neutralizing Antibody Titers

Since all recruited participants were screened for IgM and IgG antibodies to SARS-CoV-2, no participants had detectable NAbs at baseline (analyzed by MNT_{50}). The proportion of participants that demonstrated seroconversion (after Day 28) was 87.88%, 91.92%, and 82.8% in the BBV152 -A, -B, and -C, groups, respectively. Post second dose GMTs (Day 28) among the three vaccine arms were 61.7, 66.4, and 48 in the BBV152 -A, -B, and -C groups, respectively. Responses in BBV152 -A and -B were noticeably higher than BBV152C, albeit not statistically significant. Anti-spike glycoprotein IgG antibodies secretion was seen on day 104 post vaccination, which shows the long-lasting T-cell memory response generated by BBV152. Similar results of long-term immunity were reported in convalescent patients who previously had COVID-19. Presently, memory B-cell responses from BBV152 are currently being evaluated [24, 25].

Table 12: Neutralizing titers and Seroconversion rates in different treatment groups

Groups	Day 0	Day 14		Day 28	
	GMT (95% CI)	**GMT (95% CI)**	**n (SC%) (95% CI)**	**GMT (95% CI)**	**n (SC%) (95% CI)**
Treatment A N=99	6.21 (5.92,6.52)	9.14 (8.05, 10.40)	10 (10.1%) (4.16, 16.04)	61.70 (49.50, 76.90)	87 (87.88%) (81.45, 94.31)
Treatment B N=99	6.01 (5.81, 6.23)	11.20 (9.56, 13.00)	21 (21.21%) (13.16, 29.27)	66.4 (53.40, 82.40)	91 (91.92%) (86.55, 97.29)
Treatment C (N=93)	5.95 (5.80, 6.10)	9.45 (8.20, 10.90)	7 (7.53%) (2.16, 12.89)	48.00 (37.70, 61.10)	77 (82.8%) (75.12, 90.47)
Treatment D (N=73)	6.13 (5.84, 6.43)	6.07 (5.86, 6.28)	--	7.20 (6.39, 8.11)	6 (8.22%) (1.92, 14.52)

9.3 CONCLUSION:

Based on the interim results of the Phase 1 clinical trial, the BBV-152 B formulation (6µg + adjuvant B (Alum + imidazoquinoline)) produced better immune response compared to BBV-152A and C although the difference was not statistically different.

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In conclusion, Whole-Virion Inactivated SARS-CoV-2 Vaccine (BBV152) has been proven to be safe and well tolerated, and immunogenic in the Phase 1 study.

COVAXIN Phase I clinical study publication and Supplementary data is enclosed as **Annexure 1**

10 PRELIMINARY REPORT OF THE PHASE 2 CLINICAL TRIAL

We conducted a double-blind, randomized, multicentre phase 2 trial to evaluate the immunogenicity and safety of BBV-152 in healthy adults and adolescents.

10.1 STUDY DESIGN AND PARTICIPANTS

Healthy individuals aged 12-65 years were taken into study. All the individuals were screened for eligibility based on the health status, including medical history, laboratory findings, vital signs, and physical examination and enrolled after getting signed and dated written informed consent (audio/video consent for vulnerable participants). Participants who tested positive for Covid-19 at the screening by either nucleic acid test or serology were excluded from the trial. Details of inclusion and exclusion criteria can be found on www.clinicaltrials.gov: NCT04471519.

Participants were assigned a computer-generated randomization number (IWRS). After meeting eligibility, participants were randomized equally to receive two groups BBV152 and a control group of aluminum hydroxide (alum) adjuvant only. A two-dose intramuscular regimen was adopted, 28 days apart.
The trial was conducted across 9 sites in India. The trial was approved by the Central Licensing Authority (India), respective Ethics Committees, and was conducted in compliance with all International and local Ethical guidelines.

10.2 STUDY VACCINE

BBV152 (manufactured by Bharat Biotech) is a whole virion β-propiolactone-inactivated SARS-COV-2 vaccine. The vaccine candidate is formulated with Algel-IMDG, an imidazoquinoline class molecule (TLR7/TLR8 agonist abbreviated as IMDG) adsorbed onto Algel. The agonist molecule for Algel-IMDG was licensed from ViroVax LLC, USA. The vaccine was provided as a sterile liquid for injection through the intramuscular route at a volume of 0.5mL/dose, as a two-dose regimen, 28 days apart.

10.3 STUDY PROCEDURES

Two doses of BBV 152 vaccine were administered at a volume of 0.5mL/dose injection intramuscularly (deltoid muscle) at days 0 and 28. The follow-up visits were scheduled on days 42, 56, 118, and 208 days.

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10.4 BLINDING

The appearance, color, viscosity across all treatment, and control formulations were identical. Treatment groups were blinded against participants, investigators, study coordinators, study-related personnel, and the sponsor (excluding an unblinded CRO, tasked with the dispatch of vaccine vials and generation of master randomization code). Blinding was maintained using the randomization code.

10.5 SAFETY ASSESSMENTS

The primary safety outcome was the number and percentage of participants with solicited local and systemic reactogenicity within -two hours, 7 days (days 0-7 and days 28-35) post vaccination. All the events are to be recorded in a memory aid containing fields for symptom onset, severity, time to resolution, and concomitant medications, and participants were instructed to complete the form daily. The form was collected during the next visit to the site. Routine telephone calls were scheduled following the first 7 days after each vaccination.
Laboratory values (serum chemistry and hematology) were compared between the pre-vaccination (day 0) and the post-vaccination (day 28) visits.

10.6 IMMUNOGENICITY ASSESSMENTS

Anti-IgG responses against the spike (S1) glycoprotein, receptor-binding domain (RBD), and nucleocapsid protein of SARS-CoV-2 were assessed by ELISA (Syngene, Bangalore, India), and are expressed as geometric mean titres (GMTs). Wild-type virus neutralising antibody titres in serum samples were analysed with a microneutralisation assay (MNT50) and a plaque-reduction neutralisation test (PRNT50) at Bharat Biotech in a masked manner.MNT50 and PRNT50 were developed in-house. Seroconversion was defined as a post-vaccination titre at least four-fold higher than the pre-vaccination titre. To ensure the validity of our assay, an arbitrary number of serum samples (n=40) were selected at random and tested by PRNT50 at National Institute of Virology.

10.7 RESULTS

Among the 921 screened between September 7th and September 11th, 2020, 380 participants were randomized. Among the two treatment arms, 190 each were randomized into the BBV152-A, and B groups, respectively.

10.8 SAFETY

After the first and second vaccination, all AEs were mild or moderate in severity and resolved transiently. Pain at the injection site, followed by headache, fatigue and fever were the most common adverse event reported. No severe or life-threatening solicited adverse events were reported. No significant difference in safety was observed between these two groups. No serious adverse events were reported in this study.

Table 13: Adverse events reported in Phase 2

	Dose 1		Dose 2	
Adverse Events	**3 µg with Algel-IMDG**	**6 µg with Algel-IMDG**	**3 µg with Algel-IMDG**	**6 µg with Algel-IMDG**

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	N=190	N=190	N=190	N=190
Local reactions				
Pain at injection site				
Mild	**5(3%)**	**6(3%)**	**7(4%)**	**4(2%)**
Moderate	1 (1%)	0	0	1 (1%)
Redness at injection site				
Mild	1(1%)	1(1%)	0	0
Moderate	0	0	0	0
Itching				
Mild	1(1%)	1(1%)	0	2(1%)
Moderate	0	0	0	0
Stiffness in upper arm				
Mild	1(1%)	0	0	0
Moderate	0	0	0	0
Weakness injection arm				
Mild	0	0	1(1%)	0
Moderate	0	0	0	0
Systemic reactions				
Body ache				
Mild	0	2(1%)	1(1%)	2 (1%)
Moderate	0	1(1%)	0	0
Fever				
Mild	2 (1%)	5(3%)	5(3%)	4 (2%)
Moderate	1(1%)	3(2%)	0	0
Headache				
Mild	2(1%)	1 (1%)	1 (1%)	2 (1%)
Moderate	0	0	0	1 (1%)
Malaise				
Mild	4 (2%)	1 (1%)	3 (2%)	0
Moderate	0	0	0	0
Weakness				
Mild	0	0	1 (1%)	2 (1%)
Moderate	0	1 (1%)	0	0
Rashes				
Mild	0	0	1 (1%)	0
Moderate	0	0	0	0

Data are n (%). The safety analysis set includes all participants who received one dose of the vaccine (n=380). The number of participants who had a solicited adverse event after receiving dose 1 (days 0–7) and dose 2 (days 28–35) is shown.

10.9 IMMUNE RESPONSES

Neutralizing Antibody Titers

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Since all recruited participants were screened for IgM and IgG antibodies to SARS-CoV-2, no participants had detectable NAbs at baseline (analyzed by MNT_{50}). Seroconversion based on PRNT50 at day 56 was reported in 170 (92·9% [95% CI 88·2–96·2] of 184 participants in the 3 μg with Algel-IMDG group and 174 (98·3% [95·1–99·6]) of 177 participants in the 6 μg with Algel-IMDG group. GMTs (MNT50) at day 56 were 92·5 (95% CI 77·7–110·2) in the 3 μg with Algel-IMDG group and 160·1 (135·8–188·8) in the 6 μg with Algel-IMDG group. Seroconversion based on MNT50 at day 56 was reported in 161 (88·0% [95% CI 82·4–92·3]) of 184 participants in the 3 μg with Algel-IMDG group and 171 (96·6% [92·8–98·8]) of 177 participants in the 6 μg with Algel-IMDG group. The 3 μg with Algel-IMDG and 6 μg with Algel-IMDG formulations elicited T-cell responses that were biased to a Th1 phenotype at day 42. No significant difference in the proportion of participants who had a solicited local and systemic adverse reaction in the 3 μg with Algel-IMDG group (37 [9·7%; 95% CI 6·9–13·2] of 380) and the 6 μg with Algel-IMDG group (39 [10·3%; 7·4–13·8] of 380) was observed between days 0–7 and days 28–35; no serious adverse events were reported in the study. From the phase 1 trial, 3-month post-second-dose GMTs (MNT50) were 39·9 (95% CI 32·0–49·9) in the 3μg with Algel-IMDG group, 69·5 (53·7–89·9) in the 6 μg with Algel-IMDG group, 53·3 (40·1–71·0) in the 6 μg with Algel group, and 20·7 (14·5–29·5) in the Algel alone group.

10.10 CONCLUSION:

Based on the interim results of the Phase 2 clinical trial, the BBV-152 B formulation produced better immune response compared to BBV-152A.

In conclusion, Whole-Virion Inactivated SARS-CoV-2 Vaccine (BBV152) has been proven to be safe and well tolerated, and immunogenic in the Phase 2 study.

COVAXIN Phase II clinical study publication and supplementary data is enclosed as **Annexure 2**

11 INVESTIGATIONAL VACCINE (INV)

11.1 RATIONALE FOR PHASE 3 DOSE SELECTION:

- Two antigen concentrations (3μg and 6μg) with two different adjuvants were studied in different animal models such as mice, rats, rabbits, Syrian hamsters, and *Rhesus macaques*.
- All BBV152 vaccine formulations generated significantly high antigen-binding and neutralizing antibody titers, at both concentrations, in the three-animal species (mice, rats, and rabbits) with excellent safety profiles.
- Likewise, three dose vaccination regimens with three formulations of BBV152 induced significant titres of SARS-CoV-2 specific IgG and neutralizing antibodies in the Syrian Hamster challenge study. The formulation with imidazoquinoline adsorbed on alum adjuvant (BBV-152 A

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and B) remarkably generated a quick and robust immune response.

- In the *Rhesus macaques* challenge study, the protective response was observed with increasing SARS-CoV-2 specific IgG and neutralizing antibody titers from 3rd-week post-immunization. Based on the antibody titres, viral loads in nasal, throat, and bronchoalveolar lavage swab, respiratory tract, lungs, and extra-pulmonary organs, clinic-radiological analyses, histopathological examinations, and immunohistochemistry findings, the study demonstrated that a two-dose vaccination regimen adjuvant B (Alum + imidazoquinoline) induced a significant immune response and provided effective protection in animals challenged with SARS-CoV-2.
- Based on the interim results of the Phase 1 clinical trial, the BBV-152B formulation (6µg + adjuvant B (Alum + imidazoquinoline)) produced better immune response compared to BBV-152 A and C.

- Based on the results of the mice, rat, and rabbit study, Syrian hamster and rhesus macaques challenge study, and interim results of the Phase 1 clinical trial, the BBV-152 B formulation (6µg + adjuvant B (Alum + imidazoquinoline)) was selected for the Phase 3 Efficacy Study.

11.2 COMPOSITION OF STUDY VACCINE

Whole Virion Inactivated SARS-CoV-2 vaccine (BBV152-B) will be administered as an intramuscular injection.

Active Ingredient	**Quantity**
Whole Virion, Inactivated Corona Virus Antigen (Strain: NIV-2020-770)	BBV152B
	6µg
Inactive Ingredients	
Aluminium Hydroxide Gel equivalent to Al^{+++}	250 mcg
TLR7/8 Agonist	15 mcg
2-Phenoxyethanol (2PE) I.P.	2.5 mg
Phosphate Buffered Saline	q.s. to 0.5 mL

11.3 PLACEBO COMPOSITION

The vaccine composition of the placebo per single human dose (SHD) of 0.5 ml is as follows:

Ingredient	**Quantity**

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Aluminium Hydroxide Gel equivalent to Al^{+++}	250 mcg
2-Phenoxyethanol (2PE) I.P.	2.5 mg
Phosphate Buffered Saline	q.s. to 0.5 mL

11.4 DOSAGE FORM AND ROUTE OF ADMINISTRATION

COVID-19 Vaccine (BBV152-B) is a liquid 0.5 mL Vero cell-derived inactivated vaccine containing NLT 6µg and administered as a two-dose regimen intramuscularly (IM) 4 weeks apart (Day 0 and Day 28).

11.5 VACCINE STORAGE

Inactivated Whole-virion inactivated vaccine 'BBV152 B' and the placebo vaccine should be stored refrigerated at +2 to +8°C. The vaccine consignment will be shipped with a temperature logger. Any excursion in the temperature during storage below +2°C or above +8°C for more than 24 hours should be notified to the Sponsor, and should wait for Sponsor instructions for further action.

11.6 HANDLING OF STUDY VACCINE AND PLACEBO

The study vaccine and placebo will be stored at +2°C to +8°C at the study site. The required number of test articles and placebo vials will be transported from the Sponsor's manufacturing site in insulated vaccine vial containers containing cool packs. The vaccine vial should be taken from the refrigerator only minutes before injection and the used vial with remaining contents if any, should be immediately discarded.

11.7 STUDY DESIGN AND SUBJECT SELECTION

The study is conducted as Event-Driven, Phase3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults≥18 Years of Age.

11.8 BLINDING

The control is identical to the vaccine. Sufficient measures will be taken to assure that blinding of participants and evaluation staff is maintained. Study product assignments will be accessible to the data coordinating center staff and others who are required to know this information to ensure proper trial conduct. The DSMB members may also be unblinded to treatment assignment as required to review vaccine safety and efficacy. Emergency unblinding decisions are expected to be rare and justified only when that information is needed for the future clinical management of that participant.

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If in the opinion of the investigator, the event the health and safety of the participant will benefit from knowing the treatment code, efforts will be made to contact the medical monitor as long as patient safety is not at imminent risk. If the subject is at imminent risk, the investigator should have the ability to unblind although should notify the Medical Monitor (MM) and Sponsor as soon as possible thereafter.

11.9 METHOD OF ADMINISTRATION

The vials are taken from the refrigerator just before use and brought to ambient temperature. The contents of the vials are mixed well before drawing with a needle. Sterile, disposable, single use syringe and needle are to be used for injection. The vaccine is administered into the deltoid muscle above arm pit and below acromion.

11.10 PRECAUTIONS FOR HANDLING VACCINE SUPPLIES

A vaccine inventory log shall be maintained at the site of storage. Vaccine shall be stored in a refrigerator at +2°C to +8°C. The temperature should be monitored and recorded at regular intervals. A temperature log shall be posted on the refrigerator. An effective power back up shall be maintained to counter any power failures.

11.11 WARNING

- Do NOT allow access to any unauthorized person to the vaccine storage area. If possible, keep the refrigerator locked.
- Do NOT store food or any eatables, chemicals, drugs or any material other than the test articles in the refrigerator
- Once taken out of the refrigerator, the vaccine should be administered immediately or discarded.

11.12 EFFICACY ASSESSMENT

Success will be defined by a two-sided 95% CI for vaccine efficacy (adjusted as necessary for interim monitoring) with a lower bound ≥ 30%. The International Coalition of Medicines Regulatory Authorities noted that "a specific numeric value to be used for the lower bound and vaccine efficacy point estimate was not agreed upon at this stage". It was also reflected that efficacy estimates crossing a certain pre-specified lower bound for efficacy, due to factors such as epidemiological evolution of the pandemic, would not preclude the possibility of a positive benefit-risk conclusion if there also were other data supportive of efficacy.

It is anticipated that the 6-month COVID-19 attack rate in the control arm will be approximately 1 percent. The trial is endpoint driven; the primary efficacy analysis is triggered by the accrual of 130 primary endpoint events across the two arms, at which point the results will be analyzed and reported. In the event overwhelming efficacy is detected during the interim analysis, placebo participants may be provided with closeout vaccinations.

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11.13 SAFETY

There are 25,800 participants were recruited in the study. It is decided to consider all AEs reported till 11 am (IST) March 1, 2021 for first 8000 enrolled participants. All the participants were followed up telephonically for 7 days after each dose of vaccination and reported all the solicited AEs. Unsolicited AEs from all the participants were reported throughout follow-up period (Till Day 42). A total of 655 adverse events were reported and equally distributed in both vaccine and placebo groups. Among these 655 AEs 605 were mild, 34 were moderate and 16 were severe and the severity of the AEs is similar in both the groups. All the AEs except 20 were resolved without sequelae. Detailed AEs list is summarized in the Table 14.

TABLE 14 : Adverse events reported in Phase III (Interim Analysis)

Description	Treatment Arm		
	BBV152 (N=4,061) n (%)	**Placebo (N=3,804) n (%)**	**Total (N=7,865) n (%)**
No of Subject with at least one Adverse Event	335 (8.25)	300 (7.89)	635 (8.07)
No of Subjects with at least one Local Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	99 (2.44)	94 (2.47)	193 (2.45)
No of Subjects with at least one Local Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	55 (1.35)	39 (1.03)	94 (1.20)
No of Subjects with at least one Systemic Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	94 (2.31)	55 (1.45)	149 (1.89)
No of subjects with at least one Systemic Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	30 (0.74)	23 (0.60)	53 (No 0.67)
No of subjects with at least one Unsolicited Adverse Events	50(1.23)	67(1.76)	117 (1.49)
All Ongoing Adverse Events	9 (0.22)	11 (0.29)	20 (0.25)
Severity			
Mild	317 (7.81)	288 (7.57)	605 (7.69)
Moderate	17 (0.42)	17 (0.45)	34 (0.43)
Severe	9 (0.22)	7 (0.18)	16 (0.20)

11.13.1 SERIOUS ADVERSE EVENTS

All the participants (25800) were followed up for serious adverse events (SAEs) and 43 SAEs were reported till date and among those cases 33 were resolved, 3 cases are ongoing and 7 deaths were reported. All the SAEs were not related to the vaccine and distributed equally among the two treatment groups. Detailed description of the SAEs is given in the Table 15.

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TABLE 15: SAEs Line Listing of Phase III (Interim Analysis)

S. No	Study site (Screening Number)	Date of administration	Date of occurrence of SAE	Seriousness Criteria	Diagnosis of the Event	Causality Assessment by PI	Causality Assessment by Sponsor	Outcome of the Event
1	NIMS, Hyderabad (32000107)	19-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	20-11-2020	Hospitalization	Road traffic accident (RTA)-Crush Injury left foot and Fracture neck of 2nd 3rd and 4thmetatarsal.	Unrelated	Unrelated	Recovered and discharged from hospital on 23rd Nov 2020.
2	NIMS, Hyderabad (32000073)	18-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	29-11-2020	Hospitalization	Uncontrolled Type-2 Diabetes mellitus with Diabetic ketoacidosis and dyselectrolytemia.	Unlikely	Unrelated	Recovered and discharged from hospital on 12th Dec 2020
3	PGIMS, Rohtak (32100001)	20-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from hospital 30th Dec 2020 in stable condition
4	NIMS, Hyderabad (32000428)	28-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	Shortness of breath, pedal edema and fever (3 days).	Unlikely	Unrelated	Recovered and discharged from hospital 6th Dec 2020 in stable condition
5	NIMS, Hyderabad (32000272)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 11th Dec 2020 in stable condition
6	NIMS, Hyderabad (32000242)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	10-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 15th Dec 2020 in stable condition
7	Grant Medical College & JJ Hospital, Mumbai (31600192)	08-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	12-12-2020	Hospitalization	Homocysteine	Unrelated	Unrelated	Recovered and discharged from hospital in stable condition on 26th Dec 2020
8	SRM Medical College & Hospital, Chennai (32500018)	07-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	15-12-2020	Hospitalization	Clinical enteric fever with dehydration.	Unrelated	Unrelated	Recovered and discharged from hospital on 17th Dec 2020
9	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900546)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	17-12-2020	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from hospital on 18th Dec 2020 with advice to follow up for further treatment plan

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10	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900809)	12-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	21-12-2020	Death	Death	Unrelated	Unrelated	Fatal
11	MGMCRI-SBV, Puducherry (30800390)	26-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	01-01-2020	Hospitalization	"Hollow viscus perforation with Acute Kidney Injury -? Cause"	Unrelated	Unrelated	Recovered
12	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900578)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	06-01-2021	Hospitalization	Liver abscess	Unrelated	Unrelated	Recovered and discharged from hospital on 15th Jan 2021
13	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore. (31100060)	09-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-12-2020 (Date of awareness of SAE:06-01-2021)	Hospitalization	Left lung opacity-LRTI	Unrelated	Unrelated	Recovered and discharged from Hospital on 23rd December 2020
14	People's College of medical research center, Bhopal, Madhya Pradesh (30900546)	10/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-01-2021	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from Hospital on 21stJan 2021.
15	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901496)	18-12-2020 (1st Dose) (Vaccine/Placebo; blinded) 2nd dose was not administered	08-01-2021	Hospitalization	Injury in both the lower limbs (ankle)	Unrelated	Unrelated	Recovered and discharged from Hospital on 19th Feb 2021.
16	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901257)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	30-12-2020 (Date of awareness of SAE:13/01/2021)	Hospitalization	Mature cataract	Unrelated	Unrelated	Recovered and discharged from hospital on 1st Jan 2021.
17	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901279)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	03/01/2021 (Date of awareness of SAE: 13/01/2021)	Hospitalization	CAD with hypertension with B/L Pneuminitis /ACS/TVD. She was also positive with COVID-19.	Unrelated	Unrelated	Recovered and discharged from hospital on 6th Jan 2021.

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18	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901436)	17/12/2020 (1st Dose) 14/01/2021 (2nd Dose) (Vaccine/Placebo; Blinded)	15/01/2021	Hospitalization	Acute cholecystitis and cholelithiasis.	Unrelated	Unrelated	Recovered and discharged from the hospital on 22-01-2021
19	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901004)	14-12-2020 (1st Dose) 11-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	18-01-2021	Hospitalization	Renal Calculi with Hepatomegaly.	Unrelated	Unrelated	Recovered and discharged from the hospital on 19-01-2021
20	NIMS, Hyderabad (32001 145)	21-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-01-2021 (Date of awareness of the SAE:21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
21	Jawaharlal Nehru Medical college and Hospital,AMU, Aligarh (31300207)	25-11-2020 (1st Dose) 24-12-2020 (2nd dose) (Vaccine/Placebo; Blinded)	10-01-2021 (Date of awareness of the SAE-21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
22	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100290)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	11-01-2021 (Date of awareness of the SAE: 14-01-2021)	Hospitalization	Atypical viral pneumonia	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-01-2021
23	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901512)	18-12-2020 (1st Dose) 20-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	21-01-2021	Hospitalization	Generalised body pain	Unrelated	Unrelated	Recovered and discharged from the hospital on 25-01-2021
24	AIIMS, New Delhi (30100090)	5-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	22-01-2021 (Date of SAE Awareness: 24-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
25	GMERS Medical College and Civil Hospital, Sola, Ahmedabad (31500928)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	08-01-2021 (Date of awareness of SAE: 27-01-2021)	Death	Death	Unlikely	Unlikely	Fatal
26	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900901)	13-12-2020 (1st Dose) 10-01-2021 (2ndDose) (Vaccine/Placebo; Blinded)	01-02-2021	Hospitalization	Right eye mature cataract and left eye pseudophakia	Unrelated	Unrelated	Recovered and discharged from Hospital on 12th Feb 2021.

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27	SRM Medical College Hospital & Research Centre, Kanchipuram,Tamil Nadu (32500447)	28-12-2020 (1st Dose) 25-01-2021 (2ndDose) (Vaccine/Placebo; Blinded)	31-01-2021 (Date of awareness by Sponsor: 01-02-2021)	Death	Death	Unrelated	Unrelated	Fatal
28	SRM Medical College Hospital & Research Centre Kanchipuram, Tamil Nadu (32500303)	23-12-2021 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	27-01-2021 (Date of awreness-02-02-2021)	Hospitalization	Viral pneumonia due to COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 9th Feb 2021 in stable condition
29	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900770)	12-12-2020 (1st Dose) 09-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Chronic Otitis media	Unrelated	Unrelated	Recovered and discharged from the hospital on18-02-2021
30	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Bronchial asthma	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-02-2021
31	Maharaja Agrasen Super speciality Hospital, Jaipur (32700845)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
32	Maharaja Agrasen Super speciality Hospital, Jaipur (32700848)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
33	AIIMS, New Delhi (30100013)	27-11-2020 (1st Dose) 26-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	03-02-2021 (Date of awreness-06-02-2021)	Hospitalization	Immune Thrombocytopenia Purpura.	Could be associated with the vaccine.	Under Evaluation	Recovered and discharged from the hospital on 08-02-2021
34	Director of Public Health & Medicine study site, Chennai (31200001)	09-12-2020 (1st Dose) 06-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 16-02-2021
35	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900391)	07-12-2020 (1st Dose) 05-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	Chronic otitis media	Unrelated	Un related	Recovered and discharged from the hospital on 22-02-2021
36	Prakash Institute of Medical Science & Research, Sangli,	30-12-2020 (1st Dose) 26-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	13-02-2021	Hospitalization	Fever, headache, and cough	Unrelated	Unrelated	Recovered and discharged from the hospital on 14-02-2021

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	Maharashtra (32900012)							
37	AIIMS, New Delhi (30100044)	02-12-2020 (1st Dose) 30-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	19-02-2021	Hospitalization	Myocardial infarction (MI)	Unlikely	Unrelated	Recovered and discharged from the hospital on 01-03-2021
38	NIMS, Hyderabad (32001185)	22-12-2020 (1st Dose) 19-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	COVID-19	Unlikely	Under Evaluation	Ongoing at the time of submission of the report by the investigator
39	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi (32300066)	19-12-2020 (1st Dose) 20-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	Fever and body ache	Under Evaluation	Under Evaluation	Ongoing at the time of submission of the report by the investigator
40	Aligarh Muslim University, Aligarh (31300560)	30-11-2020 (1st Dose) 31-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 27-02-2021)	Hospitalization	Epistaxis	Unrelated	Under Evaluation	Recovered and discharged from the hospital on 27-02-2021
41	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 03-03-2021)	Hospitalization	Acute exacerbation of COPD	Unrelated	Under Evaluation	Ongoing
42	AIIMS, New Delhi (30100314)	26-12-2020 (1st Dose) 23-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 05-03-2021)	Hospitalization	Cholecystitis	Unlikely	Under Evaluation	Recovered and discharged from the hospital on 02-03-2021
43	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100476)	06-01-2021 (1st Dose) 03-02-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	03-03-2021 (Date of Awareness:05-03-2021)	Death	Death	Under Evaluation	Under Evaluation	Fatal

11.14 INTERIM PHASE 3 RESULTS:

The Phase 3 study enrolled 25,800 participants between 18-98 years of age, including 2,433 over the age of 60 and 4,500 with comorbidities. The primary endpoint of Phase 3 clinical trial is based on the first occurrence of PCR-confirmed symptomatic (mild, moderate, or severe) COVID-19 with onset at least 14 days after the second study vaccination in serologically negative (to SARS-CoV-2) adult participants at baseline.

The first interim analysis is based on 43 cases, of which 36 cases of COVID-19 were observed in the placebo group versus 7 cases observed in the BBV152 (COVAXIN®) group, resulting in a point estimate of vaccine efficacy of 80.6%.

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The interim analysis included a preliminary review of the safety database, which showed that severe, serious, and medically attended adverse events occurred at low levels and were balanced between vaccine and placebo groups. The trial's conduct and monitoring are as per Good Clinical Practice guidelines and have been outsourced to IQVIA.
Analysis from the National Institute of Virology indicates that vaccine-induced antibodies can neutralize the UK variant strains and other heterologous strains, which has been published in bioRxiv. https://doi.org/10.1101/2021.01.26.426986

Phase III efficacy interim report is enclosed as **Annexure 3**

12 RESTRICTED USE OF COVAXIN UNDER CLINICAL TRIAL MODE

Bharat Biotech International Limited (BBIL) in collaboration with Indian Council of Medical Research (ICMR) has developed an inactivated whole virion COVID-19 vaccine, COVAXIN®. The COVAXIN® has been evaluated for safety, reactogenicity and immunogenicity in phase 1 and 2 clinical trials and the trial reports were submitted to the Central Drugs Standard Control Organization (CDSCO) India. COVAXIN® has been approved under emergency use authorization with permission number MF/BIO/21/000002, dated 03.01.2021, F. No: BIO/MA/20/000103. This permission is given for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode, where COVAXIN® vaccine will be administered to the vaccine recipients and they will be followed up for safety. COVAXIN® (prepared under Good manufacturing practices, as required under the Drugs and Cosmetics Act, 1940 and the NCDT Rules 2019) has been approved by CDSCO for Restricted Use in Emergency situation in Public Interest as an abundant precaution in Clinical Trial Mode, in India on 3rd January 2021.

12.1 IMPLEMENTATION PLAN – PROCEDURES

Bharat Biotech along with ICMR has taken approval for the Implementation Plan from the Cental Ethic Committee of ICMR and and SEC committee of CDSCO. Subsequently, BBIL has sent lakhs of hard copies of Fact Sheets, Informed Consent forms and Information Leaflets to each designated vaccination sites across the country.

1. The Fact sheet in regional language was provided to the vaccine recipient before vaccination and vaccine recipients were given time to read (in case of inability to read – it was read out to him/her by vaccination staff) to understand it. Opportunity was given to the vaccine recipients to ask clarifying questions to the vaccinator. Vaccinator has used the information leaflet to answer the queries raised by the vaccine recipient. Following questions and clarifications, the fact sheet was returned by the vaccine recipients to the vaccinator.

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2. If the vaccine recipient agrees to be vaccinated with COVAXIN®, he/she has to sign an informed consent form (ICF) (in case of inability to write, he/she has put a left thumb impression on the ICF). Only after signing the informed consent, the vaccine recipients were vaccinated with COVAXIN®.

3. The informed consent is required at the time of first dose only. The separate consent is not required for subsequent dose.

12.1.1 VACCINATION PROCEDURE:

Vaccine recipients were provided information in local language pertaining to the vaccine administration with the help of a Fact Sheet containing details about COVAXIN®. On day 01 (Visit 1) and day 28 (Visit 2) recipients were administered with the doses of the COVAXIN® via the intramuscular route. After Day 1 and Day 28 vaccination, Vaccine recipients were given Adverse Event Form to record the adverse events and they were made to remain for at least 30 minutes after vaccination for observation to record any adverse event.

12.1.2 ADVERSE EVENTS AND SAEs COLLECTION PROCEDURE:

1. The designated staff has collated the consent forms obtained on the previous day for record keeping. These were files with date of vaccination, session site specifications and planning unit mentioned on it. A team, consisting of about 150 BBIL sales and marketing employees and ICMR employees, was set-up at the regional level to telephonically contact and enquire about the adverse events based on grouping of vaccine recipients as follows:

    - Day 7 after dose 1 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 28 after dose 1 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 7 after dose 2 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 28 after dose 2, including symptoms related to Covid-19 and positive RTPCR test (if any)

2. The list of the vaccine recipients was generated on a daily basis with contact numbers.

3. Adverse events and serious adverse events following immunization (AEFI) informed during the aforementioned contacts were recorded application against the respective personnel identified of a vaccine recipient.

4. Grouping of the vaccine recipients in minor, severe and serious adverse event (as the case may be) was done by District Immunization Officer (DIO) on a daily basis. For all

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serious and severe cases, the Case Report Form (CRF) has been raised for further investigation by District AEFI Committee.

5. In case of any serious adverse events linked to the COVAXINTM immunization program, the details of the serious adverse events were recorded by the designated Immunization officers or Health care workers of the vaccination site. BBIL has coordinated through email/telephone/other means to coordinate with the Immunization officers/Health care workers to get the required details of SAE. Upon receipt of these details, submitted SAE report to DSMB, ICMR Central Ethics Committee CDSCO/DCGI.

7. Drug regulators (Drugs Controller General of India, DCGI) has been provided with the collated data for review and assessment on vaccine safety, on a monthly basis.

8. The end point and the final outcome of the aforementioned AEFI monitoring related to COVAXIN was based on the recommendations made by the regulatory authority (DCGI).

A toll-free number and an email, the details of which are in the fact sheet, were assigned at BBIL to answer the queries of vaccine beneficiaries. Numerous queries via telephone and emails were addressed on a daily basis. Causality of all SAEs was assessed by the Immunization officer, BBIL, ICMR Central Ethics Committee.

12.1.3 CONCLUSIONS

The Restricted use of COVAXIN® under clinical trial mode was initiated on 16th Jan 2021. Under this program, a total of more than 13 lakh beneficiaries have been vaccinated with COVAXIN®. Despite numerous attempts by BBIL and ICMR, data was not shared in a timely manner by the site immunization officers. A total of 8149 beneficiaries have reported adverse events following immunization. No death cases were reported in the restricted use of COVAXIN® under clinical trial mode. In conclusion, the COVAXIN® can be considered as a safe vaccine.

Restricted Use of COVAXIN® under clinical trial mode report is as **Annexure-4.**

13 NEUTRALIZATION OF UK-VARIANT VUI-202012/01 WITH COVAXIN VACCINATED HUMAN SERUM

National Institute of Virology (NIV), India was successfully isolated and characterized the hCoV-19/India/20203522 SARS-CoV-2 (VOC) 202012/01 from UK returnees in India with all signature mutations of the UK-variant.

The plaque reduction neutralization test ($PRNT_{50}$) using sera collected from the 26 recipients of BBV152/COVAXIN™ against hCoV-19/India/20203522 (UK-variant) and hCoV27 19/India/2020Q111 (heterologous strain). A comparable neutralization activity

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of the vaccinated individuals sera showed against UK-variant and the heterologous strain with similar efficiency, dispel the uncertainty of possible neutralization escape.

Neutralization of UK-variant VUI-202012/01 with COVAXIN vaccinated human serum Publication is enclosed as **Annexure 5**

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ANNEXURE-1

Safety and immunogenicity of an inactivated SARS-CoV-2 vaccine, BBV152: a double-blind, randomised, phase 1 trial

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Summary

Background To mitigate the effects of COVID-19, a vaccine is urgently needed. BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine formulated with a toll-like receptor 7/8 agonist molecule adsorbed to alum (Algel-IMDG) or alum (Algel).

Methods We did a double-blind, multicentre, randomised, controlled phase 1 trial to assess the safety and immunogenicity of BBV152 at 11 hospitals across India. Healthy adults aged 18–55 years who were deemed healthy by the investigator were eligible. Individuals with positive SARS-CoV-2 nucleic acid and/or serology tests were excluded. Participants were randomly assigned to receive either one of three vaccine formulations (3 µg with Algel-IMDG, 6 µg with Algel-IMDG, or 6 µg with Algel) or an Algel only control vaccine group. Block randomisation was done with a web response platform. Participants and investigators were masked to treatment group allocation. Two intramuscular doses of vaccines were administered on day 0 (the day of randomisation) and day 14. Primary outcomes were solicited local and systemic reactogenicity events at 2 h and 7 days after vaccination and throughout the full study duration, including serious adverse events. Secondary outcome was seroconversion (at least four-fold increase from baseline) based on wild-type virus neutralisation. Cell-mediated responses were evaluated by intracellular staining and ELISpot. The trial is registered at ClinicalTrials.gov (NCT04471519).

Findings Between July 13 and 30, 2020, 827 participants were screened, of whom 375 were enrolled. Among the enrolled participants, 100 each were randomly assigned to the three vaccine groups, and 75 were randomly assigned to the control group (Algel only). After both doses, solicited local and systemic adverse reactions were reported by 17 (17%; 95% CI 10·5–26·1) participants in the 3 µg with Algel-IMDG group, 21 (21%; 13·8–30·5) in the 6 µg with Algel-IMDG group, 14 (14%; 8·1–22·7) in the 6 µg with Algel group, and ten (10%; 6·9–23·6) in the Algel-only group. The most common solicited adverse events were injection site pain (17 [5%] of 375 participants), headache (13 [3%]), fatigue (11 [3%]), fever (nine [2%]), and nausea or vomiting (seven [2%]). All solicited adverse events were mild (43 [69%] of 62) or moderate (19 [31%]) and were more frequent after the first dose. One serious adverse event of viral pneumonitis was reported in the 6 µg with Algel group, unrelated to the vaccine. Seroconversion rates (%) were 87·9, 91·9, and 82·8 in the 3 µg with Algel-IMDG, 6 µg with Algel-IMDG, and 6 µg with Algel groups, respectively. $CD4^+$ and $CD8^+$ T-cell responses were detected in a subset of 16 participants from both Algel-IMDG groups.

Interpretation BBV152 led to tolerable safety outcomes and enhanced immune responses. Both Algel-IMDG formulations were selected for phase 2 immunogenicity trials. Further efficacy trials are warranted.

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Introduction

Spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections has led to a global COVID-19 pandemic. Vaccines from multiple manufacturers will be needed to address the global need for SARS-CoV-2 vaccines and thus far, 194 vaccine candidates are in development.[1]

A desirable characteristic for any COVID-19 vaccine candidate is the ability to induce T-helper-1 cell (Th1) responses.[2] Whole-virion inactivated vaccines are usually formulated with Alum, which does not have the ability to induce cell-mediated responses.[3,4] An imidazoquinoline molecule, which is a toll-like receptor (TLR) 7/8 agonist, has been used to stimulate cell-mediated responses.[5,6] Algel-IMDG (an imidazoquinoline molecule chemisorbed on alum [Algel]) has been designed to traffic vaccine antigen directly to draining lymph nodes without diffusing into the systemic circulation. BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine adjuvanted with Algel-IMDG.

Preclinical studies in mice, rats, and rabbits showed appropriate safety profiles and humoral and cell-mediated responses.[7] Two live viral challenge protective efficacy studies in hamsters and non-human primates were done.

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Research in context

Evidence before this study

We searched PubMed on Jan 15, 2020, for published research articles using the search terms "SARS-CoV-2", "COVID-19", "vaccine", and "clinical trial", with no language or date restrictions. We found several publications on COVID-19 vaccine clinical trials from mRNA, adenovirus, protein subunit, and inactivated vaccines.

As of Jan 15, 2020, nine vaccines have received emergency use authorisation to be administered to prevent COVID-19. Inactivated vaccines have been approved for decades with well established safety profiles. Immune responses from two other inactivated vaccines have been reported; however, with few results on cell-mediated responses. Bharat Biotech has developed a vero cell-based whole-virion inactivated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccine (BBV152) formulated with alum and a TLR7/8 agonist producing a T-helper-1 cell skewed response. This vaccine candidate reported protection in two live viral non-human primate and hamster challenge models.

Added value of this study

We report the preliminary analyses for the safety and immunogenicity of the vaccine candidate BBV152 in 375 vaccinated adults. All vaccine groups had similar reactogenicity and serological outcomes to the control group. BBV152 led to enhanced immune responses; the 3-µg and 6-µg Algel-IMDG vaccines induced T-cell responses that were biased to T-helper-1 cells.

Implications of all the available evidence

Findings from other inactivated SARS-CoV-2 vaccine candidates are corroborating. However, to the best of our knowledge, ours is the only reported inactivated COVID-19 vaccine candidate inducing cell-mediated responses and humoral neutralising responses. Both Algel-IMDG formulations will be assessed in a phase 2 immunogenicity trial.

In both studies, protection was evident by rapid clearance of virus in the lower and upper respiratory tract, and absence of lung pathology (after viral challenge).[8,9] Here, we report the interim findings from the randomised, controlled, double-blind phase 1 trial on the safety and immunogenicity of three different formulations of BBV152 and one control group containing Algel (without antigen). This phase 1 trial was done with the intention of selecting two formulations for progression to the phase 2 trial.

Methods

Study design and participants

This is a randomised, double-blind, multicentre, phase 1 trial to assess the safety, reactogenicity, tolerability, and immunogenicity of the whole-virion inactivated SARS-CoV-2 vaccine (BBV152) in healthy adult volunteers, at 11 hospitals across nine states of India (appendix pp 5, 13). Participants were aged 18–55 years and deemed healthy by the investigator at the time of enrolment. At the screening visit, participants were tested with both SARS-CoV-2 nucleic acid (TRUPCR SARS-CoV-2 RT-PCR; 3B BlackBio Biotech, Bhopal, India) and serology (chemiluminescence immunoassay; LIAISON SARS-CoV-2 S1/S2 IgG; DiaSorin, Saluggia, Italy) tests (conducted at Dr Dangs Lab [New Delhi, India] using commercially available assays; appendix p 3). If found positive for any one test, they were excluded from the trial. The median time between the screening visit and vaccination visit was 4 days (range 3–6). Other key exclusion criteria were an axillary temperature of more than 37·0°C and known allergy to any vaccine component. Participants were screened for eligibility on the basis of their health status, including their medical history, laboratory findings (haematology, biochemistry, and urine tests), vital signs, and physical examination results, and were enrolled after providing signed and dated informed consent forms. Full inclusion and exclusion criteria are in the protocol.

See Online for appendix

The trial was approved by the National Regulatory Authority (India) and the respective ethics committees and was conducted in compliance with all International Council for Harmonization Good Clinical Practice guidelines.

Randomisation and masking

The master randomisation list was uploaded on the interactive web response system, which contained the randomisation number and intended allocation. The depot manager uploaded the kit code list and assigned the kits to the sites that had the kit codes and the allocation groups. At the site level, the system would set the randomisation number and the allotment of the kit without displaying the true group allocation, and the system would allocate the same treatment group for the second visit. For the first 50 participants, a block size of five with ten blocks was generated for the 3 µg with Algel-IMDG and control groups at a ratio of 4:1. In the remaining participants, the number of blocks was 20. For the first 15 blocks, a block size of 16 was used to randomly assign participants (3:5:5:3) to 3 µg with Algel-IMDG, 6 µg with Algel-IMDG, 6 µg with Algel, or Algel-only control. The next five blocks were size 17, and used to randomly assign participants (3:5:5:4) to 3 µg with Algel-IMDG, 6 µg with Algel-IMDG, 6 µg with Algel, or Algel-only control. An unmasked contract research organisation, Sclin Soft Technologies, generated the randomisation list for the study.

Participants, investigators, study coordinators, study-related personnel, and the funder were masked to treatment group allocation (excluding an unmasked member of the contract research organisation, who was

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tasked with the dispatch and labelling of vaccine vials and the generation of the master randomisation code). Participants were assigned a computer-generated randomisation code that maintained masking. The masked study nurse was responsible for vaccine preparation and administration. Each vial contained a unique code that ensured appropriate masking. The appearance, colour, and viscosity were identical across all vaccine and control formulations.

Procedures

The virus strain (NIV-2020-770) containing the Asp614Gly mutation, isolated from a COVID-19 patient and sequenced at the Indian Council of Medical Research National Institute of Virology, was provided to Bharat Biotech.[10] Biosafety level 3 manufacturing facilities and a well established Vero cell manufacturing platform (with proven safety in other licensed live and inactivated vaccines) were used for the rapid development of BBV152.[11–16]

BBV152 (manufactured by Bharat Biotech) is a whole-virion β-propiolactone-inactivated SARS-CoV-2 vaccine. The NIV-2020-770 strain contains the Asp614Gly mutation, which is characterised by aspartic acid to glycine shift at the amino acid position 614 of the spike protein.[10]

The candidates were formulated with two adjuvants: Algel (alum) and Algel-IMDG, an imidazoquinoline class molecule (TLR7 and TLR8 agonist) adsorbed onto Algel. After their eligibility was established, participants were assigned to the four groups. The control group contained only a sterile phosphate-buffered solution and Algel. Both the vaccine and control were stored at 2–8°C.

The vaccine (BBV152) and the control were provided as a sterile liquid that was injected intramuscularly (deltoid muscle) at a volume of 0·5 mL/dose in a two-dose regimen on day 0 (day of randomisation) and day 14. This accelerated schedule was chosen given the context of the ongoing pandemic. No onsite dose preparation was required. Each glass vial contained a single dose of either vaccine or control formulation that required no additional dilution steps. No prophylactic medication (ibuprofen or acetaminophen) was prescribed either before or after vaccination.

The follow-up visits were scheduled on days 7, 28, 42, 104, and 194 after vaccination. The study was done in a dose-escalation manner after completing vaccination in the first 50 participants with 3 μg with Algel-IMDG (the lowest antigen concentration) and the control; these participants were monitored for 7 days for safety. The independent data safety monitoring board reviewed masked safety data and decided whether the trial was allowed to continue with enrolment of the remaining participants into all groups.

Outcomes

The primary outcome was the number and proportion of participants with solicited local and systemic reactogenicity events at 2 h and 7 days after vaccination and throughout the full study duration, including serious adverse events. The secondary outcomes was immunogenicity, in terms of geometric mean titres (GMTs) and four-fold seroconversion rate of neutralising antibodies, from baseline to days 14, 28, 42, 104, and 194.

Safety assessments

The unsolicited adverse events were recorded for 28 days after vaccination. Laboratory values (serum chemistry, haematology, and urine) were compared before vaccination (day 0) and after vaccination (day 28).

Participants were observed for 2 h after vaccination to assess reactogenicity. They were instructed to record local and systemic reactions within 7 days (days 0–7 and days 14–21) after vaccination using a diary card. The diary card contained fields for symptom onset, severity, time to resolution, concomitant medication, and was collected during the next visit to the site. Routine telephone calls were scheduled after the first 7 days after each vaccination.

Solicited local adverse events were pain at the injection site and swelling, and systemic adverse events, including fever, fatigue or malaise, myalgia, body aches, headaches, nausea or vomiting, anorexia, chills, generalised rash, and diarrhoea. All unsolicited adverse events were reported by participants throughout the study. Adverse events were graded according to the severity score (mild, moderate, or severe) and whether they were related or not related to the investigational vaccine, as detailed in the protocol (appendix p 6).

Immunogenicity assessments

IgG responses against the spike (S1) glycoprotein, receptor-binding domain, and nucleocapsid protein of SARS-CoV-2 were assessed by an in-house-developed ELISA and are expressed as GMTs. Neutralising antibody titres were assessed by wild-type virus neutralisation assays: a microneutralisation assay (MNT_{50}) and a plaque-reduction neutralisation test ($PRNT_{50}$), at Bharat Biotech. These assays were based on the Asp614Gly strain (appendix p 4). To establish interlaboratory comparability, a subset of randomly selected serum samples (n=50) was analysed by MNT_{50} at the National Institute of Virology. Additionally, three laboratory strains were used in vitro for $PRNT_{50}$ at the National Institute of Virology: the BBV152 strain NIV-2020-770 homologous, and two heterologous strains from the O clade (nCoV-Q111 and nCoV-Q100). Genomic analyses of strains were reported by Potdar and colleagues.[17] Only the NIV-2020-770 strain contained the Asp614Gly mutation.[10]

To compare vaccine-induced responses to natural SARS-CoV-2 infections, 41 convalescent serum samples (collected within 1–3 months after nucleic acid test-based diagnosis) were tested by MNT_{50}. These serum samples were collected from both self-reported symptomatic (n=25) and asymptomatic (n=16) patients with COVID-19 at Nizam's Institute of Medical Sciences (NIMS;

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Hyderabad, India). The age of these participants was 23–62 years. For symptomatic patients, ascertainment of severity grading and requirement of supplemental oxygen was not obtainable. A participant who achieved seroconversion was defined as having a post-vaccination titre at least four-fold greater than their respective pre-vaccination titre. Serum samples were analysed in a masked manner at Bharat Biotech and the National Institute of Virology.

Cell-mediated responses were assessed in a subset of participants at one site (NIMS). The contract research organisation generated a random code containing randomisation numbers, which was provided to the staff to identify participants. Blood (3–5 mL) was collected from those participants who consented to the additional volume on days 0 and 28. Peripheral blood mononuclear cells were collected to assess IFN-γ by ELISpot (13 in vaccinated groups and six in the control group). Intracellular cytokine staining was used to assess T-cell responses in the remaining samples that contained an adequate number of cells. To ensure equal distribution, eight samples in each vaccine group were selected. These assays were done at Indoor Biotechnologies (Bangalore, India) and Bharat Biotech. All samples were analysed in a masked manner. The details of all assay methods are in the appendix (p 5).

Statistical analysis

Using a two-sided 5% significance level, power was calculated for several levels of the absolute difference between seroconversion rates for vaccine formulations, and we decided on the power to find a statistically significant difference between rates if the true underlying absolute difference was at least 20%. The allocation ratio was 1:1:1 for three vaccine formulations and 4:1 for the vaccine (all formulations combined) to placebo. The placebo group was not included in the sample size calculations. For a sample size of 90 for each formulation, the power to find a statistically significant absolute difference for a true underlying difference of 20% was at least 80% if the lower seroconversion rate for two formulations was at least 52%, which is lower than the seroconversion rate we expected for an effective vaccine. The sample size chosen was 100 per vaccine formulation, to allow for loss of data because of withdrawals or loss to follow-up. We did not incorporate an adjustment for multiple comparisons, because this phase 1 study was not a pivotal study for licensure, and we planned to

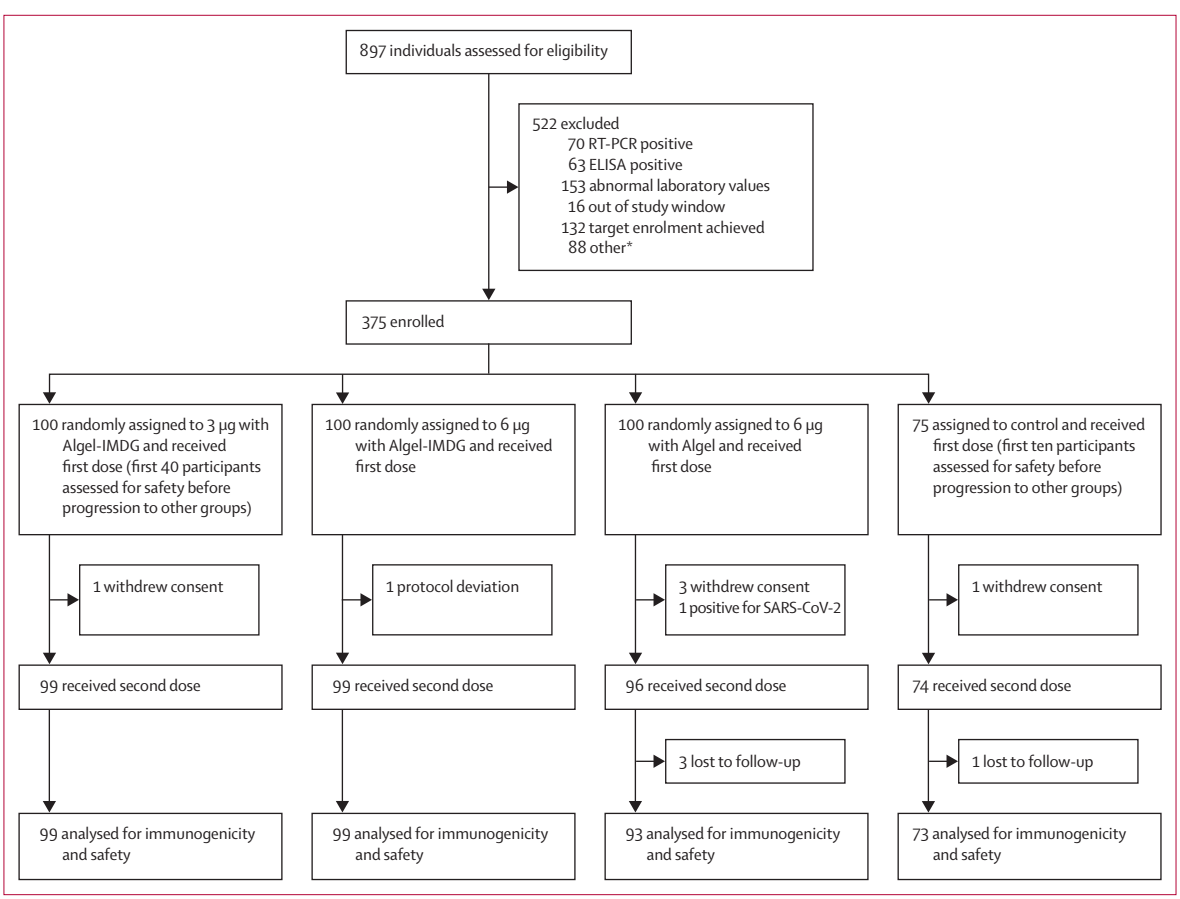

Figure 1: **Trial profile**
SARS-CoV-2=severe acute respiratory syndrome coronavirus 2. *Unable to contact the participant for vaccination or withdrawal of consent.

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choose two vaccine formulations from the phase 1 study for further assessment. Sample size estimation was done using PASS 13 software, version 13.0.17.

Safety endpoints are described as frequencies (%). GMTs with 95% CI are used for immunological endpoints. For continuous variables (<20 observations), medians and IQRs are reported. The exact binomial calculation was used for the CI estimation of proportions. The Wilson's test was used to test differences in proportions. CI estimation for the GMT was based on the $\log_{10}$ (titre) and the assumption that the $\log_{10}$ (titre) was normally distributed. A comparison of GMTs was done with *t* tests on the means of the $\log_{10}$ (titre). Significance was set at $p<0·05$ (two-sided). This preliminary report contains results regarding immunogenicity (days 0–28) and safety outcomes (days 0–42). Descriptive and inferential statistics were assessed using SAS, version 9.2. The trial was registered at ClinicalTrials.gov (NCT04471519).

Role of the funding source

The funder of the study had no role in data collection, data analysis, data interpretation, or writing of the report, but was involved in study design. All authors had full access to all the data in the study and had final responsibility for the decision to submit for publication.

Results

Between July 13 and 30, 2020, 897 individuals were screened and 375 were enrolled. Of the 522 initially screened individuals who were excluded, 133 participants were excluded because they were positive for SARS-CoV-2 by nucleic acid test or serology and 153 were excluded because of abnormal laboratory values (figure 1). The first 50 participants enrolled were monitored for 7 days after vaccination, and on the basis of the independent data safety monitoring board review of masked safety data, the trial was allowed to continue with enrolment of the remaining participants into all groups. Among the enrolled participants, 100 each were randomly assigned to the three vaccine groups, and 75 were randomly assigned to the control group (Algel only). Demographic characteristics of the participants were similar across groups (table 1).

After dose 1, solicited local adverse reactions were reported by five (5%; 95% CI 1·9–11·8) participants in the 3 µg with Algel-IMDG group, five (5%; 1·9–11·8) in the 6 µg with Algel-IMDG group, one (1%; 0·05–6·2) in the 6 µg with Algel group, and three (3%; 1·04–12·03), in the Algel-only control group. Solicited systemic adverse reactions were reported by five (5%; 1·9–11·8) participants in the 3 µg with Algel-IMDG group, 14 (14%; 8·1–22·7) in the 6 µg with Algel-IMDG group, eight (8%; 3·8–15·6) in the 6 µg with Algel group, and seven (7%; 4·2–18·9) in the Algel-only group (table 2; appendix p 14). The most common solicited adverse events were injection site pain (17 [5%] of 375 participants), headache (13 [3%]), fatigue (11 [3%]), fever (nine [2%]), and nausea or vomiting (seven [2%]). All adverse events were mild or moderate in severity and resolved within 24 h of onset. After both doses, solicited local and systemic adverse reactions were reported by 17 (17%; 95% CI 10·5–26·1) participants in the 3 µg with Algel-IMDG group, 21 (21%; 13·8–30·5) in the 6 µg with Algel-IMDG group, 14 (14%; 8·1–22·7) in the 6 µg with Algel group, and ten (10%; 6·9–23·6) in the Algel-only group. All adverse events were mild (43 [69%] of 62) or moderate (19 [31%]) and were more frequent after the first dose than the second. No significant differences were observed between the vaccinated and control groups.

44 unsolicited adverse events were reported by 24 (6%) of 375 participants (appendix p 6). Biochemical, haematological, and urine parameters outside of the normal

	BBV152 3 µg with Algel-IMDG (n=100)	BBV152 6 µg with Algel-IMDG (n=100)	BBV152 6 µg with Algel (n=100)	Algel only (n=75)
Age, years				
Median (IQR)	32·5 (25·0–40·0)	35·0 (25·0–40·0)	32·0 (25·0–40·0)	29·0 (24·0–38·0)
≥18 to ≤25	29 (29%)	28 (28%)	31 (31%)	22 (29%)
≥26 to ≤40	47 (47%)	47 (47%)	45 (45%)	37 (49%)
>40 to ≤55	24 (24%)	25 (25%)	24 (24%)	16 (21%)
Sex				
Men	78 (78%)	82 (82%)	76 (76%)	61 (81%)
Women	22 (22%)	18 (18%)	24 (24%)	14 (19%)
Body-mass index*, kg/m²	24·8 (3·5)	25·8 (4·2)	24·9 (3·7)	24·6 (3·5)
Vital signs				
Systolic blood pressure, mm Hg	122·9 (8·5)	123·5 (7·9)	121·6 (8·3)	123·6 (8·5)
Diastolic blood pressure, mm Hg	79·4 (5·9)	79·3 (6·5)	79·2 (5·3)	79·4 (6·4)
Pulse rate, beats per min	77·4 (7·3)	78·1 (8·2)	78·0 (5·9)	78·3 (7·6)
Respiratory rate, breaths per min	16·9 (2·3)	16·7 (2·6)	17·1 (2·6)	16·9 (2·2)
Temperature, °C	36·6 (0·4)	36·5 (0·6)	36·5 (0·4)	36·6 (0·4)
Sites				
All India Institute of Medical Sciences, New Delhi	3 (3%)	6 (6%)	3 (3%)	4 (5%)
All India Institute of Medical Sciences, Patna	25 (25%)	9 (9%)	6 (6%)	7 (9%)
Gillukar Multispeciality Hospital	10 (10%)	14 (14%)	19 (19%)	12 (16%)
Institute of Medical Sciences and SUM Hospital	4 (4%)	5 (5%)	9 (9%)	5 (7%)
Jeevan Rekha Hospital	1 (1%)	1 (1%)	2 (2%)	0
Nizam's Institute of Medical Sciences	11 (11%)	14 (14%)	15 (15%)	7 (9%)
Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences	22 (22%)	10 (10%)	15 (15%)	16 (21%)
Prakhar Hospital	8 (8%)	10 (10%)	11 (11%)	10 (13%)
Rana Hospital and Trauma Centre	1 (1%)	3 (3%)	2 (2%)	2 (3%)
Redkar Hospital	7 (7%)	14 (14%)	13 (13%)	9 (12%)
SRM Hospital and Research Center	8 (8%)	14 (14%)	5 (5%)	3 (4%)

Data are n (%) or mean (SD) unless otherwise stated. The intention-to-treat population included all participants who received at least one dose. *Calculation was based on the bodyweight and height measured at the time of screening. No data on race were collected; all participants were south Asian.

Table 1: **Demographic characteristics of the participants in the intention-to-treat population**

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	Dose 1				Dose 2			
	3 µg with Algel-IMDG (n=100)	6 µg with Algel-IMDG (n=100)	6 µg with Algel (n=100)	Algel only (n=75)	3 µg with Algel-IMDG (n=100)	6 µg with Algel-IMDG (n=100)	6 µg with Algel (n=100)	Algel only (n=75)
Local reactions								
Pain at injection site								
Mild	4 (4%; 1·1–9·9)	4 (4%; 1·1–9·9)	1 (1%; 0·0–5·5)	2 (3%; 0·3–9·3)	2 (2%; 0·2–7·0)	1 (1%; 0·03–5·5)	1 (1%; 0·0–5·5)	0
Moderate	1 (1%; 0·0–5·5)	1 (1%; 0·0–5·5)	0	0	0	0	0	0
Swelling								
Mild	0	0	0	1 (1%; 0·0–7·2)	0	0	0	0
Moderate	0	0	0	0	0	0	0	0
Systemic reactions								
Fever								
Mild	0	1 (1%; 0·0–5·5)	1 (1%; 0·0–5·5)	0	2 (2%; 0·2–7·0)	1 (1%; 0·0–5·5)	1 (1%; 0·0–5·5)	0
Moderate	0	1 (1%; 0·0–5·5)	2 (2%; 0·2–7·0)	0	0	0	0	0
Body ache								
Mild	0	1 (1%; 0·03–5·5)	0	0	0	0	0	0
Moderate	0	1 (1%; 0·0–5·5)	1 (1%; 0·0–5·5)	0	1 (1%; 0·0–5·5)	0	0	0
Fatigue								
Mild	1 (1%; 0·0–5·4)	0	0	0	1 (1%; 0·03–5·4)	0	3 (3%; 0·6–8·5)	0
Moderate	2 (2%; 0·2–7·0)	3 (3%; 0·6–8·5)	0	0	1 (1%; 0·0–5·5)	0	0	0
Headache								
Mild	1 (1%; 0·03–5·5)	2 (2%; 0·2–7·0)	0	5 (7%; 2·2–14·9)	0	0	0	0
Moderate	0	3 (3%; 0·6–8·5)	2 (2%; 0·2–7·0)	0	0	0	0	0
Nausea or vomiting								
Mild	1 (1%; 0·03–5·5)	2 (2%; 0·2–7·0)	2 (2%; 0·2–7·0)	2 (3%; 0·3–9·3)	0	0	0	0
Moderate	0	0	0	0	0	0	0	0

Data are n (%; 95% CI). The safety set includes all participants who received one dose of the vaccine (n=375). Dose 1 events are from days 0–7 and dose 2 events are days 14–21. The grading scale for most adverse events was based on the US Food and Drug Administration (FDA) guidance document for toxicity grading scale for healthy adult and adolescent volunteers enrolled in preventive vaccine clinical trials. For adverse events where grading was not mentioned in the FDA guidance document, we have used the common terminology criteria for adverse events grading. There were no severe adverse events.

Table 2: **Solicited adverse events in the safety set**

ranges had no corroborating clinical manifestations (appendix pp 7–9).

One serious adverse event was reported in the 6 µg with Algel group. The participant was screened on July 25 and vaccinated on July 30. 5 days later, the participant reported fever and headache (initially reported as a solicited adverse event), and on Aug 8 tested positive for SARS-CoV-2 (by a nucleic acid test). The symptoms were initially mild in nature, with the onset of relapsing fever requiring admission to hospital on Aug 15. The participant had stable vital signs (except body temperature) during their hospital stay and did not require supplemental oxygen. The participant was discharged on Aug 22 after a negative nucleic acid test result. The event was not causally associated with the vaccine. No other symptomatic SARS-CoV-2 infections were reported between days 0 and 75. However, follow-up of routine SARS-CoV-2 nucleic acid testing was not done on any scheduled or illness visit.

IgG titres (GMTs) to all epitopes (spike protein, receptor-binding domain, and nucleocapsid protein) increased rapidly after the administration of both doses (figure 2A–C; appendix pp 3–4). Both 3 µg and 6 µg with Algel-IMDG groups reported similar anti-spike, anti-receptor binding, and anti-nucleoprotein IgG titres (GMTs), adding to the dose-sparing effect of the adjuvant. Binding antibody titres to the whole-virion inactivated antigen are shown in the appendix (p 15). The mean isotyping ratios (IgG1/IgG4) were greater than 1 for all vaccinated groups, which was indicative of a Th1 bias (figure 2D).

Seroconversion rates (after the second dose), based on MNT_{50} were 87·9% (95% CI 79·8–94·3) in the 3 µg with Algel-IMDG group, 91·9% (84·6–96·0) in the 6 µg with Algel-IMDG group, and 82·8% (73·7–89·2) in the 6 µg with Algel group (figure 3A). Seroconversion (at day 28) in the control group was reported in six (8% [3·6–17·2]) of 75 participants, suggestive of asymptomatic infection. The post-second-dose GMTs (MNT_{50}) were 61·7 (49·5–76·9) in the 3 µg with Algel-IMDG group, 66·4 (53·4–82·4) in the 6 µg with Algel-IMDG group, and 48·0 (37·7–61·1) in the 6 µg with Algel group. Responses in the Algel-IMDG groups were not significantly different to the response in the 6 µg with Algel group. The vaccine-induced responses were similar to those observed in the convalescent

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serum collected from 41 patients who had recovered from COVID-19 (figure 3B). On these 41 patients, the median titre of symptomatic patients (n=25; median 142·2 [IQR 56·6–350]) was significantly higher than that of the asymptomatic patients (n=16; 22·6 [9·0–56·5]; appendix p 16). Seroconversion rates analysed by $PRNT_{50}$ (after the second dose) were 93·4% (95% CI 83·7–97·8) in the 3 µg with Algel-IMDG group, 86·4% (75·1–93·2) in the 6 µg with Algel-IMDG group, and 86·6% (74·3–93·6) in the 6 µg with Algel group (figure 3C).

MNT_{50} wild-type neutralising antibody responses for a subset of paired serum samples (n=50) were analysed at the National Institute of Virology and Bharat Biotech (on day 28, 2 weeks after the second vaccination in all groups). Additionally, neutralising antibodies were analysed by $PRNT_{50}$ at Bharat Biotech and the National Institute of Virology. Similar results were obtained for MNT_{50} and $PRNT_{50}$ assays at both laboratories (appendix p 17). Randomly selected serum samples from day 28 were analysed by $PRNT_{50}$ at the National Institute of Virology with homologous and heterologous strain assessments. Neutralisation responses, regardless of the challenge strain, were observed (figure 3D).

In a subset of randomly selected blood samples at one site, IFN-γ ELISpot responses against SARS-CoV-2 peptides peaked at about 100–120 spot-forming cells per million peripheral blood mononuclear cells in all vaccinated groups on day 28. Both the Algel-IMDG groups elicited $CD3^+$, $CD4^+$, and $CD8^+$ T-cell responses that were reflected in the IFN-γ production, albeit in a small number of samples. However, there was a minimal detection of less than 0·5% of $CD3^+$, $CD4^+$, and $CD8^+$ T-cell responses in the 6 µg with Algel group and the Algel only group (appendix p 16).

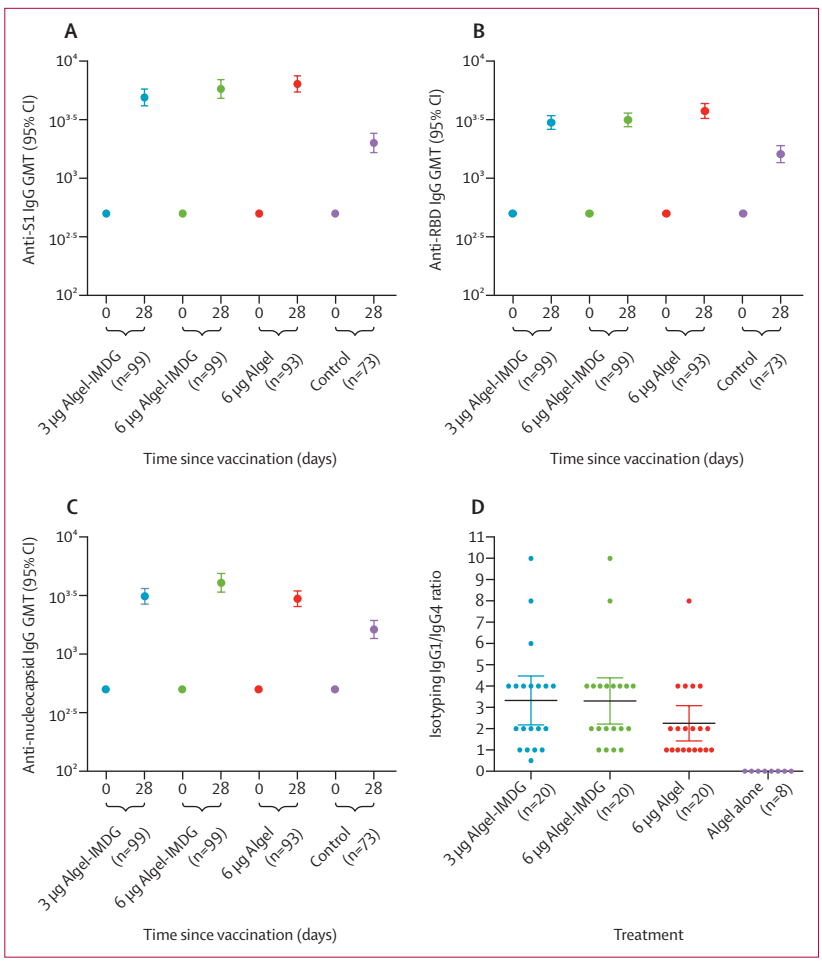

Figure 2: **SARS-CoV-2 IgG titres against anti-spike protein (A), receptor-binding domain (B), and nucleocapsid IgG (C) and anti-spike protein IgG1/IgG4 ratio (D)**
ELISA results at baseline (day 0) and 2 weeks after the second vaccination (day 28). In A–C, error bars show 95% CIs. The cutoff for detectable antibodies was 1/500. Some samples were positive for SARS-CoV-2 in the control group, as evident by the antibody titres on day 28. Endpoint titre dilution for day 28 sera samples was established with baseline (day 0), interpolated from the absorbance of the corresponding day 0 sample. Cutoff (mean ± 3 SD) for day 0 was calculated considering the absorbance of all sera dilutions (1/500 to 1/32000) tested, except the lowest dilution (1/500). ELISA titres (endpoint titres) on day 14 were not analysed. In D, the isotyping ratio was calculated (in a randomly selected subset) as IgG1/IgG4; dots show the individual datapoints and horizontal bars show means with error bars for 95% CIs. Endpoint titre=the highest sera dilution at which the absorbance was above the cutoff. GMT=geometric mean titre. SARS-CoV-2=severe acute respiratory syndrome coronavirus 2.

Discussion

We report the interim findings from the phase 1 clinical trial of BBV152, a whole-virion inactivated SARS-CoV-2 vaccine. The vaccine was well tolerated in all dose groups with no vaccine-related serious adverse events. Both humoral and cell-mediated responses were observed in the recipients of the Algel-IMDG-based vaccines.

The most common adverse event was pain at the injection site, followed by headache, fatigue, and fever. The overall incidence of solicited local and systemic adverse events in this study was 14–21% in all vaccine-treated groups, which is noticeably lower than the rates for other SARS-CoV-2 vaccine platform candidates[18–23] and similar to the rates for other inactivated SARS-CoV-2 vaccine candidates[24,25] One serious adverse event (positive for SARS-CoV-2 by a nucleic acid test) in an individual in the 6 µg with Algel group was not related to vaccination. Because the event occurred in the 5 days after vaccination, the development of a protective immune response was not likely.

BBV152 induced binding and neutralising antibody responses that were similar to those induced by other SARS-CoV-2 inactivated vaccine candidates.[24,25] Titres from the Anti-spike IgG ELISA assay correlated positively with live virus microneutralisation assay titres (R^2=0·51). We assessed an accelerated schedule (vaccination 2 weeks apart) and did not include a routine schedule (vaccination 4 weeks apart). It has been reported that a routine schedule for another SARS-CoV-2 vaccine candidate offers better immune responses, as is to be expected.[26] The 4-week schedule for BBV152 3 µg and 6 µg with Algel-IMDG is being assessed in a phase 2 trial in 380 volunteers (NCT04471519). Here, we showed that all vaccine formulations were Th1 skewed with IgG1/IgG4 ratios greater than 1. Furthermore, the Algel-IMDG formulations were associated with an increase in the frequency of $CD4^+$ $INF\text{-}\gamma^+$ T cells compared with the 6 µg

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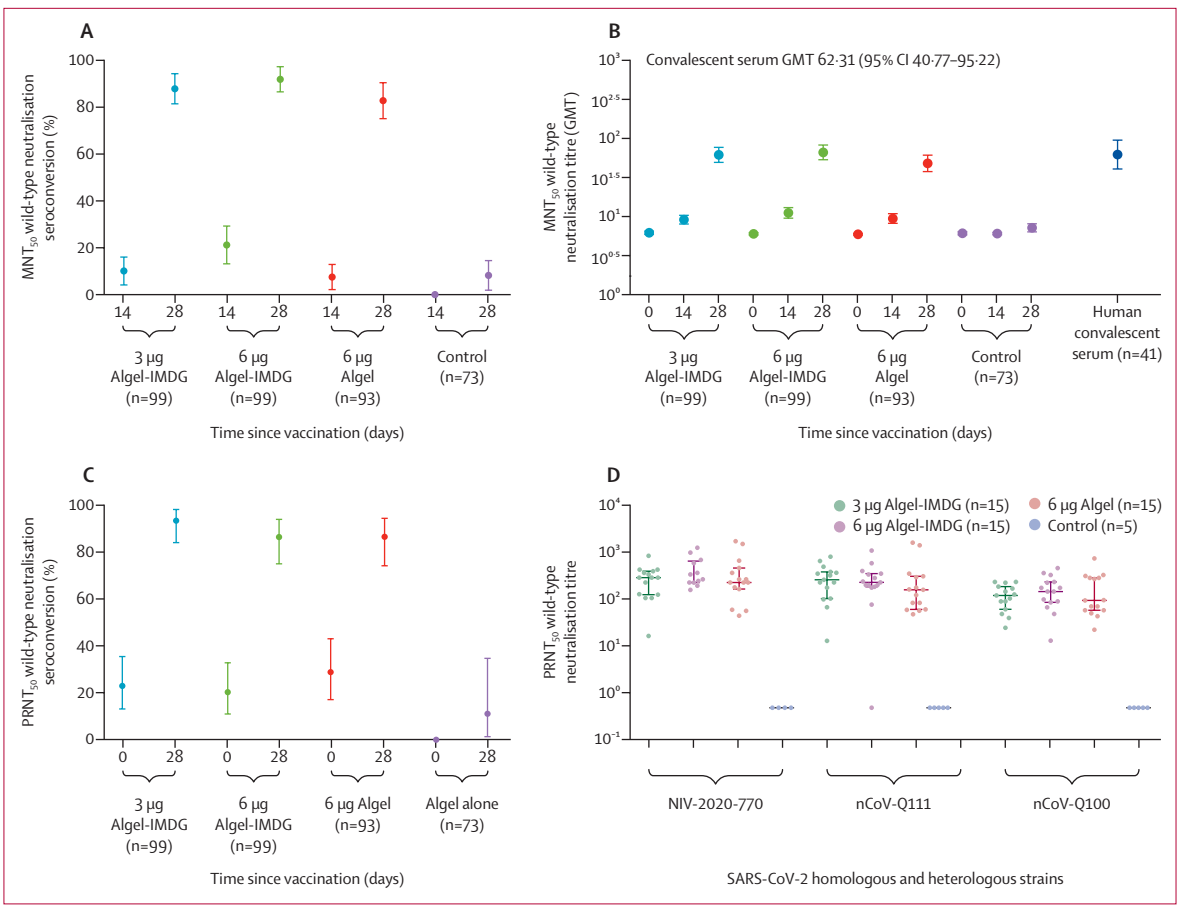

Figure 3: **SARS-CoV-2 wild-type MNT_{50} seroconversion rates (A) and GMT (B) and $PRNT_{50}$ seroconversion rates (C) and medians (D)**
Results at baseline (day 0), 2 weeks after the first vaccination (day 14), and 2 weeks after the second vaccination in the immunogenicity cohort. Seroconversion rates were defined by the proportion of titres achieving at least four-fold greater than baseline. In A–C, error bars show 95% CIs. In B, the human convalescent serum panel included specimens from participants with PCR-confirmed symptomatic or asymptomatic COVID-19, obtained at least 30 days after diagnosis (41 samples for MNT_{50}). In D, randomly selected serum samples from day 28 were analysed by $PRNT_{50}$ at the National Institute of Virology for homologous (NIV-2020-770) and heterologous (nCoV-Q11 and nCoV-Q100) assessments; dots show individual datapoints and horizontal bars show medians with error bars for IQRs. GMT=geometric mean titre. MNT_{50}=microneutralisation assay. $PRNT_{50}$=plaque-reduction neutralisation test. SARS-CoV-2=severe acute respiratory syndrome coronavirus 2.

with Algel formulation, which is indicative of a Th1 bias. Additionally, cell-mediated responses from other SARS-CoV-2 inactivated vaccine candidates have not been reported thus far.

A few animal studies of SARS-CoV and Middle East respiratory syndrome-CoV inactivated or vectored vaccines adjuvanted with alum have shown Th2 responses resulting in eosinophilic infiltration in the lungs.[27–29] Adverse events might be associated with the induction of weakly neutralising or non-neutralising antibodies that lead to antibody-dependent enhancement or enhanced respiratory disease, thus prompting the attempt to develop SARS-CoV-2 vaccines that induce a $CD4^+$ Th1 response with a minimal Th2 response.[2,30–32] Whole-virion inactivated vaccines are mostly developed with Algel (alum) as the adjuvant. The response generated by alum is primarily Th2 biased, with the induction of strong humoral responses by neutralising antibodies.[33] To circumvent this concern of antibody-dependent enhancement, we have assessed this vaccine with Algel and a TLR7/8 agonist that results in immune responses that are biased to Th1. Previous studies have shown that the toll-like receptors play an integral role in bridging the innate and adaptive immune responses, leading to the differentiation of $CD4^+$ T cells into Th1 cells, which produce IFN-γ.[34] Geeraedts and colleagues[35] reported that the stimulation of TLR7 by an influenza whole-virion inactivated vaccine was a significant determinant of a greater immune response and Th1 polarisation. Thus, it is imperative to develop such whole-virion inactivated vaccines with adjuvants that can synergistically contribute to the full potential. Algel-IMDG contains an imidaquizoquinoline class TLR7/8 agonist adsorbed to Algel. Preclinical studies on BBV152 adjuvanted with this molecule reported a Th1-biased response in mice.[7] Furthermore, in a non-human primate and hamster live viral challenge studies, Algel-IMDG formulations

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led to higher neutralising antibodies, which might have resulted in improved upper and lower airway viral clearance (after challenge).[8,9]

This study was done at a time of rapidly increasing daily diagnoses of COVID-19. Among all 897 individuals screened for this trial, 70 (8%) had positive SARS-CoV-2 nucleic acid test results and 63 (7%) had positive SARS-CoV-2 serology results. Seroconversion (at day 28) in the control group was reported in six (8%) of 75 participants from five separate study sites. Because substantial SARS-CoV-2 was observed at enrolment and some of the control group recipients seroconverted, post-vaccination titres from the vaccinated recipients might be slightly inflated, in the event of natural exposure to SARS-CoV-2. No symptomatic COVID-19 cases were reported in the control group.

Because this is an interim report, we are not reporting any data on the persistence of vaccine-induced antibody responses or long-term safety outcomes. The results reported here do not permit efficacy assessments. The analysis of safety outcomes requires more extensive phase 2 and 3 clinical trials. Pre-vaccination laboratory values were similar to values after vaccination. However, transient laboratory abnormalities might have been resolved by day 28. The analysis of T-cell responses by Th2 cytokines was not done and is planned for phase 2. We were unable to assess other immune responses of convalescent serum because of insufficient number of samples. The proportion of samples collected from asymptomatic individuals was high (39%), and no additional data on the severity of disease from symptomatic individuals was obtained. This study population did not have ethnic diversity and most of the participants were men, further underscoring the importance of assessing BBV152 in other populations.

However, this study has several strengths. To ensure generalisability, this study was conducted with participants from diverse geographic locations within India (appendix p 13), enrolling 375 participants across 11 hospitals. The first 50 participants were enrolled into the 3 µg with Algel-IMDG and control groups. Before granting the recommendation to proceed with the enrolment of other cohorts, masked safety data was reviewed by the data safety monitoring board. As a result, no operational bias was introduced. Despite enrolment occurring during a national lockdown, which led to several operational challenges, the overall participant retention rate was 97%. The sample size was intentionally large to enable the inference of meaningful conclusions regarding neutralising responses. With several reports questioning the efficacy of SARS-CoV-2 vaccines against antigenically divergent strains, we report neutralising responses to homologous and heterologous strains. The BBV152 vaccine strain, based on the Asp614Gly mutation, has been reported to have differential sensitivity to neutralisation by vaccine-elicited antibodies or by antibodies produced by natural infection.[36,37] The increase in Asp614Gly infectivity results in the virus being more susceptible to neutralising antibodies,[38] which is corroborated by marginal reductions in neutralising titres in the $PRNT_{50}$ assays with heterologous strains, which are devoid of the Asp614Gly mutation.

BBV152 induced binding and neutralising antibody responses and with the inclusion of the Algel-IMDG adjuvant, this is the first inactivated SARS-CoV-2 vaccine that has been reported to induce a Th1-biased response. BBV152 is stored at 2–8°C, which is compatible with immunisation cold-chain requirements. Both Algel-IMDG formulations were selected for the phase 2 immunogenicity trials. Further efficacy trials are warranted.

Contributors

RE and KMV accessed and verified the data. HJ, BG, PY, and GS led the immunogenicity experiments. KMV, SPr, VS, and RE contributed to the analysis and manuscript preparation. SR was the study coordinator and helped immensely with the protocol design and interim report generation. PA, SPr, NG, and BB contributed various neutralising antibody assays and participated in the writing of this manuscript. SPa reviewed the manuscript. PR, SV, SKR, CS, SVR, CSG, JSK, SM, VR, and RG were involved with the scientific review of this manuscript. KE was responsible for overall supervision of the project and review of the final paper.

Declaration of interests

RE, HJ, BG, KMV, SPr, VS, KE, and SR are employees of Bharat Biotech, with no stock options or incentives. KE is the Chairman and Managing Director of Bharat Biotech. PY, GS, PA, NG, SPa, and BB are employees of The Indian Council of Medical Research. All other authors declare no competing interests.

Data sharing

Deidentified individual participant data will be made available when the trial is complete, upon requests directed to the corresponding author; after approval of a proposal, data can be shared through a secure online platform.

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Supplementary Appendix to Manuscript Entitled

Safety and immunogenicity trial of an inactivated SARS-CoV-2 vaccine-BBV152: a phase 1, double-blind, randomised control trial

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Supplemental methods

i. RT-PCR (conducted at Dr. Dangs Lab, New Delhi) at Screening

TRUPCR SARS-CoV-2 RT qPCR (V 3.2) is a single tube, in vitro nucleic acid amplification test for the qualitative detection of severe acute respiratory syndrome coronavirus 2(SARS-CoV-2)specific RNA from respiratory specimens (nasopharyngeal or oropharyngeal aspirates, washes or swabs, bronchoalveolar lavage, sputum and tracheal aspirates) using Real-time PCR. The human RNasePgene serves as an endogenous internal positive control for human nucleic acid is also included in this kit.

E gene: For the detection of Sarbecovirus RdRp gene and N gene_dual targets for the detection of SARS-CoV-2

RNase P gene: endogenous internal control, which qualifies the sample for testing and is essential for testing Viral RNA in host organism. According to the Centre for Daises Control and prevention, Respiratory Viruses Branch, Division of Viral Diseases, all clinical samples should be tested for human RNAse P gene to assess specimen quality for RT PCR for detection of 2019-Novel Coronavirus

The assay runs for 38 cycles; however for any interpretation, threshold cut off cycle Ct is 35.

Interpretation is as follows:

Amplification Signals In

a) RNAse P +/- , E Gene +, RdRp&N gene + : SARS-CoV-2 POSITIVE
b) RNAse P +/- , E Gene -, RdRp&N gene + : SARS-CoV-2 POSITIVE
c) RNAse P +/- , E Gene +, RdRp&N gene - : SARBECOVIRUS POSITIVE
d) RNAse P + , E Gene -, RdRp&N gene - : NEGATIVE
e) RNAse P - , E Gene -, RdRp&N gene - : INVALID

100 percent concordance of results for submitted samples with ICMR designated QC Lab (AIIMS for Dr. Dangs Lab)

ii. CLIA (conducted at Dr. Dangs Lab, New Delhi) at Screening

The liaison SARS-CoV-2 IgG assay performed on the Liaison XL analyzer is an indirect chemiluminescence Immunoassay (CLIA) for the Quantitative determination of anti-S1 and anti- S2 antibodies to SARS-CoV-2 in human serum or plasma.The sensitivity of the above assay is 97.4 percent for 15 days post-diagnosis and specificity 98.9 percent for Laboratory routine testing. Testing of assay-specific calibrators allows the detected Relative light unit (RLU)to adjust the assigned master curve.The analyzer automatically calculates SARS-CoV- S1/S2 IgG antibody concentrations as arbitrary units (AU/mL) and grades the results.

Results are interpreted as follows:

Less than 12 AU/mL: NEGATIVE (A negative result may indicate the absence or a very low level of IgG antibodies to the Pathogen. The test could score negative in infected patients during the incubation period and during the early stages of infection>or equal to 12 and less than 15 AU/mL: Equivocal (Retest in duplicate. Samples with 2 out of 3 results more than or equal to 15 or less than 12 should be reported as positive or negative, respectively. A second sample should be collected and tested no less than one to two weeks later if the results are repeatedly equivocal) >or equal to 15: Positive (A positive result generally indicates exposure of the subject to the pathogen)

iii. Enzyme-linked immunosorbent assay (ELISA) (conducted at Bharat Biotech)

ELISA tests were performed as per standard protocols. Briefly, Microtiter plates were coated with SARS-CoV-2 specific antigens (Whole inactivated SARS CoV-2 antigen, spike (S1) (Syngene, Bangalore, India, Batch No# PRB026913/Receptor Binding Domain (RBD), Syngene, Bangalore, India, Batch No# PRB025485/ nucleocapsid (N), Syngene, Bangalore, India, Batch No# PRB025627 at a concentration of 1µg/ml, 100µl/well in PBS pH 7.4). After overnight incubation, wells were blocked and added serially diluted sera. After incubation, wells were added with Goat anti-Human IgG HRP conjugate (Sigma-Aldrich, Cat# A8667, dilution 1:5000) and incubated for 1hr at RT. Tetramethyl benzidine used as a substrate and measured absorbance at 450/630nm. Threshold value (Mean + 3SD) was established by taking the absorbance of Day 0 sera samples and antigen-specific endpoint titers were determined for Day 28 sera samples. The reciprocal antibody dilution, at which absorbance is above the threshold, was taken as antigen-specific antibody endpoint titers.

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Plaque Reduction Neutralisation Test ($PRNT_{50}$) (conducted at Bharat Biotech and National Institute of Virology)

The Plaque reduction neutralisation test was performed in a biosafety level 3 facility. To perform $PRNT_{90}$, Vero CCL-81 cell suspension (1.0 x 10^5 /mL/well)was added in duplicates in 24-well tissue culture plates and cultured in a CO_2 incubator at 37°C for 16-24 hrs. Serum samples from all enrolled participants were inactivated by keeping in a 56ºC-water bath for 30 min. Serial dilutions (4 fold) of serum samples were mixed with the virus, which can form 50 plaque-forming units and then incubated for 1 h at 37°C. The virus–serum mixtures were added onto the preformed Vero CCL-81 cell monolayers and incubated 1 h at 37°C in a 5% CO_2 incubator. The number of plaques was counted, and the Neutralizing antibody titer was determined based on the 50% reduction in the number of plaque count, which was further analyzed using 50% ProbitAnalysis(10.4103/ijmr.IJMR_2382_20). A neutralisation antibody titer < 1:20 considered negative, while that of > 1:20 considered as positive.

iv. Microneutralisation assay (MNT) (conducted at Bharat Biotech)

The serum collected from all enrolled participants were inactivated at 56ºC in a water bath for 30 min. Serum was successively diluted 1:8 to the required concentration by a 2-fold series, and an equal volume of challenge virus solution containing 100 $CCID_{50}$viruses was added. After neutralisation in a 37°C incubator for two hours, a 1.0 x 10^5 /mL cell suspension was added to the wells (0.1 mL/well) and cultured in a CO_2 incubator at 37°C for 3-5 days. The Karber method (Ramakrishnan, 2016)by observing the CPE was used to calculate the neutralisation endpoint (convert the serum dilution to logarithm), which means that the highest dilution of serum that can protect 50% of cells from infection by challenge with 100 $CCID_{50}$ virus is the antibody potency of the serum. A neutralisation antibody potency < 1:20 is negative, while that R 1:20 is positive.

v. Intracellular Staining: (conducted at Bharat Biotech)

Human PBMCs (1x10^6/ml) were cultured in 24 well plates and stimulated with inactivated SARS-COV-2 antigen (1.2 µg/ml) or PMA (25 ng/ml, cat # P8139; Sigma) and Ionomycin (1 µg/ml, cat # I0634, Sigma) along with Protein transport inhibitor (Monensin, 1.3µl/ml cat # 554724, BD biosciences) for 12-16hrs in CO_2 incubator at 37°C. Cells were washed and centrifuged at 1000rpm for 5-10min and stained with cell surface markers BV421 Mouse Anti Human CD3 (clone: UCHT1, Cat # 562427, BD Biosciences), APC- Cy7 Mouse Anti Human CD4(Clone:SK3 Cat # 566319, BD Biosciences), PE- Mouse Anti Human CD8a (Clone: HIT8a, Cat # 555635, BD Biosciences) and Per Cp-Cy5.5 Mouse Anti Human IL-4 (Clone: 8D4-8, Cat # 561234) for 30 minutes at 4°C. Cells were again washed twice with PBS and fixed using fixation/Permeabilize solution (Cat # 554722, BD Biosciences) for 20 mins at 4°C. Following fixation/permeabilization, cells were washed with 1x permeabilization buffer and stained with intracellular cytokines IFN-γ (APC Mouse Anti Human IFN-γ, Clone: 4S.B3, cat # 551385, BD Biosciences) for 30 mins at 4°C. Cells were washed and resuspended in 500µl FACS buffer (Cat # 554657, BD Biosciences). All samples were acquired using BD FACSVerse (BD Biosciences).

vi. SARS-CoV2 Antibody (IgG1/IgG4) Isotyping:

Th1-dependent IgG1 vs. Th2 -dependent IgG4 antibody subclasses were determined by ELISA from sera collected from all vaccinated groups as described earlier. Briefly, 96 well microtiter plates were coated with spike (S1) protein (Cat: SYNG-PRB026913, Make: Syngene), at a concentration of 1µg/ml, in PBS pH 7.4) and blocked with 1% BSA in PBS, pH 7.4. Serially diluted (1:50 to 1:204800) individual sera were added and incubated for 2hrs at 37°C followed by the addition of mouse anti-human IgG1 (Cat No: 409904, Make: Biolegend) or IgG4 (Cat No: 411202, Make: Biolegend) antibodies at a concentration of 25ng/well. After incubation of the plate for 1hr at RT, wells were again washed, and added Anti Mouse IgG HRP Conjuagate (Cat No: A4416, Make: Sigma Aldrich) at a dilution of 1:2500. Later, 3,3′,5,5′-tetramethylbenzidine (TMB) solution (Cat No: AR1002, Make: deNovo Biolabs) was added as a substrate to develop color. Absorbance was read at 450nm. Cut off was determined as 1:50 dilution, by calculating Mean+3SD of absorbance obtained at all dilutions of known negative control (unvaccinated and uninfected sera). Th1:Th2 index was calculated by taking ratios of end point antibody titer (sera dilution at which absorbance was above the cut off) of IgG1 & IgG4.

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vii. ELISPOT for IFN-γ (conducted at Indoor Biotechnologies, Bangalore):

To determine the frequency of IFN-γ producing T cells generated by the vaccine, we performed an ELISPOT assay using the IFN-γ ELISPOT kit (MABTECH), as per the manufacturer's instructions. Briefly, ELISPOT plates precoated with IFN-γ antibody were used, these were further seeded with 300,000 PBMCs obtained from the study subjects. The PBMCs were stimulated with SARS-CoV-2 peptide matrix (SARS-CoV-2 S1 scanning pool) (MABTECH) at a concentration of 5ug/ml for 18 hours. Unstimulated cells and anti-CD3 stimulated cells were used as a negative and positive controls, respectively. Subsequently, the plates were washed and incubated with a biotinylated detection antibody, followed by Streptavidin-ALP (Alkaline Phosphatase). The plates were developed with the BCIP-NBT substrate (5-bromo-4-chloro-3'-indolyphosphate and nitro-blue tetrazolium) as per the manufacturer's instructions until distinct spots emerged. The number of blue spots per well was determined by using an ELISPOT reader (AiD) or under a dissection microscope (Leica). The frequency of positive cells was calculated after subtracting the number of spots in unstimulated cells from the peptide stimulated cells, and the results were expressed as SFU/10^6 PBMCs.

viii. Database Handling/Procedures and Data Management Plan

The database used for this study is a fully validated, FDA 21 CFR Part 11 compliant system, proprietary, SAS (software as a Service) based clinical data management system. Error rates for clinical database are controlled and do not exceed 0.5% as an industry-wide standard. For critical data zero errors based on a 100% review of data are obtained. This is controlled and documented by database audits against the study CRFs. Based on Data Management Plan (DMP) document a road map to handle the data under projected circumstances and describes the CDM activities was followed in the trial. The DMP describes the annotations, database design, data entry and data tracking guidelines, quality control measures, SAE reconciliation guidelines, discrepancy management, data transfer/extraction, and database locking guidelines. Along with the DMP, a Data Validation Plan (DVP) containing all edit-checks was performed and the calculations for derived variables are also prepared. The edit check programs in the DVP help in cleaning up the data by identifying the discrepancies.

Table S1: Ethic Committees from All Participating Trial Sites with Reference Numbers:

Site Name	Reference Number
Nizam's Institute of Medical Science, Hyderabad, Telangana	ECR/303/INST/AP/2013/RR-19
All India Institute of Medical Science, New Delhi	ECR/547/INST/DL/2014/RR-17
PGIMS, Rohtak, Haryana	ECR/293/Inst/HR/2013/RR-19
All India Institute of Medical Science, Patna	ECR/1387/INST/BR/2020
Redkar Hospital & Research Centre, Goa	ECR/902/INST/GA/2018
IMS & SUM Hospital, Odisha	ECR/627/INST/OR/2014/RR-17
Jeevan Rekha Hospital, Belgaum, Karnataka	ECR/1242/INST/KA/2019
Gillukar Multispeciality Hospital, Nagpur	ECR/1374/INST/MH/2020
Rana Hospital and Trauma Center, Gorakhpur, Utter Pradesh	ECR/1332/INST/UP/2020
Prakhar Hospital, Kanpur, Utter Pradesh	ECR/1017/INST/UP/2017
SRM Medical College Hospital & Research Centre, Chennai Tamil Nadu	ECR/431/INST/TL/2013/RR-19

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Table S2: Grading Scales for Local Adverse Events and Systemic

S. No.	Event Name	None=1	Mild =2	Moderate=3	Severe=4	Potentially life threatening=5
Local Adverse Events						
1	Pain at injection site	Absent	Does not interfere with activity	Interferes with activity or repeated use of non-narcotic pain reliever >24hrs	prevents daily activity or repeated use of narcotic pain reliever	Emergency room (ER) visit or hospitalization
2	Tenderness/ Soreness	Absent	Mild discomfort to touch	Discomfort with movement	Significant discomfort at rest	Emergency room (ER) visit or hospitalization
3	Redness/ Erythema	Absent	2.5-5cm	5.1-10cm	>10 cm	Necrosis or exfoliative dermatitis
4	Swelling/ Induration	Absent	2.5-5cm and does not interfere with daily activity	5.1-10cm or interferes with daily activity	>10 cm prevents daily activity	Necrosis
5	Pruritus associated with injection	Absence of any Pruritus	itching localized to injection site and relieved spontaneously or with<48 hours treatment	Itching beyond injection site not generalized or localized itching requiring >48 hours treatment	Itching causing inability to perform usual social & functional activities	NA
6	Any other Local AE's	Absent	Does not interfere with daily activity	interferes with daily activity,	prevents daily activity	Emergency room (ER) visit or hospitalization
Systemic Adverse Events						
1	Pain	Absent	Does not interfere with activity	Repeated use of non-narcotic pain reliever > 24 hours or interferes with daily activity	Any use of narcotic pain reliever or prevents daily activity	Emergency room (ER) visit or hospitalization
2	Fever	<38.00C (<100.40 F)	38.0-38.40 C(100.4-101.10F)	38.5-38.90 C(101.2-102.00F)	39.0-400C C(102.1-1040F)	> 400 C (>1040 F)
3	Nausea/ Vomiting	Absent	No interference with daily activity or 1-2 episodes/24 hours	Some interference with daily activity or > 2 episodes/24 hours	Prevents daily activity, requires outpatient IV hydration	Emergency room (ER) visit or hospitalization for hypotensive shock
4	Headache	Absent	No interference with daily activity	some interference with daily activity or repeated use of non-narcotic pain reliever	Significant, prevents daily activity or repeated use of narcotic pain reliever	Emergency room (ER) visit or hospitalization
5	Fatigue	Absent	No interference with daily activity	some interference with daily activity	Significant, prevents daily activity	Emergency room (ER) visit or hospitalization
6	Myalgia	Absent	No interference with daily activity	some interference with daily activity	Significant, prevents daily activity	Emergency room (ER) visit or hospitalization
7	Acute Allergic Reaction	Absent	No interference with daily activity	some interference with daily activity	Prevents daily activity	Emergency room (ER) visit or hospitalization
8	Rash	Rash Absent	rashes covering <10%BSA with or without symptoms (pruritus, burning,	rashes covering 10-30 %BSA (Body Surface Area) with or without symptoms (pruritus,	rashes covering >30 %BSA with or without symptoms (pruritus, burning,	NA

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			tightness)	burning, tightness), interferes with daily activity	tightness), prevents with daily activity	
9	Joint pain	Absent	Does not interfere with daily activity	Repeated use of non-narcotic pain reliever > 24 hours or interferes with daily activity	Any use of narcotic pain reliever or prevents daily activity	Emergency room (ER) visit or hospitalization
10	Any other Systemic AE's	Absent	Does not interfere with daily activity	interferes with daily activity	prevents daily activity	Emergency room (ER) visit or hospitalization

Abbreviation: NA, not available

Table S3: Summary of Demographics and Baseline Characteristics of the First 50 Subjects.

Parameter			**3 µg with Algel-IMDG n=40**	**Control Arm n=10**
Age (Years)		**(Mean±SD)**	31.2 ± 9.2	29.4 ± 6.7
		Median (Q1;Q3)	29 (23.3, 39.3)	26.5 (25;34)
Age-wise (Years)		**≥18-≤25**	16 (40%)	3(30%)
		≥26-≤40	16(40%)	6(60%)
		>40-≤55	8(20%)	1(10%)
Sex (Gender)		**Male n (%)**	35 (35%)	10 (10%)
Body Mass index‡		**(Mean±SD)**	24.2 ± 3.0	22.7 ± 2.9
		Median (Q1;Q3)	24.1 (22.5, 25.8)	22.89 (19.8;25.7)
Temperature (°F)		**(Mean±SD)**	97.7 ± 0.7	98.0 ± 0.7
		Median (Q1;Q3)	97.7 (97.4;98.2)	98.15 (97.5;98.3)
Blood Pressure (mm Hg)	**Systolic (mm Hg)**	**(Mean±SD)**	124.6 ± 7.9	128 ± 7.59
		Median (Q1;Q3)	126.5 (118.5;128)	127 (123;132)
	Diastolic (mm Hg)	**(Mean±SD)**	79.5 ± 6.4	78.6 ± 8.63
		Median (Q1;Q3)	80 (76.5;84)	81.5 (75;84)
Respiratory Rate (Breaths/min)		**(Mean±SD)**	16.7 ± 2.3	16.6 ± 2.5
		Median (Q1;Q3)	16 (16;18)	16 (16;18)
Pulse Rate (Beats/min)		**(Mean±SD)**	78.8 ± 7.9	76.6 ± 6.9
		Median (Q1;Q3)	80 (74;85.5)	78 (75;80)

Results reported here are unblinded. However, the study was performed in a dose-escalation manner wherein after completing vaccination in the first 50 participants with 3 µg with Algel-IMDG (the lowest antigen concentration) and the control (randomisation ratio 4:1); the participants were monitored for seven days for safety. Based on the independent Data Safety Monitoring Board (DSMB) reviewal of blinded safety data, the trial was allowed to continue with enrollment of the remaining participants into all groups.

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Table S4:Adverse Events of the first 50 participants (blinded) after the first Dose of Vaccine Administration.

Adverse Events after the First Dose	
ADVERSE EVENT	**3 µg with Algel-IMDG and Control Arms n=50**
Headache	1 (2%)
Feeling Hungry	2(4%)
Nausea	1(2%)
Fatigue	2(4%)
Pain at injection site	3(6%)
Total Adverse Events	**9(18%)**

The study was performed in a dose-escalation manner wherein after completing vaccination in the first 50 participants with 3 µg with Algel-IMDG (the lowest antigen concentration) and the control (randomisation ratio 4:1); the participants were monitored for seven days for safety. Based on the independent Data Safety Monitoring Board (DSMB) reviewal of blinded safety data, the trial was allowed to continue with enrollment of the remaining participants into all groups.

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Table S5: Proportion of Subjects Experiencing Solicited Adverse Events By Symptom, Severity, Dose Number, and Dose Group.

Symptoms	Dose Group	Severity					
		Dose 1			Dose 2		
		Mild n(%)	Moderate n(%)	Severe n(%)	Mild n(%)	Moderate n(%)	Severe n(%)
Local							
Pain	3µg with Algel-IMDG	4 (4)	1 (1)	-	2 (2)	-	-
	6µg with Algel-IMDG	4 (4)	1 (1)	-	1 (1)	-	-
	6µg with Algel	1 (1)	-	-	1 (1)	-	-
	Control	2 (2.7)	-	-	-	-	-
Swelling	3µg with Algel-IMDG	-	-	-	-	-	-
	6µg with Algel-IMDG	-	-	-	-	-	-
	6µg with Algel	-	-	-	-	-	-
	Control	1 (1.3)	-	-	-	-	-
Systemic							
Fever	3µg with Algel-IMDG	-	-	-	2 (2)	-	-
	6µg with Algel-IMDG	1 (1)	1 (1)	-	1 (1)	-	-
	6µg with Algel	1 (1)	2 (2)	-	1 (1)	-	-
	Control	-	-	-	-	-	-
Body ache	3µg with Algel-IMDG	-	-	-	-	1 (1)	-
	6µg with Algel-IMDG	1 (1)	1 (1)	-	-	-	-
	6µg with Algel	-	1 (1)	-	-	-	-
	Control	-	-	-	-	-	-
Fatigue	3µg with Algel-IMDG	1 (1)	2 (2)		1 (1)	1 (1)	-
	6µg with Algel-IMDG	-	3 (3)	-	-	-	-
	6µg with Algel	-	-	-	3 (3)	-	-
	Control	-	-	-	-	-	-
Headache	3µg with Algel-IMDG	1 (1)	-	-	-	-	-
	6µg with Algel-IMDG	2 (2)	3 (3)	-	-	-	-
	6µg with Algel	-	2 (2)	-	-	-	-
	Control	5 (6.7)	-	-	-	-	-
Nausea/ Vomiting	3µg with Algel-IMDG	1 (1)	-	-	-	-	-
	6µg with Algel-IMDG	2 (2)	-	-	-	-	-
	6µg with Algel	2 (2)	-	-	-	-	-
	Control	2 (2.7)	-	-	-	-	-

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Table S6: Number of unsolicited, non-serious, adverse events classified by MedDRA® System Organ Class, severity, and investigator-assigned relationship to study vaccine/control

MedDRA SOC	Dose Group	Adverse Events	Severity			Relationship to IP	
			Mild n (%)	Moderate n (%)	Severe n (%)	Not Related	Related
Gastrointestinal Disorders	3µg with Algel-IMDG	GERD (1)	1 (1)	-	-	1 (1)	-
	6µg with Algel-IMDG	Stomach pain (1)	1 (1)	-	-	1 (1)	-
	6µg with Algel	Abdominal Pain/discomfort (3)	-	3 (3)	-	-	3 (3)
	Control	-	-	-	-	-	-
General Disorders and administrative site conditions	3µg with Algel-IMDG	Feeling hungry (3)	1 (1)	2 (2)	-	3 (3)	-
		Fever (2)	1 (1)	-	1 (1)	2 (2)	-
		Chills (1)	-	-	1 (1)	1 (1)	-
		Sweating (1)	-	1 (1)	-	-	1 (1)
	6µg with Algel-IMDG	Feeling hungry (1)	-	1 (1)	-	1 (1)	-
		Shivering of hand (2)	-	2 (2)	-	-	2 (2)
		Shivering (1)	-	1 (1)	-	-	1 (1)
		Sweating (1)	-	1 (1)	-	-	1 (1)
	6µg with Algel	Fever (3)	1 (1)	2 (2)	-	2 (2)	1 (1)
	Control	Fever (2)	2 (2.7)	-	-	2 (2.7)	-
Infections and Infestations	6µg with Algel-IMDG	Conjunctivitis (1)	1 (1)	-	-	1 (1)	-
Nervous system disorders	3µg with Algel-IMDG	Tremor (2)	-	2 (2)	-	-	2 (2)
		Dizziness (2)	-	2 (2)	-	-	2 (2)
		Headache (1)	1 (1)	-	-	1 (1)	-
	6µg with Algel-IMDG	Dizziness (1)	1 (1)	-	-	1 (1)	-
		Sleeping disturbance (1)	-	1 (1)	-	1 (1)	-
	6µg with Algel	Giddiness (1)	1 (1)	-	-	1 (1)	-
		Headache (2)	-	2 (2)	-	2 (2)	-
	Control	Giddiness (1)	1 (1.3)	-	-	1 (1.3)	-
		Vertigo (1)	1 (1.3)	-	-	1 (1.3)	-
Respiratory, thoracic and mediastinal disorders	3µg with Algel-IMDG	-	-	-	-	-	-
	6µg with Algel-IMDG	Cold (1)	-	1 (1)	-	-	1 (1)
		Cough (2)	1(1)	1 (1)	-	1 (1)	1 (1)
	6µg with Algel	Cold (2)	1 (1)	1 (1)	-		2 (2)
		Cough (1)	1 (1)	-	-	-	1 (1)
	Control	Cold (1)	1 (1.3)	-	-	-	1 (1.3)
		Throat pain (1)	1 (1.3)	-	-	1 (1.3)	-
Skin and subcutaneous tissue disorders	3µg with Algel-IMDG	Folliculitis on the anterior aspect of right shoulder (1)	1 (1)	-	-	1 (1)	-
	6µg with Algel-IMDG	-	-	-	-	-	-
	6µg with Algel	-	-	-	-	-	-
	Control	-	-	-	-	-	-

GERD: Gastroesophageal reflux disease, COLD: the lowest level term (LLT) in the MedDRA for the preferred term (PT) Nasopharyngitis is cold.

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Table S7: Abnormal Laboratory Parameters after two dose Vaccinations in the Phase 1 Clinical Trial.

a. Biochemistry

Lab Parameters	3 µg with Algel-IMDG N=100		6 µg with Algel-IMDG N=100		6 µg with Algel N =100		Control Arm N=75	
	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28
Bilirubin Direct	**Total n=64**	**Total n=71**	**Total n=65**	**Total n=69**	**Total n=64**	**Total n=57**	**Total n=65**	**Total n=45**
	11 (17·2%)	19 (26·4%)	9 (13·9%)	11 (15·9%)	13 (20·3%)	12 (21·1%)	8 (12·3%)	5 (11·1%)
Bilirubin Indirect	13 (20·3%)	15 (20·8%)	9 (13·9%)	12 (17·4%)	11 (17·2%)	14 (24·6%)	9 (13·9%)	4 (8·9%)
Bilirubin Total	15 (23·4%)	18 (25%)	7 (10·8%)	15 (21·7%)	16 (25.0%)	17 (29·8%)	9 (13·9%)	7 (15·6%)
Blood Glucose	1 (1·6%)	5 (6·9%)	1 (1·5%)	4 (5·8%)	1 (1·6%)	2 (3·5%)	3 (4·6%)	2 (4·4%)
C-Reactive Protein	10 (15·6%)	10 (13·9%)	11 (16·9%)	12 (17·4%)	10 (15·6%)	9 (15·8%)	6 (9·2%)	6 (13·3%)
Serum Creatinine	1 (1·6%)	(0%)	(0%)	1 (1·4%)	1 (1·6%)	1 (1·8%)	3 (4·6%)	2 (4·4%)
Gamma glutamyl transferase (GGT)	(0%)	4 (5·6%)	6 (9·2%)	5 (7·3%)	3 (4·7%)	1 (1·8%)	3 (4·6%)	3 (6·7%)
Serum Albumin	14 (21·9%)	7 (9·7%)	10 (15·4%)	13 (18·8%)	16 (25%)	7 (12·3%)	21 (32·3%)	10 (22·2%)
Serum Alkaline Phosphate	2 (3·1%)	4 (5·6%)	9 (13·9%)	7 (10·1%)	10 (15·6%)	5 (8·8%)	3 (4·6%)	(0%)
Serum Lipase	1 (1·6%)	10 (13·9%)	4 (6·2%)	7 (10·1%)	2 (3·1%)	5 (8·8%)	4 (6·2%)	5 (11·1%)
SGOT	8 (12·5%)	10 (13·9%)	7 (10·8%)	5 (7·3%)	11 (17·2%)	7 (12·3%)	9 (13·9%)	10 (22·2%)
SGPT	18 (28·1%)	18 (25%)	15 (23·1%)	14 (20·3%)	20 (31·3%)	19 (33·3%)	20 (30·8%)	18 (40%)
Cholesterol	24 (37·5%)	21 (29·2%)	28 (43·1%)	25 (36·2%)	22 (34·4%)	13 (22·8%)	19 (29·2%)	15 (33·3%)
Blood Urea Nitrogen	1 (1·6%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)

n represents total number of subjects with abnormal parameters within the arm. Percentages are the results of counts divided by n.

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a. Haematology

Lab Parameters	3 µg with Algel-IMDG N=100		6 µg with Algel-IMDG N=100		6 µg with Algel N =100		Control Arm N=75	
	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28
	n=19	n=79	n=20	n=69	n=14	n=66	n=15	n=51
Basophils	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	1 (6·67%)	(0%)
Eosinophils	4 (21·1%)	21 (26·6%)	1 (5.0%)	13 (18·8%)	2 (14·3%)	10 (15·2%)	1 (6·7%)	14 (27·5%)
ESR	17 (89·5%)	49 (62·0%)	16 (80.0%)	30 (43·5%)	10 (71·4%)	31 (46·9%)	8 (53·3%)	27 (52·9%)
Hemoglobin	19 (100%)	14 (17·7%)	20 (100%)	17 (24·6%)	14 (100%)	12 (18·2%)	15 (100%)	16 (31·4%)
Lymphocytes	4 (21·1%)	10 (12·7%)	(0%)	16 (23·2%)	2 (14·3%)	16 (24·2%)	3 (20.0%)	10 (19·6%)
MCH	8 (42·1%)	37 (46·8%)	10 (50.0%)	25 (36·2%)	5 (35·7%)	17 (25·8%)	7 (46·7%)	25 (49·0%)
MCHC	8 (42·1%)	27 (34·2%)	14 (70.0%)	22 (31·9%)	4 (28·6%)	24 (36·4%)	8 (53·3%)	23 (45·1%)
MCV	5 (26·3%)	26 (32·9%)	12 (60.0%)	17 (24·6%)	5 (35·7%)	14 (21·2%)	7 (46·7%)	16 (31·4%)
Monocytes	(0%)	1 (1·3%)	2 (10.0%)	2 (2·9%)	(0%)	(0%)	(0%)	(0%)
Neutrophils	1 (5·3%)	2 (2·5%)	(0%)	1 (1·5%)	(0%)	2 (3·0%)	(0%)	2 (3·9%)
PCV	15 (78·9%)	22 (27·9%)	15 (75.0%)	19 (27·5%)	12 (85·7%)	21 (31·8%)	13 (86·7%)	20 (39·2%)
Platelet Count	1 (5·3%)	4 (5·1%)	(0%)	3 (4·4%)	(0%)	4 (6·1%)	(0%)	1 (1·9%)
Total Leucocyte Count	1 (5·3%)	1 (1·3%)	1 (5.0%)	4 (5·8%)	1 (7·1%)	5 (7·6%)	1 (6·7%)	1 (1·9%)

n represents total number of subjects with abnormal parameters within the arm. Percentages are the results of counts divided by n.

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b. Routine Urine Analysis

Lab Parameters	3 µg with Algel-IMDG N=100		6 µg with Algel-IMDG N=100		6 µg with Algel N =100		Control Arm N=75	
	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28	Day 0	Day 28
	n=18	n=39	n=27	n=33	n=30	n=27	n=24	n=28
Appearance	7 (38·9%)	18 (46·2%)	16 (59·3%)	27 (81·8%)	17 (56·7%)	22 (81·5%)	12 (50%)	17 (60·7%)
Bacteria	(0%)	(0%)	1 (3·7%)	(0%)	2 (6·7%)	(0%)	1 (4·2%)	1 (3·6%)
Bile pigments	1 (5·6%)	1 (2·6%)	(0%)	3 (9·1%)	1 (3·3%)	3 (11·1%)	(0%)	(0%)
Crystals	10 (55·6%)	9 (23·1%)	5 (18·5%)	13 (39·4%)	9 (30%)	8 (29·6%)	9 (37·5%)	7 (25%)
Urobilinogen	1 (5·6%)	(0%)	1 (3·7%)	(0%)	(0%)	(0%)	(0%)	(0%)
Urine Ketones	(0%)	1 (2·6%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)
Leucocytes Pus cells	3 (16·7%)	2 (5·1%)	7 (25·9%)	3 (9·1%)	8 (26·7%)	3 (11·1%)	1 (4·2%)	2 (7·1%)
Nitrite	(0%)	(0%)	1 (3·7%)	(0%)	3 (10%)	(0%)	1 (4·2%)	1 (3·6%)
pH	1 (5·6%)	1 (2·6%)	(0%)	(0%)	1 (3·3%)	(0%)	(0%)	1 (3·6%)
RBC	3 (16·7%)	23 (58·9%)	3 (11·1%)	2 (6·1%)	8 (26·7%)	5 (18·5%)	5 (20·8%)	7 (25%)
Urine Glucose	1 (5·6%)	1 (2·6%)	1 (3·7%)	2 (6·1%)	2 (6·7%)	3 (11·1%)	3 (12·5%)	1 (3·6%)
Urine Protein	5 (27·8%)	1 (2·6%)	4 (14·8%)	1 (3·0%)	6 (20%)	1 (3·7%)	5 (20·8%)	3 (10·7%)

n represents total number of subjects with abnormal parameters within the arm· Percentages are the results of counts divided by n.

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Table S8: Immunogenicity Parameters analyzed.

Total Parameters / Vaccine Formulation			3 µg with Algel –IMDG	6 µg with Algel-IMDG	6 µg with Algel	Control
			GMT (95% CI)	GMT (95% CI)	GMT (95% CI)	GMT (95% CI)
ELISA GMT (95% CI)	S1-Protein	Day 0	500 (500,500)	500 (500,500)	500 (500,500)	500 (500,500)
		Day 28	4897.5 (4154.9,5772.7)	5771.1 (4793.6,6948.0)	6380.6 (5440.6,7482.9)	2000.0 (1654.6,2417.5)
	RBD-Protein	Day 0	500 (500,500)	500 (500,500)	500 (500,500)	500 (500,500)
		Day 28	2571.9 (2265.8,2919.4)	3146.7 (2753.3,3596.4)	3745.8 (3234.6,4337.7)	1606.1 (1359.1,1897.9)
	N-Protein	Day 0	500 (500,500)	500 (500,500)	500 (500,500)	500 (500,500)
		Day 28	3110.6 (2667.2,3627.6)	4053.7 (3376.4,4866.8)	2695.8 (2544.9,3456.2)	1620.2 (1357.3,1934.1)
ELISA SCR (95% CI)	S1-Protein	Day 28	93.8% (87.7,97.5)	93.3% (86.6,97.3)	97.9% (92.6,99.7)	65.8% (54.3,76.1)
	RBD-Protein	Day 28	83.2% (74.9,89.6)	91.4% (84.2,95.9)	94.7% (88.1,98.3)	55.7% (44.1,66.9)
	N-Protein	Day 28	89.9% (82.2,94.4)	85.6% (77.5,91.2)	89.5% (81.5,94.8)	49.4% (37.9,60.9)
Isotype Mean (95% CI)	Day 28		3.3 (2.2, 4.5)	3.3 (2.2, 4.4)	2.2 (1.4, 3.1)	--
MNT_{50} GMT (95% CI)	Day 0		6.21 (5.9, 6.5)	6·01 (5·8,6·2)	5·95 (5·8,6·1)	6·13 (5·8,6·4)
	Day 14		9·14 (8·1,10·4)	11·20 (9·6,13·0)	9·45 (8·2,10·9)	6·07 (5·9, 6·3)
	Day 28		61·70 (49·5,76·9)	66·4 (53·4,82·4)	48·00 (37·7,61·1)	7·20 (6·4,8·1)
MNT_{50} SCR (95% CI)	Day 28		(87·88%) (81·5,94·3)	(91·92%) (86·6,97·3)	(82·8%) (75·1,90·5)	(8·22%) (1·9, 14·5)
Homologous/ Heterologous Strain Challenge-$PRNT_{50}$ (95% CI)	NIV-2020-770		219.6 (137.5, 350.9)	376.4 (269.2, 526.20)	253.7 (147.9, 434.9)	0.30 (0.04, 2.5)
	nCoV-Q111		215.1 (127.3, 363.3)	157.5 (53.0, 467.9)	170.84 (98.4, 296.8)	0.25 (0.04, 1.5)
	nCov-Q100		106.0 (75.1, 149.7)	132.7 (84.2, 209.1)	119.2 (72.4, 196.3)	0.2 (0.04, 1.3)
SARS-CoV-2 Cell-mediated Responses Median (95% CI)	% CD3		0.5 (0.3,1.2)	0.7 (0.4, 2.1)	0.2 (0.1,0.5)	0.07 (0.04, 0.6)
	%CD 4		0.4 (0.2,1.0)	0.8 (0.3, 1.0)	0.1 (0.1, 0.3)	0.08 (0.02, 0.3)
	% CD8		0.04 (0.01,0.2)	0.05 (0.01,1.3)	0.02 (0.01, 0.05)	0.01 (0.01, 0.04)
Elispot Median (IQR)	Day 0		1.0 (0.0, 5.0)	1.0 (1.0, 5.0)	7.0 (3.5, 21.0)	1.0 (0.0, 12.0)
	Day 28		105 (8.5, 166.0)	55.0 (22.0, 173.8)	31.5 (16.0, 121.0)	3.0 (1.0, 23.0)

Seroconversion rates (SCR) were defined by the proportion of the titre's achieving ≥4-Fold above baseline.

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FIGURE S1: INDIAN CITIES SELECTED FOR THE PHASE 1 STUDY.

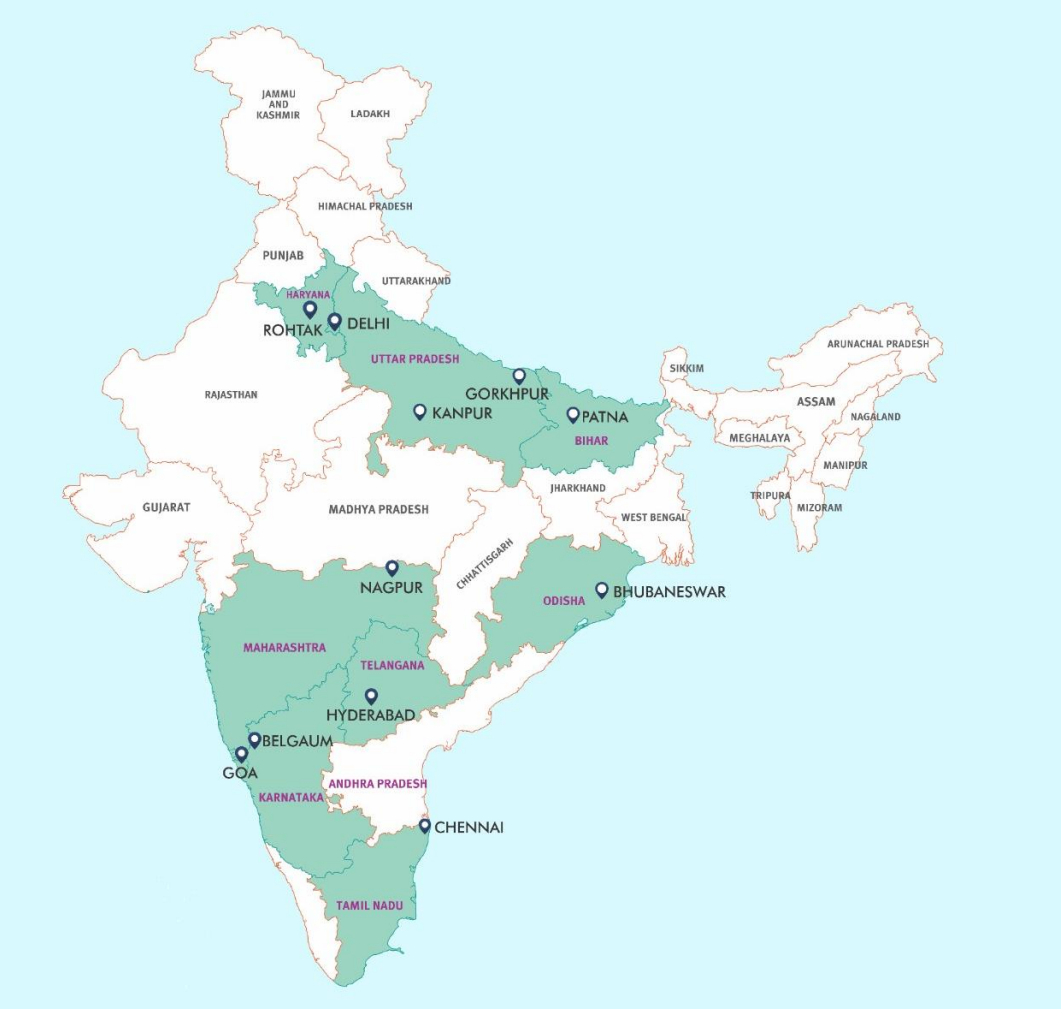
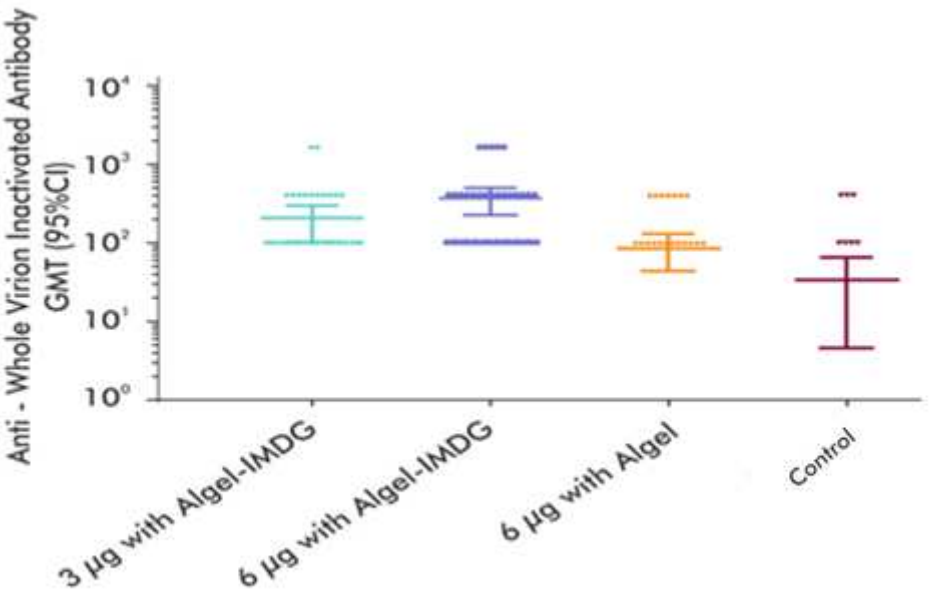


Figure S2: Anti-Whole Virion Inactivated Antibody (ELISA)



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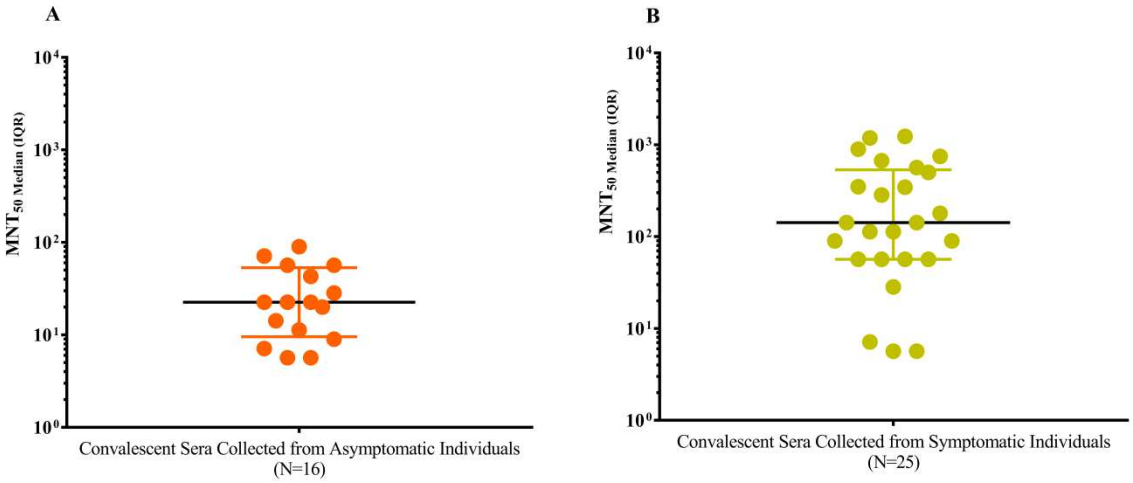
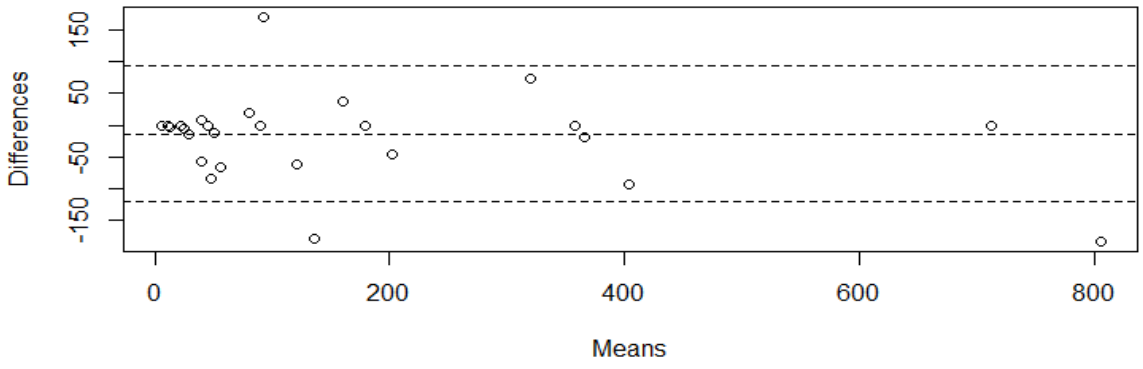
Shown are geometric mean IgG titers towards the whole virion inactivated antigen at 2 weeks after the second vaccination (day 28) for the 3 µg and 6 µg with Algel-IMDG groups, the 6 µg with Algel group, and the Algel-only control arm.

Figure S3: Microneutralisation of the Human Convalescent Serum Samples.



Shown are medians (IQR) of human convalescent serum samples. The human convalescent serum panel included specimens from PCR-confirmed symptomatic/asymptomatic COVID-19 participants obtained at least 30 days after diagnosis (41 samples for MNT_{50}).

Figure S4: Comparison Between MNT_{50} Assays at the Two Labs (Bharat Biotech and National Institute of Virology)



The Bland–Altman plot for comparing two measurements of the same variable (microneutralisation [MNT_{50}]) analyzed at both laboratories. A strong agreement between the laboratories was established.

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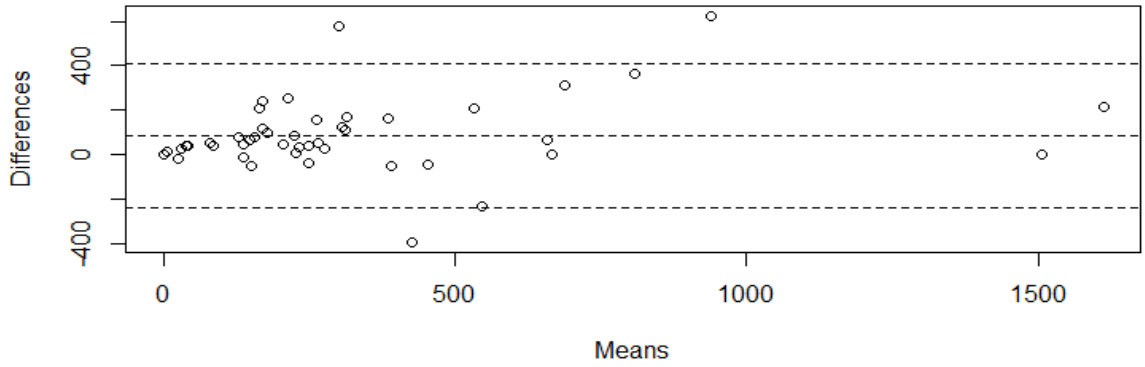
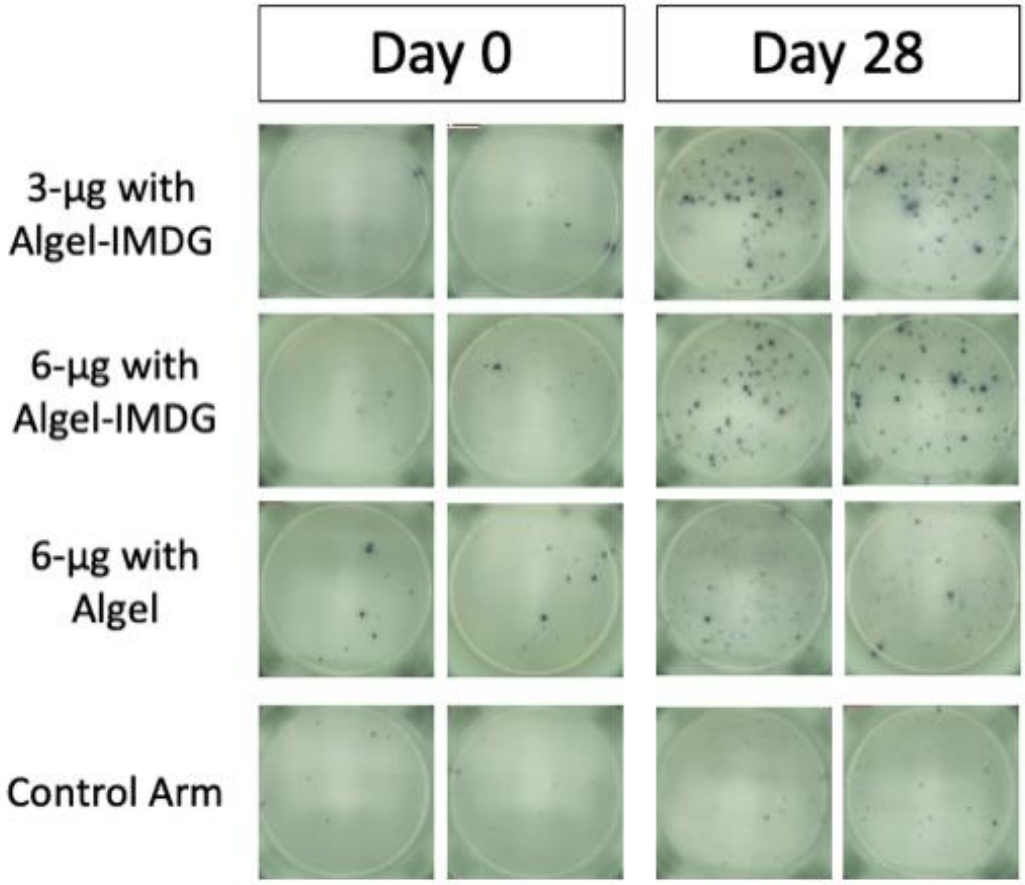
Figure S5: Comparison Between $PRNT_{50}$ Assays at The Two Labs (Bharat Biotech and National Institute of Virology)



The Bland–Altman plot for comparing two measurements of the same variable (microneutralisation [$PRNT_{50}$]) analyzed at both laboratories. A strong agreement between the laboratories was established.

Figure S6: ELISpot Assay of PBMC's Stimulated with S1 Peptides.



Representative results from the ELISpot assay of PBMCs stimulated with S1 peptide pool on day 0 and day 28. Each row represents the vaccine formulation that they received.

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ANNEXURE-2

Safety and immunogenicity of an inactivated SARS-CoV-2 vaccine, BBV152: interim results from a double-blind, randomised, multicentre, phase 2 trial, and 3-month follow-up of a double-blind, randomised phase 1 trial

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Summary

Background BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine (3 µg or 6 µg) formulated with a toll-like receptor 7/8 agonist molecule (IMDG) adsorbed to alum (Algel). We previously reported findings from a double-blind, multicentre, randomised, controlled phase 1 trial on the safety and immunogenicity of three different formulations of BBV152 (3 µg with Algel-IMDG, 6 µg with Algel-IMDG, or 6 µg with Algel) and one Algel-only control (no antigen), with the first dose administered on day 0 and the second dose on day 14. The 3 µg and 6 µg with Algel-IMDG formulations were selected for this phase 2 study. Herein, we report interim findings of the phase 2 trial on the immunogenicity and safety of BBV152, with the first dose administered on day 0 and the second dose on day 28.

Methods We did a double-blind, randomised, multicentre, phase 2 clinical trial to evaluate the immunogenicity and safety of BBV152 in healthy adults and adolescents (aged 12–65 years) at nine hospitals in India. Participants with positive SARS-CoV-2 nucleic acid and serology tests were excluded. Participants were randomly assigned (1:1) to receive either 3 µg with Algel-IMDG or 6 µg with Algel-IMDG. Block randomisation was done by use of an interactive web response system. Participants, investigators, study coordinators, study-related personnel, and the sponsor were masked to treatment group allocation. Two intramuscular doses of vaccine were administered on day 0 and day 28. The primary outcome was SARS-CoV-2 wild-type neutralising antibody titres and seroconversion rates (defined as a post-vaccination titre that was at least four-fold higher than the baseline titre) at 4 weeks after the second dose (day 56), measured by use of the plaque-reduction neutralisation test ($PRNT_{50}$) and the microneutralisation test (MNT_{50}). The primary outcome was assessed in all participants who had received both doses of the vaccine. Cell-mediated responses were a secondary outcome and were assessed by T-helper-1 (Th1)/Th2 profiling at 2 weeks after the second dose (day 42). Safety was assessed in all participants who received at least one dose of the vaccine. In addition, we report immunogenicity results from a follow-up blood draw collected from phase 1 trial participants at 3 months after they received the second dose (day 104). This trial is registered at ClinicalTrials.gov, NCT04471519.

Findings Between Sept 5 and 12, 2020, 921 participants were screened, of whom 380 were enrolled and randomly assigned to the 3 µg with Algel-IMDG group (n=190) or 6 µg with Algel-IMDG group (n=190). Geometric mean titres (GMTs; $PRNT_{50}$) at day 56 were significantly higher in the 6 µg with Algel-IMDG group (197·0 [95% CI 155·6–249·4]) than the 3 µg with Algel-IMDG group (100·9 [74·1–137·4]; p=0·0041). Seroconversion based on $PRNT_{50}$ at day 56 was reported in 171 (92·9% [95% CI 88·2–96·2] of 184 participants in the 3 µg with Algel-IMDG group and 174 (98·3% [95·1–99·6]) of 177 participants in the 6 µg with Algel-IMDG group. GMTs (MNT_{50}) at day 56 were 92·5 (95% CI 77·7–110·2) in the 3 µg with Algel-IMDG group and 160·1 (135·8–188·8) in the 6 µg with Algel-IMDG group. Seroconversion based on MNT_{50} at day 56 was reported in 162 (88·0% [95% CI 82·4–92·3]) of 184 participants in the 3 µg with Algel-IMDG group and 171 (96·6% [92·8–98·8]) of 177 participants in the 6 µg with Algel-IMDG group. The 3 µg with Algel-IMDG and 6 µg with Algel-IMDG formulations elicited T-cell responses that were biased to a Th1 phenotype at day 42. No significant difference in the proportion of participants who had a solicited local or systemic adverse reaction in the 3 µg with Algel-IMDG group (38 [20·0%; 95% CI 14·7–26·5] of 190) and the 6 µg with Algel-IMDG group (40 [21·1%; 15·5–27·5] of 190) was observed on days 0–7 and days 28–35; no serious adverse events were reported in the study. From the phase 1 trial, 3-month post-second-dose GMTs (MNT_{50}) were 39·9 (95% CI 32·0–49·9) in the 3µg with Algel-IMDG group, 69·5 (53·7–89·9) in the 6 µg with Algel-IMDG group, 53·3 (40·1–71·0) in the 6 µg with Algel group, and 20·7 (14·5–29·5) in the Algel alone group.

Interpretation In the phase 1 trial, BBV152 induced high neutralising antibody responses that remained elevated in all participants at 3 months after the second vaccination. In the phase 2 trial, BBV152 showed better reactogenicity and

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See Online/Comment https://doi.org/10.1016/S1473-3099(21)00094-3

For the Hindi translation of the abstract see Online for appendix 1

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safety outcomes, and enhanced humoral and cell-mediated immune responses compared with the phase 1 trial. The 6 µg with Algel-IMDG formulation has been selected for the phase 3 efficacy trial.

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Introduction

For more on the **WHO Coronavirus Disease Dashboard** see https://covid19.who.int/

The novel human coronavirus SARS-CoV-2 has spread worldwide. To date, 194 vaccine candidates are being developed to prevent COVID-19.[1] Vaccines from multiple manufacturers will be needed to address the global need for SARS-CoV-2 vaccines. Several such vaccines (inactivated, viral vector, or mRNA) have received emergency use authorisation for immunisation of health-care workers and at-risk individuals.[2–5] There is currently an insufficient supply of vaccines, and the mRNA-based vaccines have cold chain hurdles that countries need to overcome.

BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine formulated with a toll-like receptor (TLR) 7/8 agonist molecule adsorbed to alum (Algel-IMDG). BBV152 is stored between 2°C and 8°C, which will ease immunisation cold chain requirements.

Preclinical studies in mice, rats, and rabbits showed appropriate safety profiles and humoral and cell-mediated responses.[6] Live viral challenge protective efficacy studies in hamsters and non-human primates showed rapid viral clearance in the lower and upper respiratory tracts, and the absence of lung pathology after viral challenge.[7,8]

We previously reported interim findings from a double-blind, randomised, phase 1 trial on the safety and immunogenicity of three different formulations of BBV152 (3 µg with Algel-IMDG, 6 µg with Algel-IMDG, and 6 µg with Algel) and one Algel only control (without antigen).[9] This phase 1 trial was done with the intention of selecting two formulations. Based on acceptable safety outcomes, and humoral and cell-mediated responses, the 3 µg with Algel-IMDG and 6 µg with Algel-IMDG formulations were selected for progression to a phase 2 trial. The decision to change the dosing schedule from a

Research in context

Evidence before this study

We searched PubMed on Jan 23, 2021, using the search terms "SARS-CoV-2", "COVID-19", "vaccine", and "clinical trial". We searched for research articles published from database inception to the date of the search, with no language restrictions. We found 12 clinical trials of COVID-19 mRNA, adenovirus vectored, protein subunit, and inactivated virus vaccines. A preferred characteristic of any COVID-19 vaccine candidate is its ability to induce T-helper-1 (Th1) responses. Whole-virion inactivated vaccines are mostly developed with alum (Algel) as the adjuvant. The response generated by alum is primarily biased to Th2. Clinical trial results from two other inactivated virus vaccines (manufactured by Sinovac and Sinopharm) reported humoral responses but minimal cell-mediated responses. Bharat Biotech developed a Vero cell-based whole-virion inactivated SARS-CoV-2 vaccine (BBV152), formulated with alum and a toll-like receptor 7/8 agonist, producing a Th1-skewed response. BBV152 showed protection in non-human primate and hamster challenge models. Data from a phase 1 study suggested adequate safety and immunogenicity findings. In January 2021, serum samples taken from 38 participants in the 6 µg with Algel-IMDG group at 4 weeks after the second dose (day 56) in the phase 2 trial were found to effectively neutralise a SARS-CoV-2 variant of concern (B.1.1.7 or 20B/501Y. V1).

Added value of this study

We report preliminary analyses for the immunogenicity and safety of BBV152 in 380 vaccinated adults and adolescents. BBV152 led to enhanced immune responses and induced T-cell responses that were biased to Th1. Due to the difference in dosing regimens between phase 1 (two doses given 2 weeks apart) and phase 2 (two doses given 4 weeks apart) trials, neutralisation responses were significantly higher in the phase 2 trial than in the phase 1 trial. Immunological differences between men and women, and across age groups were not observed. Overall, both 3 µg with Algel-IMDG and 6 µg with Algel-IMDG vaccine groups had similar safety outcomes. Follow-up data from the phase 1 trial shows that BBV152 induces durable humoral and cell-mediated immunity at 3 months after the second dose (day 104).

Implications of all the available evidence

Humoral immune responses from other inactivated SARS-CoV-2 vaccine candidates are consistent with the findings of this study. However, this is the only study of an inactivated COVID-19 vaccine candidate to report a thorough evaluation of cell-mediated responses. The 6 µg with Algel-IMDG formulation has been selected for the phase 3 efficacy trial. BBV152 (developed using a well established manufacturing platform) was safe, immunogenic (persisting for 3 months), and can be stored at 2–8°C, which is compatible with the immunisation cold chain requirements of most countries. Follow-up studies to assess efficacy and immune responses in older adults and in people with comorbidities are underway.

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14-day interval between the first and second doses (phase 1 trial), to a 28-day interval between the two doses (phase 2 trial) was based on ensuring commonality with other licensed COVID-19 vaccines. In the phase 1 trial, no difference in the safety and immunogenicity between the 3 µg with Algel-IMDG and 6 µg with Algel-IMDG groups was observed. In this phase 2 trial, the inclusion of a placebo group was not planned. Our objective was to increase the sample size to establish whether there are differences in immunogenicity between the 3 µg with Agel-IMDG and 6 µg with Algel-IMDG groups. Therefore, no control or Algel alone group was included in this study.

Herein, we report interim findings from the phase 2 trial on the immunogenicity and safety of 3 µg with Algel-IMDG and 6 µg with Algel-IMDG formulations of BBV152. Additionally, this paper reports follow-up immunological results from the phase 1 trial at 3 months after participants received the second dose (day 104).

Methods

Study design and participants

This is a randomised, multicentre, phase 2 clinical trial to evaluate the immunogenicity and safety of the whole-virion inactivated SARS-CoV-2 vaccine BBV152 in healthy male and female volunteers at nine hospitals across nine states in India. Participants were aged 12–65 years at the time of enrolment. At the screening visit, participants were tested using both SARS-CoV-2 nucleic acid and serology tests, which were done at a central laboratory (Dr Dangs Laboratory, New Delhi, India) using commercially available assays. If individuals were positive for either test, they were excluded from the trial. The median time between the screening visit and vaccination visit was 3 days (range 2–4). Individuals aged older than 65 years, pregnant or lactating women, and individuals with comorbidities were excluded. All study-related activities and the opportunity to decline or withdraw from the study were explained to participants. All participants were screened for eligibility on the basis of their health status, including their medical history, vital signs, and physical examination results, and were enrolled after providing signed and dated informed consent forms. Details of the inclusion and exclusion criteria can be found in the protocol (appendix 2 pp 50–51).

The trial was approved by the National Regulatory Authority (India) and the respective ethics committees of each participating hospital and was conducted in compliance with all International Council for Harmonization Good Clinical Practice guidelines.

Randomisation and masking

The master randomisation list was uploaded to the interactive web response system, which contained the randomisation number and intended allocation. A central depot manager uploaded the kit numbers to the respective sites. At the site-level, the system would set the randomisation number and the allotment of the kit without displaying the true group allocation; the system would allocate the same treatment group for the second visit. A block size of four was used to randomly assign (1:1) participants to either the 3 µg with Algel-IMDG group or the 6 µg with Algel-IMDG group. An unmasked contract research organisation (Sclin Soft Technologies, Hyderabad, India) generated the master randomisation code, and dispatched and labelled the vaccine vials.

Participants, investigators, study coordinators, study-related personnel, and the sponsor were masked to the treatment group allocation (excluding the unmasked contract research organisation). Participants were assigned a computer-generated randomisation code that maintained masking. A masked study nurse prepared and administered the vaccines. Each vial contained a unique code that ensured appropriate masking.

Procedures

BBV152 (manufactured by Bharat Biotech) is a whole-virion β-propiolactone-inactivated SARS-CoV-2 vaccine. The NIV-2020-770 strain was isolated from a patient with COVID-19, sequenced at the Indian Council of Medical Research-National Institute of Virology, and provided to Bharat Biotech.[10] Biosafety level 3 manufacturing facilities and a well established Vero cell manufacturing platform aided the rapid development of BBV152. The NIV-2020-770 strain contains the Asp614Gly mutation, which is characterised by an aspartic acid to glycine shift at amino acid position 614 of the spike protein.[10] Studies suggest that the mutation is associated with higher viral loads in patients and animal models compared with the wild-type strain[11] and that NIV-2020-770 is considered to be the dominant strain in the pandemic.[12]

The candidates were formulated with the Algel-IMDG adjuvant, which is an imidazoquinoline class molecule (TLR 7/8 agonist) adsorbed onto Algel. After confirming their eligibility, participants were randomly assigned to the two groups. Both vaccines were stored at 2–8°C in a single-use glass vial. The appearance, colour, and viscosity of the two formulations were identical.

Vaccines were provided as a sterile liquid that was injected through an intramuscular route (deltoid muscle) at a volume of 0·5 mL per dose in a two-dose regimen on day 0 and day 28. Each glass vial contained a single dose of one of the vaccine formulations and required no additional dilution steps, therefore, no on-site dose preparation was required. No prophylactic medication (ibuprofen or acetaminophen) was prescribed either before or after vaccination. The follow-up visits were scheduled on days 42, 56, 118, and 208 after vaccination for blood collection.

See Online for appendix 2

Anti-IgG responses against the spike (S1) glycoprotein, receptor-binding domain (RBD), and nucleocapsid protein

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of SARS-CoV-2 were assessed by ELISA (Syngene, Bangalore, India), and are expressed as geometric mean titres (GMTs). Wild-type virus neutralising antibody titres in serum samples were analysed with a micro-neutralisation test (MNT_{50}) and a plaque-reduction neutralisation test ($PRNT_{50}$) at Bharat Biotech in a masked manner.MNT_{50} and $PRNT_{50}$ were developed in-house. Seroconversion was defined as a post-vaccination titre at least four-fold higher than the pre-vaccination titre. To ensure the validity of our assay, an arbitrary number of serum samples (n=40) were selected at random and tested by $PRNT_{50}$ at the National Institute of Virology.

See Online for appendix 3

Due to the absence of established SARS-CoV-2-specific correlates of protection, to compare vaccine-induced immune responses with those elicited by natural SARS-CoV-2 infections, 50 convalescent serum samples (collected 1–2 months after a nucleic acid test-based diagnosis) were tested by $PRNT_{50}$ and MNT_{50}. These serum samples were collected from self-reported symptomatic (n=35) and asymptomatic (n=15) adult (age-range not known) patients with COVID-19, and were provided by the National Institute of Virology (Pune, India). For symptomatic patients, ascertainment of severity grading and the requirement for supplemental oxygen was not available.

Cell-mediated responses were assessed in a subset of participants at three sites on day 42 and day 56. The contract research organisation generated a random code containing randomisation numbers, which was provided to the staff to identify this subset of participants. Blood (3–5 mL) was collected from participants who consented to have additional blood volume collected on day 42. Serum was used to evaluate Th1-dependent and Th2-dependent antibody isotypes, and peripheral blood mononuclear cells (PBMCs) were used to assess Th1 and Th2 cytokines. PBMCs were collected from 58 participants (29 from each group). Ten pre-vaccination samples (five from each group) collected on day 0 served as the control. Formal sample size estimations for cell-mediated responses were not done. PBMCs collected on day 42 were used to assess Th1 (interferon-γ [IFNγ], tumour necrosis factor-α [TNFα], and IL-2) and Th2 (IL-5, IL-10, and IL-13) cytokines using a Luminex multiplex assay (Luminex Corporation, Austin, TX, USA) at Indoor Biotechnologies (Bangalore, India).

PBMCs collected on day 56 were used to assess Th1 and Th2 cytokines using a cytokine bead array multiplex assay (CBA Kit, BD Biosciences, New Jersey, USA).These tests were done at Bharat Biotech.

PBMCs from a subset of randomly selected participants who consented to the additional blood volume were collected on day 104 of the phase 1 trial, and used to assess T-cell memory responses ($CD4^+CD45RO^+$ T cells and $CD4^+CD45RO^+CD27^+$ T cells) at Bharat Biotech. Wild-type virus neutralisation assays (GMTs and seroconversion [MNT_{50}] assays) were done in phase 1 participants at day 104. After antigen stimulation of these PBMCs, culture supernatants were collected on day 3 to assess cytokines and secreted SARS-CoV-2 IgG antibodies (by ELISA) on day 6. All samples were analysed in a masked manner. The details of all assay methods can be found in appendix 3 (pp 3–4).

Outcomes

The primary outcome was SARS-CoV-2 wild-type neutralising antibody titres and seroconversion rates at 4 weeks after the second dose (day 56).

A key secondary outcome was the number and proportion of participants with solicited local and systemic reactogenicity. Participants were observed for 2 h post-vaccination to assess reactogenicity. They were instructed to record local and systemic reactions within 7 days (days 0–7 and days 28–35) post-vaccination using a paper-based memory aid. The memory aid contained fields for symptom onset, severity, time to resolution, and concomitant medications, and participants were instructed to complete the form daily. The form was collected during the next visit to the site. Routine telephone calls were scheduled following the first 7 days after each vaccination. Solicited local adverse events were pain and swelling at the injection site, and systemic adverse events were fever, fatigue or malaise, myalgia, body aches, headache, nausea or vomiting, anorexia, chills, generalised rash, and diarrhoea. All unsolicited adverse events were reported by participants throughout the study. The grading scale for most adverse events was based on the US Food and Drug Administration (FDA) document for the toxicity grading scale for healthy adult and adolescent volunteers enrolled in preventive vaccine clinical trials. Adverse events for which grading was not described in the FDA guidance document were graded by use of the Common Terminology Criteria for Adverse Events. Adverse events were graded according to severity score (mild, moderate, or severe) and whether they were related or unrelated to the investigational vaccine, as detailed in the protocol (appendix 2).

Statistical analysis

We calculated that 171 participants per group were required for 90% power to detect a significant difference between GMTs in two equally sized groups, assuming the $\log_{10}$ (titre) is normally distributed with an SD of 0·5, the true GMT ratio is 1·5, and the groups are compared with a two-sample *t* test on $\log_{10}$ (titre) at a two-sided 5% significance level. Assuming a 10% loss of participants due to drop-out during the study, the sample size was calculated as 190 participants in each group. Sample size was calculated by use of PASS 13 software (Number Cruncher Statistical Systems, Kaysville, UT, USA).

The primary outcome was assessed in all participants who received two doses of the vaccine. Safety was assessed in all participants who received at least one dose of the vaccine. Safety endpoints are described as frequencies. GMTs with 95% CIs are presented for immunological endpoints. For continuous variables

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(those with <20 observations), medians and IQRs are reported. The exact binomial calculation was used for the CI estimation of proportions. Wilson's test was used to test differences in proportions. CI estimation for the GMT was based on the $\log_{10}$ (titre) and the assumption that the $\log_{10}$ (titre) was normally distributed. GMTs were compared with *t* tests using the means of the $\log_{10}$ (titre). Significance was set at $p<0·05$ (two-sided).

This preliminary report presents results regarding immunogenicity (days 0–56) and safety outcomes (days 0–42). Descriptive and inferential statistics were assessed using SAS, version 9.2.

The trial is registered at ClinicalTrials.gov, NCT04471519.

Role of the funding source

The funder of the study had no role in data collection, data analysis, data interpretation, or writing of this report or the statistical report, but was involved in study design. Data cleaning and analysis was done by the third party contract research organisation (Sclin Soft Technologies). Masked laboratory assessments were done at the respective laboratories, and masked datasheets were sent to the contract research organisation for decoding and analysis. The unmasked randomisation list was not shared with the study sponsor.

Results

Between Sept 5 and 12, 2020, 921 potential participants were screened, 380 of whom were enrolled and randomly assigned to either the 3 µg with Algel-IMDG group (n=190) or the 6 µg with Algel-IMDG group (n=190; figure 1). Among the 541 individuals who were initially screened but excluded, 48 had positive nucleic acid tests and 123 had positive serology tests for SARS-CoV-2. Due to competitive recruitment, 190 individuals who were screened and found to be eligible were not enrolled. Other notable exclusions were due to inconclusive RT-PCR results (n=168). The retention rates at day 56 were 97% (184 of 190 participants) in the 3 µg with Algel-IMDG group and 93% (177 of 190 participants) in the 6 µg with Algel-IMDG group. The demographic characteristics of participants are shown in table 1.

GMTs ($PRNT_{50}$) at day 0 were 0·1 (95% CI 0·1–0·1) in both groups, increasing to 100·9 (74·1–137·4) in the 3 µg with Algel-IMDG group and 197·0 (155·6–249·4) in the 6 µg with Algel-IMDG group at day 56 (figure 2A). The GMT ($PRNT_{50}$) at day 56 was significantly higher in the 6 µg with Algel-IMDG group than in the 3 µg with Algel-IMDG group (p=0·0041), and was not significantly different to the GMT ($PRNT_{50}$) observed in convalescent serum collected from patients who had recovered from COVID-19 (p=0·54). Seroconversion based on $PRNT_{50}$ at day 56 was reported in 171 (92·9% [95% CI 88·2–96·2] of 184 participants in the 3 µg with Algel-IMDG group and 174 (98·3% [95·1–99·6]) of 177 participants in the 6 µg with Algel-IMDG group (figure 2B).

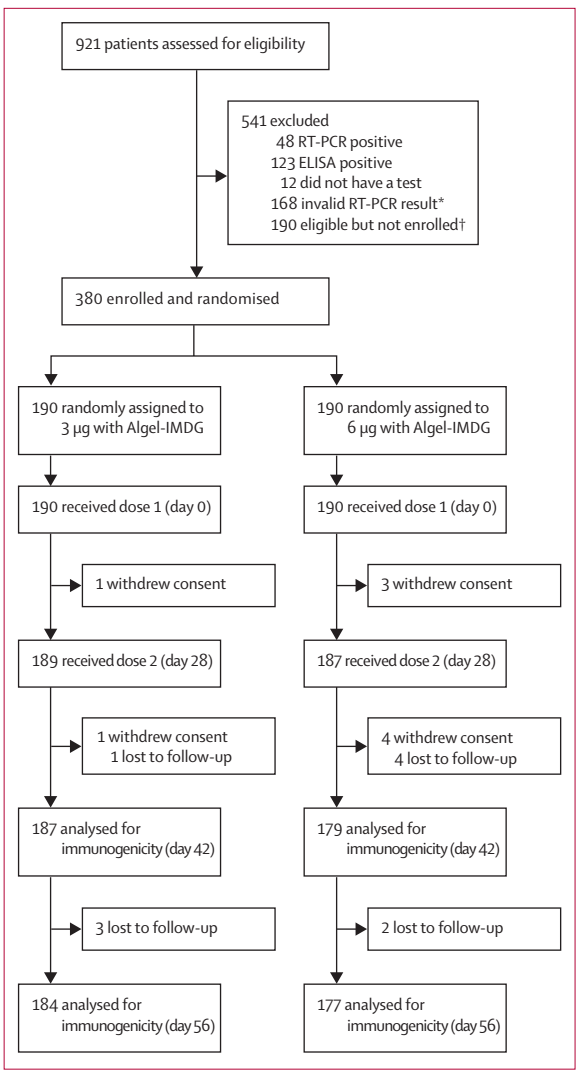

Figure 1: **Trial profile**
*Caused by cold chain excursions during transport of the nasopharyngeal swabs from the field site to the central laboratory. †Due to competitive recruitment, all sites were screening participants individually; therefore, there was an excess of eligible participants who were not enrolled because the recruitment target was met.

GMTs (MNT_{50}) at day 56 were 92·5 (95% CI 77·7–110·2) in the 3 µg with Algel-IMDG group and 160·1 (135·8–188·8) in the 6 µg with Algel-IMDG group (figure 2C). Seroconversion based on MNT_{50} at day 56 was reported in 162 (88·0% [95% CI 82·4–92·3]) of 184 participants in the 3 µg with Algel-IMDG group and 171 (96·6% [92·8–98·8]) of 177 participants in the 6 µg with Algel-IMDG group (figure 2D; appendix 3, p 6). The $PRNT_{50}$ and MNT_{50} GMTs at day 56 were significantly higher in the 6 µg with Algel-IMDG group than the 3 µg with Algel-IMDG group. No differences in the GMTs ($PRNT_{50}$) were observed in a subset of paired serum samples from both groups (20 samples from each group) analysed at the National Institute of Virology and Bharat

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Biotech on day 42 (2 weeks after the second vaccination; appendix 3, p 13). Seroconversion rates and GMTs across three age groups (≥12 to <18 year, ≥18 to <55 year, and ≥55 to ≤65 year groups) and between both sexes were similar, but only small numbers of participants were included in the youngest and oldest age groups (appendix 3, p 7).

	3 µg with Algel-IMDG (n=190)	6 µg with Algel-IMDG (n=190)
Age, years		
Median	34·0 (26·0–41·8)	35·0 (27·0–44·0)
≥12 to <18	10 (5%)	4 (2%)
≥18 to <55	173 (91%)	176 (93%)
≥55 to ≤65	7 (4%)	10 (5%)
Sex		
Female	50 (26%)	45 (24%)
Male	140 (74%)	145 (76%)
Body-mass index*, kg/m²	25·1 (3·4)	24·9 (2·8)

Data are median (IQR), n (%), or mean (SD). The intention-to-treat population included all participants who received at least one dose. *Calculated by the participant's weight (kg) divided by the square of their height (m), measured at the time of screening.

Table 1: **Demographics of participants in the intention-to-treat population**

IgG antibody titres (GMTs) to all epitopes (spike glycoprotein, receptor-binding domain, and nucleocapsid protein) were detected after the administration of both doses (table 2). Anti-spike glycoprotein IgG GMTs at day 56 were 10 413·9 (95% CI 9142·4–11 862·2) in the 3 µg with Algel-IMDG group and 9541·6 (8245·9–11 041·0) in the 6 µg with Algel-IMDG group. Both the 3 µg and 6 µg with Algel-IMDG groups showed similar anti-spike glycoprotein, anti-receptor-binding domain, and anti-nucleocapsid protein GMTs. At day 42, the anti-spike isotype mean ratios (IgG1/IgG4) were 2·4 (95% CI 1·9–2·9) in the 3 µg with Algel-IMDG group and 2·2 (1·7–2·6) in the 6 µg with Algel-IMDG group.

The Th1/Th2 cytokine ratio indicated bias to a Th1 cell response at day 42 (figure 3A). Th2 responses were detected at minimal levels in both vaccine groups, as shown by IL-5, IL-10, and IL-13 levels (figure 3B). We observed a significant increase in the levels of Th1 cytokines, IFNγ, IL-2, and TNFα, on day 56 compared with

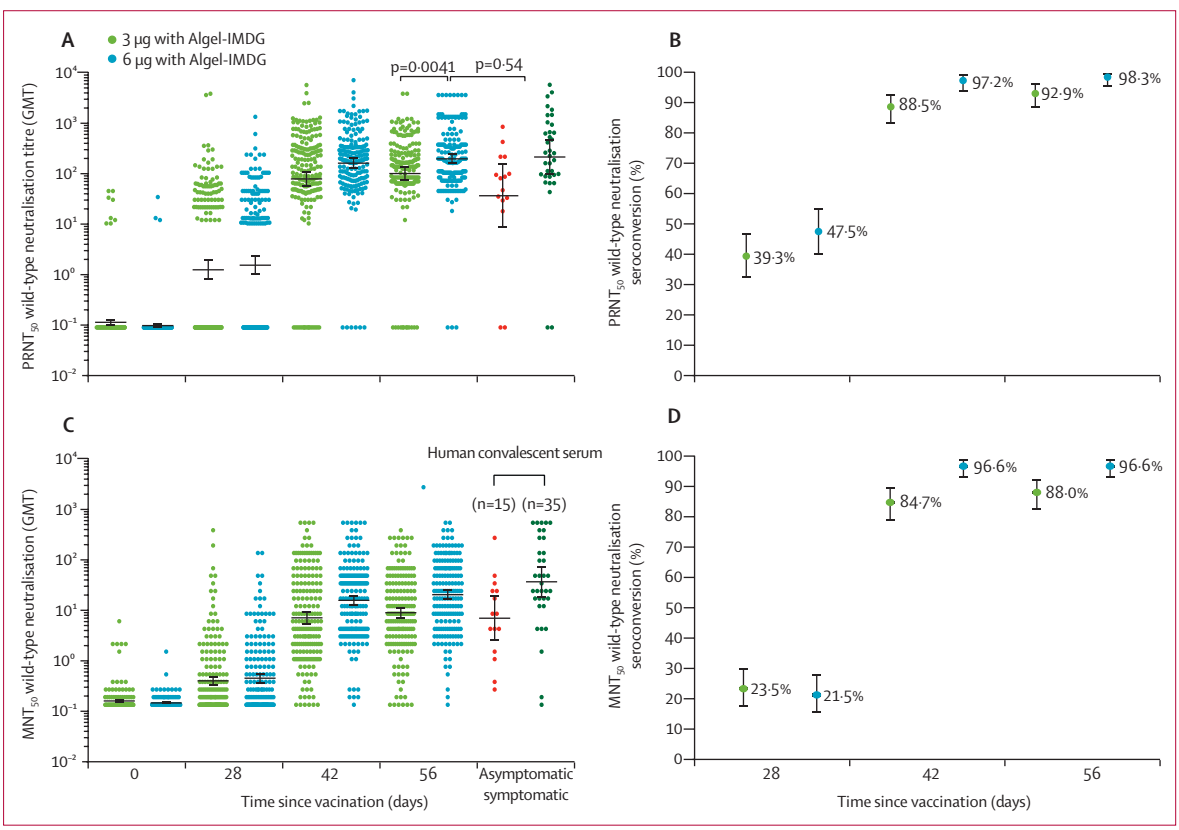

Figure 2: **SARS-CoV-2 wild-type $PRNT_{50}$ GMTs (A), and seroconversion rates (B), and wild-type MNT_{50} GMTs (C) and seroconversion rates (D)**
SARS-CoV-2 wild-type $PRNT_{50}$ and MNT_{50} GMTs at baseline (day 0), 4 weeks after the first vaccination (day 28), 2 weeks after the second vaccination (day 42), and 4 weeks after the second vaccination (day 56) in the 3 µg with Algel-IMDG (n=190) and 6 µg (n=190) with Algel-IMDG groups are shown. Seroconversion rates were defined by the proportion of post-vaccination titres that were at least four-fold higher than baseline. In A and C, the human convalescent sera panel included specimens from participants with PCR-confirmed symptomatic and asymptomatic COVID-19 obtained at least 30–60 days after diagnosis (50 samples); dots represent individual datapoints, the horizontal bars show the GMTs, and the error bars represent the 95% CIs. In B and D, the dots represent the seroconversion rates and error bars represent 95% CIs. $PRNT_{50}$=plaque-reduction neutralisation test. GMT=geometric mean titre. MNT_{50}=microneutralisation assay.

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	Geometric mean titre (95% CI)		Seroconversion rate* (95% CI)	
	3 µg with Algel-IMDG	6 µg with Algel-IMDG	3 µg with Algel-IMDG	6 µg with Algel-IMDG
Anti-spike glycoprotein IgG				
Day 0	500·0 (500·0–500·0)	500·0 (500·0–500·0)	..	..
Day 28	2574·2 (2228·9–2973·1)	2240·5 (1942·4–2584·5)	71·2% (64·1–77·6)	65·0% (57·5–72·0)
Day 42	11528·8 (10 002·7–13 287·8)	10040·0 (8667·0–11 630·5)	98·4% (95·3–99·7)	98·3% (95·1–99·7)
Day 56	10413·9 (9142·4–11 862·2)	9541·6 (8245·9–11 041·0)	98·4% (95·3–99·7)	96·6% (92·8–98·8)
Anti-receptor binding domain IgG				
Day 0	500·0 (500·0–500·0)	500·0 (500·0–500·0)	..	..
Day 28	1962·7 (1726·2–2231·6)	2031·6 (1777·3–2322·3)	58·7% (51·2–65·9)	58·2% (50·6–65·6)
Day 42	5572·3 (4897·5, 6339·9)	4980·8 (4366·7, 5681·3)	94·0% (89·6, 97·0)	93·2% (88·5, 96·5)
Day 56	5874·0 (5194·8, 6642·0)	5558·0 (4859·9, 6356·5)	96·2% (92·3, 98·5)	94·4% (89·9, 97·3)
Anti-nucleocapsid protein IgG				
Day 0	500·0 (500·0–500·0)	500·0 (500·0–500·0)	..	..
Day 28	2734·1 (2375·1–3147·5)	2490·4 (2161·7–2869·2)	72·3% (65·2–78·6)	71·2% (63·9–77·7)
Day 42	8957·2 (7778·6–10314·3)	9211·2 (7939·3–10 686·8)	97·3% (93·8–99·1)	95·5% (91·3–98·0)
Day 56	8626·0 (7528·6–9883·4)	8754·0 (7589·4–10 097·4)	97·3% (95·3–100·0)	96·6% (92·8–98·8)

ELISA results at baseline (day 0), 4 weeks after the first vaccination (day 28), 2 weeks after the second vaccination (day 42), and 4 weeks after the second vaccination (day 56) for the 3 µg with Algel-IMDG and the 6 µg with Algel-IMDG groups are shown. The number of participants in the 3 µg with Algel-IMDG group included in the immunogenicity analysis was 190 on day 0, 189 on day 28, 187 on day 42, and 184 on day 56. The number of participants in the 6 µg with Algel-IMDG group included in the immunogenicity analysis was 190 on day 0, 187 on day 28, 179 on day 42, and 177 on day 56. The cutoff for detectable antibodies was 1/500. Endpoint titre dilution for days 28, 42, and 56 sera samples were established with baseline (day 0) and interpolated from the raw optical density data of the corresponding day 0 sample. The cutoff (mean ±3 SD) for day 0 was calculated considering the absorbance of all sera dilutions (1/500 to 1/32 000) tested, except the lowest dilution (1/500). *Defined as a post-vaccination IgG titre that was at least four-fold higher than the baseline titre.

Table 2: **SARS-CoV-2 IgG titres against the spike glycoprotein, receptor-binding domain, and nucleocapsid protein**

day 0 (p<0·0001), as measured with the Luminex multiplex assay (appendix 3, p 12).

Solicited local adverse reactions after dose 1 (days 0–7) were reported in nine (4·7% [95% CI 2·2–8·8]) of 190 participants in the 3 µg with Algel-IMDG group and eight (4·2% [1·8–8·1]) of 190 participants in the 6 µg with Algel-IMDG group (table 3). Solicited systemic adverse reactions after dose 1 were reported in nine (4·7% [2·2–8·8]) participants in the 3 µg with Algel-IMDG group and 14 (7·4% [4·1–12·1]) participants in the 6 µg with Algel-IMDG group. Solicited local adverse reactions after dose 2 (days 28–35) were reported in eight (4·2% [1·8–8·1]) participants in the 3 µg with Algel-IMDG group and seven (3·7% [1·6–7·7]) participants in the 6 µg with Algel-IMDG group. Solicited systemic adverse reactions after dose 2 were reported in 12 (6·3% [3·3–10·8]) participants in the 3 µg with Algel-IMDG group and 11 (5·8% [3·0–10·1]) participants in the 6 µg with Algel-IMDG group (table 3; unsolicited adverse events are included in appendix 3, p 9).

No association between the dose of vaccine and the number of adverse events was observed. After both doses, the most common solicited adverse events were injection site pain, reported in five (2·6% [95% CI 0·9–6·0]) of 190 participants in the 3 µg with Algel-IMDG group and six (3·2% [1·2–6·8]) of 190 participants in the 6 µg with Algel-IMDG group. Most adverse events were mild (69 [89%] of 78 participants) and resolved within 24 h of onset. At 7 days after the second dose, solicited local and systemic adverse reactions were reported in 38 (20·0% [14·7–26·5]) of 190 participants in the 3 µg with Algel-IMDG group and 40 (21·1% [15·6–27·7]) of 190 participants in the 6 µg with Algel-IMDG group.

In the phase 1 trial, 97 (97%) of 100 participants in the 3 µg with Algel-IMDG group, 95 (95%) of 100 participants in the 6 µg with Algel-IMDG group, 92 (92%) of 100 participants in the 6 µg with Algel group, and 69 (92%) of 75 participants in the Algel-only control group were followed up to day 104 (3 months after the second dose). GMTs (MNT_{50}) at day 104 were 39·9 (95% CI 32·0–49·9) in the 3 µg with Algel-IMDG group, 69·5 (53·7–89·9) in the 6 µg with Algel-IMDG group, 53·3 (40·1–71·0) in the 6 µg with Algel group, and 20·7 (14·5–29·5) in the Algel-only control group (figure 4A). Seroconversion based on MNT_{50} was reported in 72 (73·5% [95% CI 63·6–81·9]) participants in the 3 µg with Algel-IMDG group, 76 (81·1% [71·4–88·1]) participants in the 6 µg with Algel-IMDG group, and 68 (73·1% [62·9–81·8]) participants in the 6 µg with Algel group (figure 4B). GMTs in the 6 µg with Algel-IMDG group were significantly higher than the 3 µg with Algel-IMDG group (appendix 3, p 7). There were no significant differences in GMTs between day 42 (2 weeks after the second dose) and 104 (3 months after the second dose) across the vaccine groups (appendix 3, p 7). Post-hoc analyses of MNT_{50} wild-type neutralising antibody responses in phase 1 and phase 2 participants in the 3 µg with Algel-IMDG and 6 µg with Algel-IMDG groups, showed that GMTs were significantly higher in phase 2 participants (at day 56)

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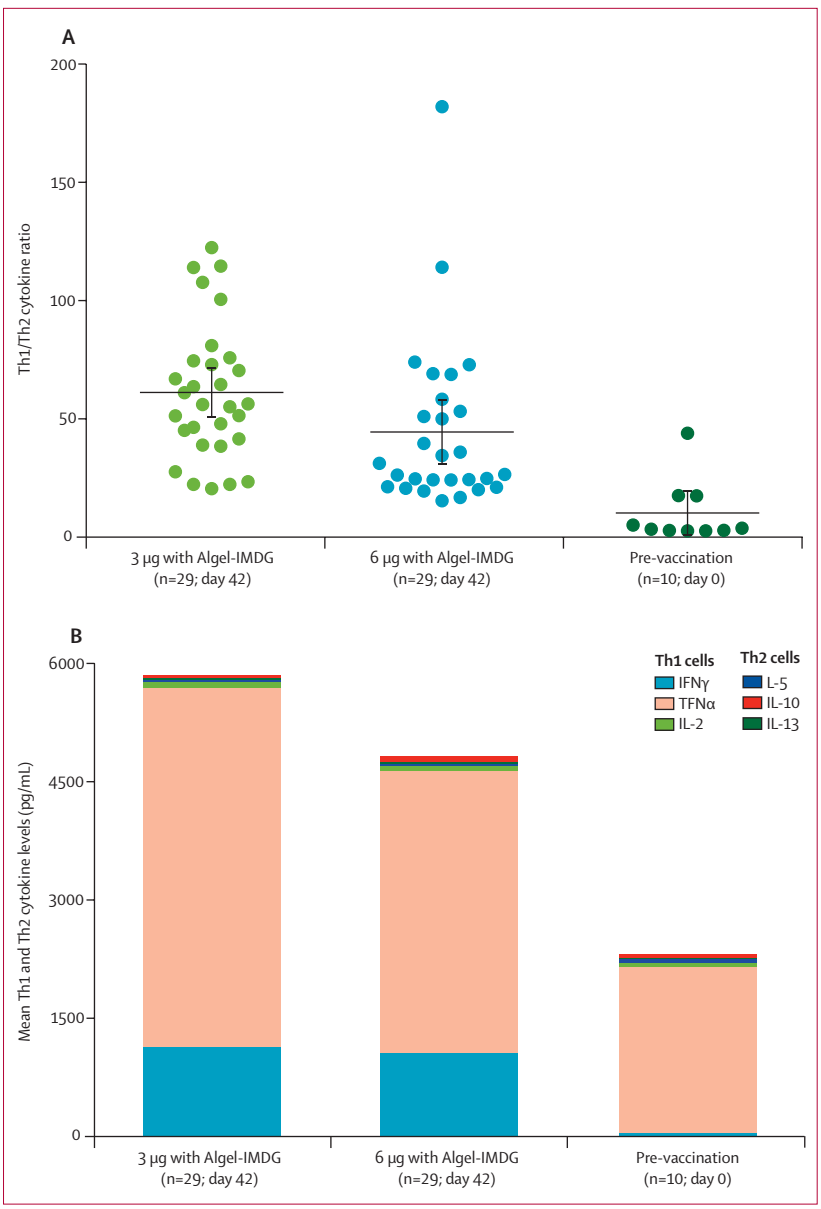

Figure 3: **Th1/Th2 cytokine ratios (A) and mean Th1 and Th2 cytokine levels (B) at day 42 in phase 2 participants**
In A and B, cell-mediated responses in blood samples from 58 participants (29 each from the 3 µg with Algel-IMDG and 6 µg with Algel-IMDG groups), with proliferative responses to vaccination at 2 weeks after the second dose (day 42), and in ten control participants (five pre-vaccination samples from each group) are shown. In A, the Th1/Th2 ratio was calculated by the sum of IFNγ plus IL-2 cytokine levels divided by the sum of IL-5 plus IL-13 cytokine levels; horizontal bars show the mean ratios and error bars show the 95% CIs. In B, mean cytokine levels in the cell culture supernatants obtained from PBMCs stimulated with SARS-CoV-2 peptides are shown; Th1 (IFNγ, IL-2, and TNFα) and Th2 (IL-5, IL-13, and IL-10) cytokines are represented by stacked bars. Th=T-helper. IFNγ=interferon-γ. TNFα=tumour necrosis factor-α. IL=interleukin.

than in phase 1 participants (at day 42) at 4 weeks after receiving the second dose (figure 4C). At 4 weeks after the second dose of 6 µg with Algel-IMDG, the phase 1–2 GMT (MNT_{50}) ratio was 1·9 (95% CI 1·5–2·6).

PBMCs from a subset of phase 1 participants at one site were collected to evaluate T-cell memory responses at day 104. Formulations with Algel-IMDG generated a T-cell memory response, as shown by an increase in the frequency of effector memory $CD4^+CD45RO^+$ T cells and $CD4^+CD45RO^+CD27^+$ T cells compared with pre-vaccination (day 0) samples (figure 4D, E). Samples from Algel-alone recipients also showed a T-cell memory response. We also detected secreted IgG antibodies in the cell culture supernatant by ELISA, and the antibody titres ranged from neat (undiluted) to 1/64 (appendix 3 p 8). Further effector function of activated and differentiated T cells was shown by the levels of Th1 cytokines (appendix 3 p 8).

In phase 2 participants, nine (33%) of 27 unsolicited adverse events were reported to be related to the vaccine, as judged by a masked investigator. No significant difference in the number of unsolicited adverse events was observed between the groups (appendix 3 p 9). Severity grading scales for adverse events and the evaluation of adverse events related to the vaccine are described in appendix 3 (pp 10–11). No symptomatic SARS-CoV-2 infections were reported to the site investigators (via follow-up telephone calls or site visits) between days 0 and 118 (a scheduled visit) in phase 2 participants. However, illness visits were not scheduled and no routine SARS-CoV-2 nucleic acid testing was done. No serious adverse events were reported up to day 118 in phase 2 participants.

No new solicited or unsolicited adverse events that occurred between days 42 and 104 in phase 1 participants were considered to be related to the vaccine by the investigators. Additionally, no new serious adverse events were reported. One case of symptomatic COVID-19 was reported in the Algel-only control group. This participant received the first dose on July 17, 2020, but was considered to be lost to follow-up before the second dose was administered. The participant visited the site on Nov 27, 2020, with complaints of chronic anosmia and a history of a positive SARS-CoV-2 rapid antigen test on Aug 16, 2020.

Discussion

In this report, we present interim findings from the phase 2 clinical trial of BBV152, a whole-virion inactivated SARS-CoV-2 vaccine. The overall participant retention rates were 97% in the 3 µg with Algel-IMDG group and 93% in the 6 µg with Algel-IMDG group. Neutralising antibody titres were similar to a panel of convalescent serum samples. All elicited cytokine responses to BBV152 were biased to Th1 cells. The vaccine was well tolerated in both groups with no serious adverse events. Long-term follow-up of phase 1 trial participants showed that neutralising antibody titres persisted, and T-cell memory responses were more pronounced in the 6 µg with Algel-IMDG group compared with pre-vaccination samples.

The most common adverse event in the phase 2 trial was pain at the injection site, followed by headache, fatigue, and fever. No severe or life-threatening (ie, grade 4 and 5) solicited adverse events were reported. No

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significant differences in safety were observed between the two groups. However, the study was not powered to compare such differences. After either dose, the combined incidence of local and systemic adverse events in this study is lower than that of other SARS-CoV-2 vaccine platform candidates,[13–16] and similar to that of other inactivated SARS-CoV-2 vaccine candidates.[17,18] However, other vaccine studies have enrolled different populations and have employed varying approaches to measure adverse events.

BBV152 induced antibody binding (to spike glycoprotein and nucleocapsid protein epitopes) and neutralising antibody responses that were similar to those induced by other SARS-CoV-2 inactivated vaccine candidates.[17,18] Studies have reported the variable persistence of humoral and cell-mediated responses acquired from natural infection.[19,20] In the phase 1 trial of BBV152, we evaluated an accelerated schedule, in which the two doses were administered 2 weeks apart. At day 104 (3 months after the second dose), we observed detectable humoral and cell-mediated responses to SARS-CoV-2. Serum neutralising antibodies were detected in all phase 1 participants at day 104, and the levels of these antibodies were similar to the panel of convalescent serum samples. These findings are in accordance with those of the mRNA-1273 (Moderna) vaccine, which has received emergency use authorisation.[2,21] A sizeable T-cell memory population was also observed at this timepoint. A routine schedule, in which the two doses are administered 4 weeks apart, was evaluated in the phase 2 trial of 3 µg with Algel-IMDG and 6 µg with Algel-IMDG. We found that immune responses (MNT_{50}) were significantly higher with the routine schedule (phase 2) than with the accelerated schedule (phase 1), which is consistent with other reports.[5,22]

BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine adjuvanted with Algel-IMDG. An imidazoquinoline molecule (IMDG), which is a TLR7/8 agonist, has been used to augment cell-mediated responses.[23,24] Both 3 µg with Algel-IMDG and 6 µg with Algel-IMDG formulations induced responses that were biased to a Th1 phenotype, with IgG1/IgG4 ratios greater than 1. The ratio of Th1/Th2 cytokines was clearly biased to a Th1 response, with increased IFNγ generation.

In the present study, BBV152 induced T-cell memory responses, which was shown by an increased frequency of antigen-specific $CD4^+$ T cells expressing the memory phenotype marker $CD45RO^+$. The increase in the $CD4^+CD45RO^+CD27^+$ T-cell population also indicates the activation of the co-stimulatory marker CD27, and confirms the antigen recall memory T-cell response.[25] Further, the effector function of these cells was supported by the Th1 cytokine secretion observed in ex vivo responses after stimulation of PBMCs for 3 days.[26] These results further corroborate our phase 1 results showing an increased frequency of $CD4^+$ T cells producing IFNγ in participants who received Algel-IMDG-containing formulations. Samples from participants in the Algel-only control group also showed a T-cell memory response, which corroborates a recent study published in 2020 indicating the presence of cross-reactive T-cells in individuals unexposed to SARS-CoV-2.[27] Additionally, two participants in the Algel-only group showed high neutralising antibody titres and IL-6 levels at day 104 of the phase 1 study. In the phase 1 trial, the ability to secrete anti-spike glycoprotein IgG antibodies at day 104 further shows the long-lasting T-cell memory response generated by BBV152. Similar findings supporting long-term immunity were reported by Sekine and colleagues[28] in

	Dose 1		Dose 2	
	3 µg with Algel-IMDG (n=190)	6 µg with Algel-IMDG (n=190)	3 µg with Algel-IMDG (n=190)	6 µg with Algel-IMDG (n=190)
Local reactions				
Pain at injection site				
Mild	5 (3%)	6 (3%)	7 (4%)	4 (2%)
Moderate	1 (1%)	0	0	1 (1%)
Redness at injection site				
Mild	1 (1%)	1 (1%)	0	0
Moderate	0	0	0	0
Itching				
Mild	1 (1%)	1 (1%)	0	2 (1%)
Moderate	0	0	0	0
Stiffness in upper arm				
Mild	1 (1%)	0	0	0
Moderate	0	0	0	0
Weakness in injection arm				
Mild	0	0	1 (1%)	0
Moderate	0	0	0	0
Systemic reactions				
Body ache				
Mild	0	2 (1%)	1 (1%)	2 (1%)
Moderate	0	1 (1%)	0	0
Fever				
Mild	2 (1%)	5 (3%)	5 (3%)	4 (2%)
Moderate	1 (1%)	3 (2%)	0	0
Headache				
Mild	2 (1%)	1 (1%)	1 (1%)	2 (1%)
Moderate	0	0	0	1 (1%)
Malaise				
Mild	4 (2%)	1 (1%)	3 (2%)	0
Moderate	0	0	0	0
Weakness				
Mild	0	0	1 (1%)	2 (1%)
Moderate	0	1 (1%)	0	0
Rashes				
Mild	0	0	1 (1%)	0
Moderate	0	0	..	0

Data are n (%). The safety analysis set includes all participants who received one dose of the vaccine (n=380). The number of participants who had a solicited adverse event after receiving dose 1 (days 0–7) and dose 2 (days 28–35) is shown.

Table 3: **Mild and moderate solicited adverse events in the safety analysis set**

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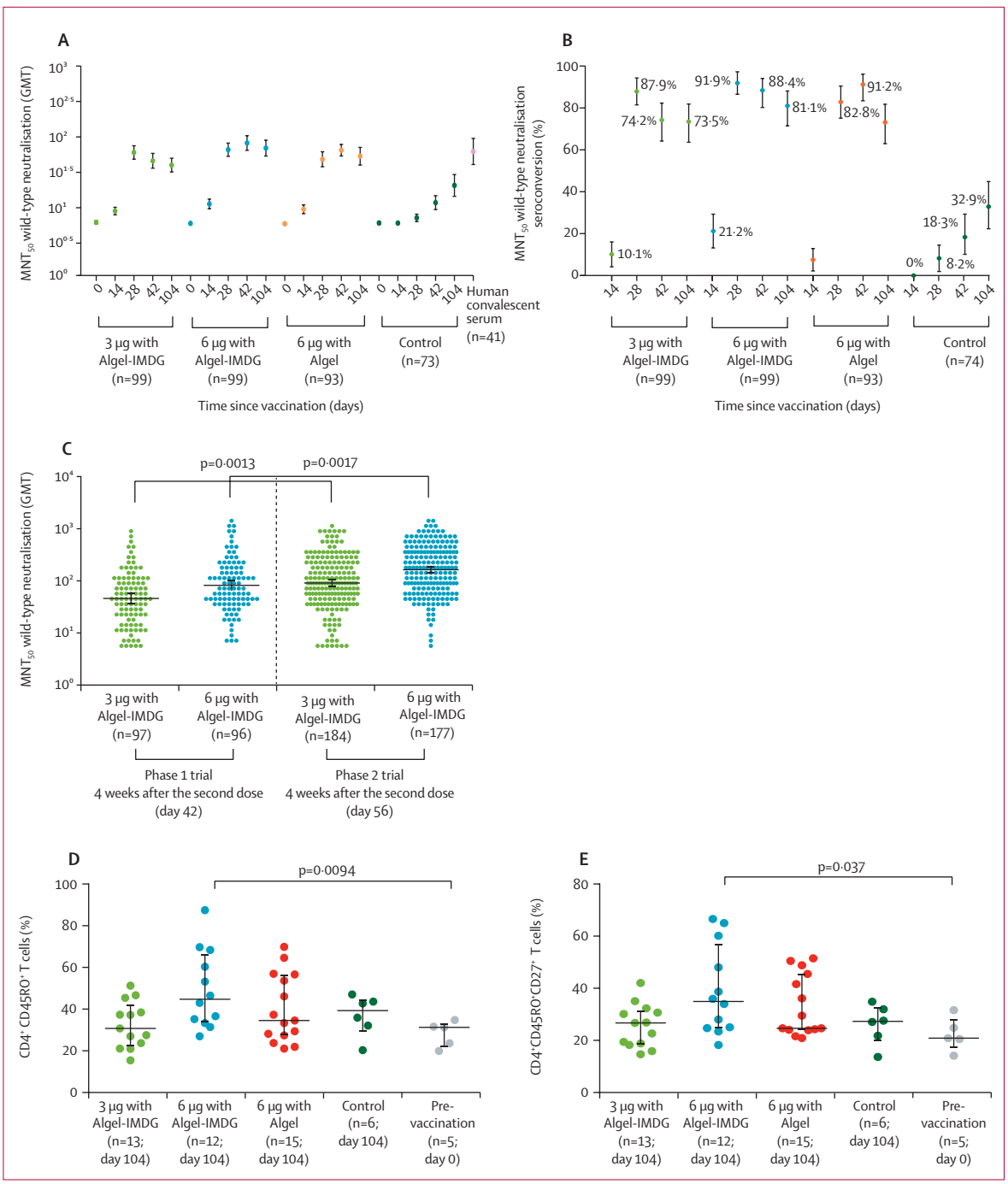

Figure 4: **SARS-CoV-2 wild-type MNT_{50} GMTs (A) and seroconversion rates (B) in phase 1 participants, SARS-CoV-2 wild-type MNT_{50} GMTs in phase 1 and phase 2 participants at 4 weeks after the second vaccination (C), and the proportion of $CD4^+CD45RO^+$ (D) and $CD4^+CD45RO^+CD27^+$ (E) T cells at day 104 in phase 1 participants**
In the phase 1 trial, the dosing schedule was day 0 for the first dose of the vaccine and day 14 for the second dose. In the phase 2 trial, the dosing schedule was day 0 for the first dose of the vaccine and day 28 for the second dose. In A, results at baseline (day 0), 2 weeks after the second vaccination (day 28), 4 weeks after the second vaccination (day 42), and 3 months after the second vaccination (day 104) for the 3 µg and 6 µg with Algel-IMDG groups, the 6 µg with Algel group, and the Algel-only control group in the phase 1 trial are shown. The human convalescent serum panel included specimens from participants with PCR-confirmed symptomatic and asymptomatic COVID-19 obtained at least at least 30 days after diagnosis (41 samples). In B, seroconversion rates were defined by the proportion of post-vaccination titres that were at least four-fold higher than baseline. In D and E, the frequencies of antigen-specific T-cell memory responses at 3 months after the second dose (day 104) in all groups from the phase 1 trial are shown; dots are individual datapoints, and horizontal bars are medians with error bars for IQRs. GMT=geometric mean titre. MNT50=microneutralisation assay.

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convalescent patients who had previously had COVID-19. Memory B-cell responses from BBV152 are currently being evaluated. Thus far, cell-mediated responses after receipt of other SARS-CoV-2 inactivated vaccine candidates have been minimally reported.

This study was done at a time when the number of daily diagnosed COVID-19 cases was increasing rapidly. In the Algel-only control group (phase 1 trial), seroconversion was reported in six (8·2% [95% CI 1·9–14·5]) of 73 participants at day 28, 13 (18·8% [10·8–30·4]) of 69 participants at day 42, and 23 (33·3% [22·7–45·8]) of 69 participants at day 104. These results suggest that both phase 1 and 2 trials are being done during a period of high ongoing SARS-CoV-2 circulation. Since substantial SARS-CoV-2 PCR positivity was observed in the general population during the study period, in the event of natural exposure to SARS-CoV-2, it is possible that post-vaccination antibody titres in vaccinated participants could be slightly inflated. No cases of COVID-19 were reported in either group of the phase 2 trial, whereas one case of symptomatic COVID-19 was reported in the Algel-only control group of the phase 1 trial. However, illness visits were not scheduled, and routine SARS-CoV-2 nucleic acid testing was not done.

The results reported in this study do not permit efficacy assessments. The evaluation of safety outcomes requires extensive phase 3 clinical trials. We were unable to assess other immune responses (ie, binding antibody and cell-mediated responses) in convalescent serum samples due to the low quantity. Furthermore, no additional data on the age of the participant or the severity of disease from symptomatic individuals were obtained. Comparisons between phase 1 and 2 trials were not done in a randomised set of participants, and no adjustments on baseline parameters were made. Conclusions are to be considered as post-hoc analyses. Even though direct comparisons between the phase 1 and 2 trials cannot be made, the reactogenicity assessments reported in this study were substantially better in the phase 2 trial than the phase 1 trial and other trials with a placebo group.[9] Additionally, the proportion of participants reporting adverse events in the phase 2 trial were lower than in the phase 1 trial. The study coordinators had verified all source documents to ensure that no data were missing or that errors had occurred. Further corroboration with phase 3 safety results is required. This study enrolled a small number of participants aged 12–18 years and 55–65 years. Follow-on studies are required to establish immunogenicity in children and in those aged 65 years and older. Withdrawals in the 6 µg with Algel-IMDG group were higher than the 3 µg with Algel-IMDG group but were not associated with adverse events. Lastly, this study population lacked ethnic, racial, and gender diversity, further underscoring the importance of evaluating BBV152 in other populations. Longitudinal follow-up of additional post-vaccination visits (at months 3, 6, and 12) is important for understanding the durability of immune responses, and is ongoing.

This study has several strengths. To ensure generalisability of the results, this study included participants from diverse geographic locations, enrolling 380 participants across nine hospitals across nine states in India. Based on follow-up data from the phase 1 trial, despite a marginal expected decline in neutralising antibody titres at day 104, BBV152 has shown the potential to provide durable humoral and cell-mediated immune responses. With several reports questioning the efficacy of SARS-CoV-2 vaccines against antigenically divergent strains, we previously reported neutralising antibody responses in homologous and heterologous strain assessments.[9] Day 56 serum samples from 38 participants in the 6 µg with Algel-IMDG group of the phase 2 trial effectively neutralised a SARS-CoV-2 variant of concern (lineage B.1.1.7 or 20B/501Y. V1).[29] On the basis of superior cell-mediated responses in the phase 1 trial, the 6 µg with Algel-IMDG formulation was selected for the phase 3 efficacy trial, which involves 25 800 volunteers and is currently underway (NCT04641481). BBV152 (COVAXIN) has received emergency use authorisation in India.

Contributors

All authors met the criteria for authorship set forth by the International Committee for Medical Editors. HJ, DD, DR, UP, BG, PY, and GS did the immunogenicity experiments. The contract research organisation (Sclin Soft Technologies) was responsible for analysing the data and generating the report. KMV, SRe, VS, SPr, and RE contributed to the manuscript preparation. SRe was the study coordinator and helped immensely with designing the protocol and generating the interim report. PA, SPr, NG, and BB from the Indian Council of Medical Research contributed to the writing of this paper. KE was responsible for overall supervision of the project and review of the final paper. All principal investigators (PR, SV, SKR, CS, SVR, CSG, JSK, SM, VR, and RG) were involved in the scientific review of this paper. All authors and the contract research organisation had full access to masked data in the study and all authors had final responsibility for the decision to submit for publication.

Declaration of interests

RE, HJ, BG, KMV, SRe, DD, DR, UP, SPr, and VS are employees of Bharat Biotech, with no stock options or incentives. KE is the Chairman and Managing Director of Bharat Biotech. PY, GS, PA, NG, SPa, and BB are employees of the Indian Council of Medical Research. PR, SV, SKR, CS, SVR, CSG, JSK, SM, VR, and RG were principal investigators representing the study sites.

Data sharing

The study protocol is provided in appendix 2. De-identified, individual participant data will be made available when the trial is complete, upon requests directed to the corresponding author; after the approval of a proposal, data can be shared through a secure online platform.

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manufacturing, quality control teams. All authors would like to express their gratitude to all frontline health-care workers during this pandemic.

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Supplementary Appendix to Manuscript Entitled

Safety and immunogenicity clinical trial of an inactivated SARS-CoV-2 vaccine, BBV152 (a phase 2, double-blind, randomised controlled trial) and the persistence of immune responses from a phase 1 follow-up report

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This supplementary material has been provided by the authors to give readers additional information about their work.

Supplemental methods

i. RT-PCR (conducted at Dr. Dangs Lab, New Delhi) at Screening

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TRUPCR SARS-CoV-2 RT qPCR (V 3.2) is a single tube, in vitro nucleic acid amplification test for the qualitative detection of severe acute respiratory syndrome coronavirus 2(SARS-CoV-2)specific RNA from respiratory specimens(nasopharyngeal or oropharyngeal aspirates,washes or swabs, bronchoalveolar lavage, sputum and tracheal aspirates)using Real-time PCR. The human RNasePgene serves as an endogenous internal positive control for human nucleic acid is also included in this kit.

E gene: For the detection of SarbecovirusRdRp gene and N genedual targets for the detection of SARS-CoV-2

RNase P gene:endogenous internal control, which qualifies the sample for testing and is essential for testing Viral RNA in host organism. According to the Centre for Daises Control and prevention, Respiratory Viruses Branch, Division of Viral Diseases, all clinical samples should be tested for human RNAse P gene to assess specimen quality for RT PCR for detection of 2019-Novel Coronavirus

The assay runs for 38 cycles;however for any interpretation,threshold cut off cycle Ct is 35.

Interpretation is as follows:

Amplification Signals In

a) RNAse P +/- , E Gene +, RdRp&N gene + : SARS-CoV-2 POSITIVE
b) RNAse P +/- , E Gene -, RdRp&N gene + : SARS-CoV-2 POSITIVE
c) RNAse P +/- , E Gene +, RdRp&N gene - : SARBECOVIRUS POSITIVE
d) RNAse P + , E Gene -, RdRp&N gene - : NEGATIVE
e) RNAse P - , E Gene -, RdRp&N gene - : INVALID

100 percent concordance of results for submitted samples with ICMR designated QC Lab(AIIMS for Dr. Dangs Lab) **ii.** CLIA (conducted at Dr. Dangs Lab, New Delhi) at Screening

The liaison SARS-CoV-2 IgG assay performed on the Liaison XL analyzer is an indirect chemiluminescence Immunoassay (CLIA) for the Quantitative determination of anti-S1 and anti- S2 antibodies to SARS-CoV-2 in human serum or plasma.The sensitivity of the above assay is 97.4 percent for 15 days post-diagnosis and specificity 98.9 percent for Laboratory routine testing. Testing of assay-specific calibrators allows the detected Relative light unit (RLU)to adjust the assigned master curve.The analyzer automatically calculates SARS-CoV-S1/S2 IgG antibody concentrations as arbitrary units (AU/mL)and grades the results.

Results are interpreted as follows:

Less than 12 AU/mL: NEGATIVE (A negative result may indicate the absence or a very low level of IgG antibodies to the Pathogen. The test could score negative in infected patients during the incubation period and during the early stages of infection>or equal to 12 and less than 15 AU/mL: Equivocal (Retest in duplicate. Samples with 2 out of 3 results more than or equal to 15 or less than 12 should be reported as positive or negative, respectively.A second sample should be collected and tested no less than one to two weeks later if the results are repeatedly equivocal)>or equal to 15: Positive (A positive result generally indicates exposure of the subject to the pathogen) **iii.** Enzyme-linked immunosorbent assay (ELISA) (conducted at Bharat Biotech)

ELISA tests were performed as per standard protocols. Briefly, Microtiter plates were coated with SARS-CoV-2 specific antigens (Whole inactivated SARS CoV-2 antigen, spike (S1) (Syngene, Bangalore, India, Batch No# PRB026913/Receptor Binding Domain (RBD), Syngene, Bangalore, India, Batch No#PRB025485/ nucleocapsid (N), Syngene, Bangalore, India, Batch No# PRB025627 at a concentration of 1µg/ml, 100µl/well in PBS pH 7.4). After overnight incubation, wells were blocked and added serially diluted sera. After incubation, wells were added with Goat anti-Human IgG HRP conjugate (Sigma-Aldrich, Cat# A8667, dilution 1:5000) and incubated for 1hr at RT. Tetramethyl benzidine used as a substrate and measured absorbance at 450/630nm. Threshold value (Mean + 3SD) was established by taking the absorbance of Day 0 sera samples and antigen-specific endpoint titers were determined for Days 28, 42, and 56 sera samples. The reciprocal antibody dilution, at which absorbance is above the threshold, was taken as antigen-specific antibody endpoint titers. Since, Bharat Biotech is a vaccine manufacturing company, all serological assays such as ELISA/ PRNT50 were routinely performed for various vaccines before releasing every batch into the market. All methods were validated with respect to sensitivity and specificity. In the case of SARS-CoV-2 vaccine development, all these methods were used, while maintaining proper negative and positive controls.

Known unvaccinated and uninfected individual serum was used as a negative control. Simultaneously, ELISA blank (without coating antigen) was also maintained as a negative control. Apart from this, cut off (Mean+3SD)

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was drawn from the absorbance obtained at various dilutions (1:1000 to 1:32000) of sera collected on day 0 (before vaccination), who is found negative for RT-PCR and Serology test.

iv. Plaque Reduction Neutralisation Test ($PRNT_{50}$) (conducted at Bharat Biotech)

The Plaque reduction neutralisation test was performed in a biosafety level 3 facility. To perform $PRNT_{50}$, Vero CCL-81 cell suspension (1.0 x 10^5 /mL/well)was added in duplicates in 24-well tissue culture plates and cultured in a CO_2 incubator at 37°C for 16-24 hrs. Serum samples from all enrolled participants were inactivated by keeping in a 56ºC-water bath for 30 min. Serial dilutions (4 fold) of serum samples were mixed with the virus, which can form 50 plaque-forming units and then incubated for 1 h at 37°C. The virus–serum mixtures were added onto the preformed Vero CCL-81 cell monolayers and incubated 1 h at 37°C in a 5% CO_2 incubator. The number of plaques was counted, and the Neutralizing antibody titer was determined based on the 50% reduction in the number of plaque count, which was further analyzed using 50% ProbitAnalysis(10.4103/ijmr.IJMR_2382_20). Inoculation dose used was 100 $CCID_{50}$ in 50 microlitre.

v. Microneutralisation assay (MNT) (conducted at Bharat Biotech)

The serum collected from all enrolled participants were inactivated at 56ºC in a water bath for 30 min. Serum was successively diluted with start dilution 1:8 to the required concentration by a 2-fold series, and an equal volume of challenge virus solution containing 100 $CCID_{50}$viruses was added. After neutralisation in a 37°C incubator for two hours, a 1.0 x 10^5 /mL cell suspension was added to the wells (0.1 mL/well) and cultured in a CO_2 incubator at 37°C for 3-5 days. The Karber method (Ramakrishnan, 2016)by observing the CPE was used to calculate the neutralisation endpoint (MNT_{50}) (convert the serum dilution to logarithm), which means that the dilution of serum that can protect 50% of cells from infection by challenge with 100 $CCID_{50}$ virus. Inoculation dose used was 100 PFU in 100 microlitre

During each assay, known antibody titre from animal sera is used as a positive control. Pre-immune sera used as a negative control. T-cell Memory Response (Phase 1 PBMCs collected on Day 104):

PBMCs were cultured in 24 well plate with 0.5x10^6 cells/ml/well and stimulated with Whole virion Inactivated SARS CoV2 antigen (1.2 µg/ml) for 6days by keeping the plate at 37°C in 5% CO2 incubator. Cells stimulated with phorbol 12-myristate 13-acetate (PMA)(25 ng/ml, Sigma) and Ionomycin (1 µg/ml, Sigma) were used as positive control and unstimulated cells and PBMCs collected on Day 0 stimulated with inactivated SARS CoV 2 antigen were used as negative control. On Day 6, cells were harvested and stained with human specific fluorochrome conjugated B & T cell surface marker antibodies for 30 minutes at 4°C. The list of fluorochrome conjugated cell surface marker antibodies procured from BD Biosciences, USA are as follows, Mouse anti- human CD3 BV450 (clone# UCHT1, Cat#560365), Mouse anti- human CD4 PE-Cy 7 (clone# SK3, Cat# 348789), Mouse anti- human CD8 APC-H7 (clone# SK1, Cat# 560179), Mouse anti- human CD19 PE (clone# SJ25C1, Cat# 340364) and Mouse anti- human CD27 APC (clone# M-T271, Cat# 558664). Mouse anti- human CD45RO PerCp Cy5.5 (clone# UCHL1, Cat# 130-113-552) was procured from Miltenyi Biotec, Germany). Cells were again washed twice with PBS and resuspended in 500µl FACS buffer (BD Biosciences). All samples were acquired using BD FACSVerse (BD Biosciences, CA, USA) and data was analyzed using FlowJo software (Tree Star). To assess the T cell memory responses, gating was done from $CD3^+$T cell population and to $CD4^+$ T cell population and to assess the B cell memory response, gating was done on $CD3^-$ lymphocyte population. Additionally, on Day 3, 50µl cell culture supernatant was tested to determine Th1/Th2/Th17 cytokine profile using human CBA kit (Cytokine Bead Array Kit, Cat# 560484, BD Biosciences, USA). Further, Cell culture supernatant collected on Day 6 was also tested for secreted IgG antibodies by ELISA.

vi. T-cell Memory Response (Phase 1 PBMCs collected on Day 104):

PBMCs were cultured in 24 well plate with 0.5x10^6 cells/ml/well and stimulated with Whole virion Inactivated SARS CoV2 antigen (1.2 µg/ml) for 6days by keeping the plate at 37°C in 5% CO2 incubator. Cells stimulated with PMA (25 ng/ml, Sigma) and Ionomycin (1 µg/ml, Sigma) were used as positive control and unstimulated cells and PBMCs collected on Day 0 stimulated with inactivated antigen were used as negative control. On Day 6, cells were harvested and stained with human specific fluorochrome conjugated B & T cell surface markers for 30 minutes at 4°C. The list of fluorochrome conjugated cell surface marker antibodies procured from BD Biosciences, USA are as follows, Mouse anti- human CD3 BV450 (clone# UCHT1, Cat#560365), Mouse anti-human CD4 PE-Cy 7 (clone# SK3, Cat# 348789), Mouse anti- human CD8 APC-H7 (clone# SK1, Cat# 560179), Mouse anti- human CD19 PE (clone# SJ25C1, Cat# 340364) and Mouse anti- human CD27 APC (clone# MT271, Cat# 558664). Mouse anti- human CD45RO PerCp Cy5.5 (clone# UCHL1, Cat# 130-113-552) was procured from MiltenyiBiotec, Germany). Cells were again washed twice with PBS and resuspended in 500µl

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FACS buffer (BD Biosciences). All samples were acquired using BD FACSVerse (BD Biosciences, CA, USA) and data was analyzed using FlowJo software (Tree Star). To assess the T cell memory responses, gating was done from $CD3^+$T cell population and to $CD4^+$ T cell population and to assess the B cell memory response, gating was done on $CD3^-$ lymphocyte population. Additionally, on Day 3, 50µl cell culture supernatant was tested to determine Th1/Th2/Th17 cytokine profile using human CBA kit (Cytokine Bead Array Kit, Cat# 560484, BD Biosciences, USA). Further, Cell culture supernatant collected on Day 6 was also tested for secreted IgG antibodies by ELISA.

vii. SARS-CoV2 spike (S1) Antibody (IgG1/IgG4) Isotyping:

Th1-dependent IgG1 vs. Th2 -dependent IgG4 antibody subclasses were determined by ELISA from sera collected from all vaccinated groups as described earlier. Briefly, 96 well microtiter plates were coated with spike (S1) protein (Cat: SYNG-PRB026913, Make: Syngene), at a concentration of 1µg/ml, in PBS pH 7.4) and blocked with 1% BSA in PBS, pH 7.4. Two fold serially diluted (1:50 to 1:204800) individual sera were added and incubated for 2hrs at 37 C followed by the addition of mouse anti-human IgG1 (Cat No: 409904, Make: Biolegend) or IgG4 (Cat No: 411202, Make: Biolegend) antibodies at a concentration of 25ng/well. After incubation of the plate for 1hr at RT, wells were again washed, and added Anti Mouse IgG HRP Conjugate (Cat No: A4416, Make: Sigma Aldrich) at a dilution of 1:2500. Later, 3,3′,5,5′-tetramethylbenzidine (TMB) solution
(Cat No: AR1002, make: deNovo Biolabs) was added as a substrate to develop color. Absorbance was read at 450nm. Cut off was determined as 1:50 dilution, by calculating threshold (Mean+3SD) of absorbance obtained at remaining all dilutions of known negative control (unvaccinated and uninfected sera). Th1:Th2 index was calculated by taking ratios of end point antibody titer (sera dilution at which absorbance was above the cut off) of IgG1 & IgG4. Th1/Th2 Immunophenotyping (conducted at Indoor Biotechnologies, Bangalore):

viii. Luminex Based Multiplex Assay

PBMCs from the study subject were thawed as per the SOP and washed with RPMI containing 10% FBS twice. Subsequently cells were washed twice with AIM-V Media with 10% Human AB Serum and resuspended at a density of 6x 10^6 cells per ml. 300,000 cells (50µl) were aliquoted to individual wells in a U bottom tissue culture plate (Nunclon Delta-Treated cat no: 163320) and added with 50ul of plain media (for unstimulated condition) or 50µl of COVID peptide cocktail (peptides from S,N & M protein at 2ug/ml(for each peptide))(stimulated condition) or anti-CD3 antibody (Positive Control). Peptides and anti-CD3 were diluted in AIM-V media with 10% AB serum. Each condition was performed in duplicates. The cells were incubated in CO_2 incubator at 37°C for 48 hours.

At the end of 48 hours of incubation the culture supernatant from the wells were collected and analyzed for cytokine levels using a Bio-plex Pro Human Cytokine panel (BIORAD, cat no: M5000031YV). Briefly, array of beads specific for the analytes (via the capture antibody) were either incubated with culture supernatant or standards. After washing the beads, biotinylated detection antibody was added and after washing the bead were incubated with Streptavidin PE. After washing the beads were acquired in a Bio plex 200 (BIORAD) machine. The data was analyzed using the Bioplex Manager software 6.1 **ix.** Cytokine Bead Array based Multiplex Assay

PBMCs collected on Day 56 of Phase II & Day 104 of Phase I from vaccinated individuals were stimulated with whole virion inactivated SARS CoV-2 antigen (1.2µg/ml) for 72hrs. Cell culture supernatants were collected and used for the simultaneous detection of multiple cytokines using Human Th1/Th2/Th17 BD CBA Kit (BD Bioscience, San Jose, CA, USA). Supernatant samples were processed as per the manufacturer's instructions. Briefly, the kit was used for the simultaneous detection of human IL-2, IL-4, IL-6, IFN-γ, TNF, IL-17A, and IL-10 cytokines in a single sample. For each sample, 50 µL of the mixed captured beads, 50 µL of the unknown serum sample or standard dilutions, and 50 µL of phycoerythrin (PE) detection reagent were added consecutively to each assay tube and incubated for 3 h at room temperature in the dark. The samples were washed with 1 mL of wash buffer for 5 min and centrifuged. The bead pellet was resuspended in 300 µL buffer after discarding the supernatant. Samples were measured on the BD FACS Verso and analyzed by FCAP Array Software (BD Bioscience). Unstimulated cells or PBMCs collected on Day 0 were maintained as a negative control. PBMCs stimulated with PMA & ionomycin were maintained as a positive control.

x. Database Handling/Procedures and Data Management Plan

The database used for this study is a fully validated, FDA 21 CFR Part 11 compliant system, proprietary, SAS (software as a Service) based clinical data management system. Error rates for clinical database are controlled and

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do not exceed 0.5% as an industry-wide standard. For critical data zero errors based on a 100% review of data are obtained. This is controlled and documented by database audits against the study CRFs. Based on Data Management Plan (DMP) document a road map to handle the data under projected circumstances and describes the CDM activities was followed in the trial. The DMP describes the annotations, database design, data entry and data tracking guidelines, quality control measures, SAE reconciliation guidelines, discrepancy management, data transfer/extraction, and database locking guidelines. Along with the DMP, a Data Validation Plan (DVP) containing all edit-checks was performed and the calculations for derived variables are also prepared. The edit check programs in the DVP help in cleaning up the data by identifying the discrepancies.

xi. Definition of Reactogenicity and Safety.

Reactogenicity refers to a subset of reactions that occur soon after vaccination, and are a physical manifestation of the inflammatory response to vaccination. In clinical trials, information on expected signs and symptoms after vaccination is actively sought (or 'solicited'). These symptoms may include pain, redness, swelling or induration for injected vaccines, and systemic symptoms, such as fever, myalgia, headache, or rash. The broader term 'safety' profile refers to all adverse events (AEs) that could potentially be caused/ triggered or worsened at any time after vaccination, and includes AEs, such as anaphylactic reactions, diseases diagnosed after vaccination and autoimmune events. (Reference: Hervé C, Laupèze B, Del Giudice G, Didierlaurent AM, Tavares Da Silva F. The how's and what's of vaccine reactogenicity. NPJ Vaccines. 2019;4:39.)

Table S1: Ethic Committees from All Participating Trial Sites with Reference Numbers:

Site Name	Reference Number
Nizam's Institute of Medical Science, Hyderabad, Telangana	ECR/303/INST/AP/2013/RR-19
All India Institute of Medical Science, New Delhi	ECR/547/INST/DL/2014/RR-17
PGIMS, Rohtak, Haryana	ECR/293/Inst/HR/2013/RR-19
All India Institute of Medical Science, Patna	ECR/1387/INST/BR/2020
Redkar Hospital & Research Centre, Goa	ECR/902/INST/GA/2018
Jeevan Rekha Hospital, Belgaum, Karnataka	ECR/1242/INST/KA/2019
Gillukar Multispecialty Hospital, Nagpur	ECR/1374/INST/MH/2020
Prakhar Hospital, Kanpur, Utter Pradesh	ECR/1017/INST/UP/2017
SRM Medical College Hospital & Research Centre, Chennai Tamil Nadu	ECR/431/INST/TL/2013/RR-19

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2: SARS-CoV-2 Neutralising Antibody Responses and Cell-mediated responses.

Parameters		**3 µg with Algel –IMDG (n=190)**	**6 µg with Algel-IMDG (n=190)**
$PRNT_{50}$ GMT (95% CI)	**Day 0**	0.11 (0.10, 0.13)	0.10 (0.09, 0.11)
	Day 28	1.23 (0.78, 1.94)	1.54 (0.99, 2.4)
	Day 42	78.4 (54.8, 112.0)	161.8 (126.2, 207.4)
	Day 56	100.9 (74.1, 137.4)	197.0 (155.6, 249.4)
$PRNT_{50}$ SCR (95% CI)	**Day 28**	39.3 (32.2, 46.8)	47.5 (39.9, 55.1)
	Day 42	88.5 (83.0, 92.8)	97.2 (93.5, 99.1)
	Day 56	92.9 (88.2, 96.2)	98.3 (95.1,99.7)
MNT_{50} GMT (95% CI)	**Day 0**	6.3 (6.02, 6.68)	6.0 (5.8, 6.1)
	Day 28	12.6 (10.8, 14.7)	12.0 (10.2, 14.0)
	Day 42	78.5 (64.6, 95.2)	134.8 (144.4, 158.8)
	Day 56	92.5 (77.7, 110.2)	160.1 (135.8, 188.8)
MNT_{50} SCR (95% CI)	**Day 28**	23.5 (17.6, 30.3)	21.5 (15.7, 28.3)
	Day 42	84.7 (78.7, 89.6)	96.6 (92.8, 98.8)
	Day 56	88.0 (82.4, 92.3)	96.6 (92.6, 98.5)
SARS-CoV-2 Cell mediated Responses (on Day 42) Mean (95% CI) (pg/mL)	**IFN – gamma**	1167.2 (445.9, 1888)	1082.5 (110.9, 2054)
	IFN-Alpha	4577.1 (4015, 5139)	3612.7 (2918, 4307)
	IL-2	42.13 (31.0, 53.2)	28.1 (22.9, 33.3)
	IL-5	33.4 (29.2, 37.5)	30.9 (27.2, 34.6)
	IL-10	27.3 (21.5, 33.1)	72.2 (53.9, 90.5)
	IL-13	20.1 (14.6, 25.6)	16.3 (9.4, 23.1)
Th1: Th2 Ratio	**(IFN- gamma +TNFAlpha+ IL-2) / (IL-5 + IL-13)**	59.2 (48.5, 69.7)	42.5 (28.6, 56.3)

Shown are neutralising antibody and cell-mediated immunity results at baseline (day 0), 4 weeks after the first vaccination (day 28), 2 weeks after the second vaccination (day 42), and 4 weeks after the second vaccination (day 56) for the 3 µg (n=190) and 6 µg (n=190) with Algel-IMDG groups. Shown are the cytokine levels in 2day

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supernatants for 58 participants (n=29 in each the 3 µg- and 6 µg with Algel-IMDG groups) with proliferative responses to BBV152 vaccination whose PBMC were evaluated after stimulation with SARS-CoV-2 peptides.

3: $PRNT_{50}$ Neutralising antibody titres across age groups and gender on day 56 (four weeks after the second dose).

Parameter	**3 µg with Algel-IMDG**			**6 µg with Algel-IMDG**		
Age Group	**n**	**SCR (95%CI)**	**Median (Q1, Q3)**	**N**	**SCR (95%CI)**	**Median (Q1, Q3)**
≥12-<18	10	100% (69.2,100)	231.8 (171.0,1036.5)	4	100% (39.8,100)	224.5 (76.6,840.7)
≥18-<55	166	92.2% (87.0,95.8)	137.7 (63.9,273.4)	164	98.17% (94.8,99.6)	182.4 (83.9,423.7)
≥55-≤65	7	100% (59,100)	70.7 (21.6,186.8)	9	100% (66.4,100)	199.5 (72.3,344.7)
Gender	**n**	**SCR (95%CI)**	**GMT (95%CI)**	**n**	**SCR (95%CI)**	**GMT (95%CI)**
Male	135	91.1% (85.0 95.3)	89.1 (60.3, 131.8)	137	97.8% (93.7,99.6)	211.3 (158.3, 282.2)
Female	48	97.9% (88.9,100.0)	143 (93.5, 218.8)	40	100% (91.2,100)	154.8 (109.9, 218)

Table S4: Phase 1 Long term Follow-up immunogenicity analysis.

Total Parameters		**3 µg with Algel –IMDG (n=100)**	**6 µg with Algel-IMDG (n=100)**	**6 µg with Algel (n=100)**	**Algel alone (n=75)**
MNT_{50} GMT (95% CI)	**Day 0**	6.22 (5.9,6.5)	6.02 (5.8,6.2)	5.95 (5.8,6.1)	6.09 (5.1,6.4)
	Day 28	60.33 (48.5, 75.03)	65.96 (53.2,81.8)	48.37 (37.9,61.7)	7.20 (6.38,8.1)
	Day 42	45.96 (36.1, 58.5)	81.95 (64.6, 103.9)	64.93 (53.7,78.5)	11.79 (9.4,14.8)
	Day 104	39.96 (32.0,49.9)	69.52 (53.7,90.0)	53.34 (40.1,71.0)	20.67 (14.5,29.5)
MNT_{50} SCR (95% CI)	**Day 28**	87.88 (81.5,94.3)	91.92 (86.6,97.3)	82.80 (75.1,90.5)	8.22 (1.9,14.5)

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	Day 42	74.23 (64.2,82.3)	88.42 (80.94.1)	91.21 (83.4,96.1)	18.13 (10.129.3)
	Day 104	73.47 (63.6,81.9)	81.05 (71.4,88.1)	73.12 (62.9.81.8)	32.88 (22.3,44.9)

Shown are geometric mean titers of the wild-type SARS-CoV-2 microneutralisation assay (MNT_{50}) at baseline (day 0), 2 weeks after the second vaccination (day 28), 4 weeks after the second vaccination (day 42), and 3 months after the second vaccination (day 104) for the 3 µg and 6 µg with Algel-IMDG groups, the 6 µg with Algel group, and the Algel-only control arm (from the immunogenicity cohort). Seroconversion rates (SCR) were defined by the proportion of titers achieving ≥4-fold above baseline.

5: Secreted antibodies upon PBMC stimulation from samples collected on day 104 (three months after the second dose) in the phase 1 trial.

	3 µg with Algel –IMDG	**6 µg with Algel-IMDG**	**6 µg with Algel**	**Algel alone**
Mean	**12.63**	**16.60**	**19.73**	**2.33**

Values represented in Mean±SD indicates spike specific secreted IgG titers measured as end point antibody dilution by ELISA from cell culture supernatant, after stimulation of PBMCs with antigen for 6days (*Ex-vivo*). The value for pre-vaccination samples were 0.

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Table S6: Further effector function of activated and differentiated T cells from PBMCs from the Phase 1 study (at day 104, three months after the second dose).

	3µg Ag+ Algel-IMDG (n=10)	6µg Ag+ Algel-IMDG (n=10)	6µg Ag+ Algel (n=10)	Algel Alone (n=6)	Pre-vaccination (n=5)
IL-17A	4.39±4.29	3.40±3.41	14.70±28.75	9.58±8.79	5.23±2.97
IFNg	82±172.8	124.69±224.73	13.03±16.50	26.77±60.27	0.01±0.02
TNF-alpha	3.99±4.93	3.25±5.63	1.30±0.58	3.37±6.54	0.00±0.00
IL-2	30.55±46.83	55.84±69.15	17.05±9.40	6.14±8.50	0.29±0.36
IL-4	0.2±0.29	0.35±0.48	0.13±0.13	0.08±0.16	0.00±0.00
IL-10	37.87±60.28	22.47±41.76	6.35±6.76	6.23±8.18	1.22±1.06
IL-6	297.15±410.52	464.24±470.51	218.54±327.33	544.56±1057.95	27.61±30.19

Values shown in Mean±SD represents cytokines levels measured in pg/ml by CBA method from culture supernatants, obtained after stimulation of PBMCs with antigen for 6days (*Ex-vivo*). Release of Th1 biased cytokines (IFNγ, TNF-α and IL-2) as a function of effector cells of $CD4^+$ T cells, which further supports towards T cell dependent memory response. No or negligible levels of Th2 cytokines (IL-4) and IL-17Acytokine levels were observed, whereas, IL-6 cytokine levels were observed in 3µg and 6µg with Algel-IMDG formulation predicted to be due to activation of both T & B cells.

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Table S7: Solicited Adverse Events After Two Doses in the Safety Set

Symptoms	Dose Group	Severity			
		Dose 1		Dose 2	
		Mild n(%)	Moderate n(%)	Mild n(%)	Moderate n(%)
Local					
Pain at injection Site	3µg with Algel-IMDG	**5 (2.63%)**	**1 (0.53%)**	**7 (3.68%)**	-
	6µg with Algel-IMDG	**6 (3.16%)**	-	**4 (2.10%)**	**1 (0.53%)**
Redness at Injection site	3µg with Algel-IMDG	**1 (0.53%)**	-	-	-
	6µg with Algel-IMDG	**1 (0.53%)**	-	-	-
Itching	3µg with Algel-IMDG	**1 (0.53%)**	-	-	-
	6µg with Algel-IMDG	**1 (0.53%)**	-	**2 (1.05%)**	-
Stiffness in upper arm	3µg with Algel-IMDG	**1 (0.53%)**	-	-	-
	6µg with Algel-IMDG	-	-	-	-
Weakness in Right Arm	3µg with Algel-IMDG	-	-	**1 (0.53%)**	-
	6µg with Algel-IMDG	-	-	-	-
Mild & Moderate (After Dose 1 & 2)	3µg with Algel-IMDG	**9 (4·7%) (2·2, 8·8)**		**8 (4.2%) (1.8, 8.1)**	
	6µg with Algel-IMDG	**8 (4.2%) (1.8,8.1)**		**7 (3.7%) (1.6, 7.7)**	
Systemic					
Body ache	3µg with Algel-IMDG	-	-	**1 (0.53%)**	-
	6µg with Algel-IMDG	**2 (1.05%)**	**1 (0.53%)**	**2 (1.05%)**	-
Fever	3µg with Algel-IMDG	**2 (1.05%)**	**1 (0.53%)**	**5 (2.63%)**	-
	6µg with Algel-IMDG	**5 (2.63%)**	**3 (1.58%)**	**4 (2.10%)**	-
Headache	3µg with Algel-IMDG	**2 (1.05%)**	-	**1 (0.53%)**	-
	6µg with Algel-IMDG	**1 (0.53%)**	-	**2 (1.05%)**	**1 (0.53%)**
Malaise	3µg with Algel-IMDG	**4 (2.10%)**	-	**3 (1.58%)**	-
	6µg with Algel-IMDG	**1 (0.53%)**	-	-	-
Weakness	3µg with Algel-IMDG	-	-	**1 (0.53%)**	-
	6µg with Algel-IMDG	-	**1 (0.53%)**	**2 (1.05%)**	-
Rashes	3µg with Algel-IMDG	-	-	**1 (0.53%)**	-
	6µg with Algel-IMDG	-	-	-	-
Mild & Moderate (After Dose 1 & 2)	3µg with Algel-IMDG	**9 (4.7%) (95% CI: 2.2, 8.8)**		**12 (6.3%) (95% CI: 3.3, 10.8)**	
	6µg with Algel-IMDG	**14 (7.4%) (95% CI: 4.1, 12.1)**		**11 (5.8%) (95% CI: 3.0, 10.1)**	
Total		**33 (8.68%)**	**7 (1.84%)**	**36 (9.47%)**	**2 (0.53%)**
Adverse events after two doses	3µg with Algel-IMDG	**38 (10.0%) (95% CI:7.2,13.5)**			
	6µg with Algel-IMDG	**40 (10.5%) (95% CI: 7.6,14.1)**			

The groups received 3 µg with Algel-IMDG or 6 µg with Algel-IMDG. Data are shown as the number of participants who experienced an event (%) after receiving either dose 1 (0-7) or dose 2 (28-35 days). The grading scale for most adverse events was based on the FDA guidance document for the Toxicity Grading Scale for Healthy Adult and Adolescent Volunteers Enrolled in Preventive Vaccine Clinical Trials. For adverse events where grading was not described in the FDA guidance document, we used the Common Terminology Criteria for Adverse Events (CTCAE) grading

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Table S8: Number of unsolicited, non-serious, adverse events classified by MedDRA® System Organ Class, severity, and investigator-assigned relationship to study vaccine/control.

MedDRA SOC	Dose Group	Adverse Events	Severity		Relationship to IP	
			Mild N (%)	Moderate N (%)	Not Related	Related
Gastrointestinal Disorders	3µg with Algel-IMDG	Mouth Ulcer (1)	1(0.53%)	-	1(0.53%)	-
	6µg with Algel-IMDG	Gastric Problem (1)	1(0.53%)	-	1(0.53%)	-
General Disorders and administrative site conditions	3µg with Algel-IMDG	Weakness (2)	2(1.05%)	-	2(1.05%)	-
	6µg with Algel-IMDG	Fever (1)	-	1(0.53%)	-	1(0.53%)
		Body ache (1)	-	1(0.53%)	-	1(0.53%)
Nervous system disorders	3µg with Algel-IMDG	Headache (1)	1(0.53%)	-	1(0.53%)	-
	6µg with Algel-IMDG	Dizziness (1)	1(0.53%)	-	-	1(0.53%)
		Headache (1)	1(0.53%)	-	1(0.53%)	-
Respiratory, thoracic and mediastinal disorders	3µg with Algel-IMDG	Cold (3)	2(1.05%)	1(0.53%)	2(1.05%)	1(0.53%)
		Breathlessness (1)	1(0.53%)	-	1(0.53%)	-
		Cough (1)	1(0.53%)	-	1(0.53%)	-
		Heaviness in chest (1)	1(0.53%)	-	1(0.53%)	-
		Running nose (1)	1(0.53%)	-	1(0.53%)	-
	6µg with Algel-IMDG	Cold (2)	2(1.05%)	-	2(1.05%)	-
		Running nose (1)	-	1(0.53%)	-	1(0.53%)
		Sneezing (1)	1(0.53%)	-	1(0.53%)	-
Skin and subcutaneous tissue disorders	3µg with Algel-IMDG	Rashes (1)	-	1(0.53%)	-	1(0.53%)
	6µg with Algel-IMDG	-	-	-	-	-
Total			16 (76.2%)	5 (23.8%)	15 (71.4%)	6 (28.6%)

GERD: Gastroesophageal reflux disease, COLD: the lowest level term (LLT) in the MedDRA for the preferred term (PT) Nasopharyngitis is cold

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Table S9: Grading Scales for Local and Systemic Adverse Events.

Event Name	None=1	Mild =2	Moderate=3	Severe=4	Potentially life threatening=5
Local Adverse Events					
Pain at injection site	Absent	Does not interfere with activity	Interferes with activity or repeated use of non-narcotic pain reliever >24hrs	prevents daily activity or repeated use of narcotic pain reliever	Emergency room (ER) visit or hospitalization
Tenderness/ Soreness	Absent	Mild discomfort to touch	Discomfort with movement	Significant discomfort at rest	Emergency room (ER) visit or hospitalization
Redness/ Erythema	Absent	2.5-5cm	5.1-10cm	>10 cm	Necrosis or exfoliative dermatitis
Swelling/ Induration	Absent	2.5-5cm and does not interfere with daily activity	5.1-10cm or interferes with daily activity	>10 cm prevents daily activity	Necrosis
Pruritus associated with injection	Absence of any Pruritus	itching localized to injection site and relieved spontaneously or with<48 hours treatment	Itching beyond injection site not generalized or localized itching requiring >48 hours treatment	Itching causing inability to perform usual social & functional activities	NA
Any other Local AE's	Absent	Does not interfere with daily activity	interferes with daily activity,	prevents daily activity	Emergency room (ER) visit or hospitalization
Systemic Adverse Events					
Pain	Absent	Does not interfere with activity	Repeated use of nonnarcotic pain reliever > 24 hours or interferes with daily activity	Any use of narcotic pain reliever or prevents daily activity	Emergency room (ER) visit or hospitalization
Fever	<38^{0}C (<100.4^0 F)	38.0-38.4^{0}C(100.4-^{0}F) 101.1	38.5-38.9^0 C (101.2-102.0^{0}F)	39.0-40^{0}C C(102.1104^{0}F)	> 40^{0}C (>104^{0}F)
Nausea/ Vomiting	Absent	No interference with daily activity or 1-2 episodes/24 hours	Some interference with daily activity or > 2 episodes/24 hours	Prevents daily activity, requires outpatient IV hydration	Emergency room (ER) visit or hospitalization for hypotensive shock
Headache	Absent	No interference with daily activity	some interference with daily activity or repeated use of nonnarcotic pain reliever	Significant, prevents daily activity or repeated use of narcotic pain reliever	Emergency room (ER) visit or hospitalization
Fatigue	Absent	No interference with daily activity	some interference with daily activity	Significant, prevents daily activity	Emergency room (ER) visit or hospitalization
Myalgia	Absent	No interference with daily activity	some interference with daily activity	Significant, prevents daily activity	Emergency room (ER) visit or hospitalization
Acute Allergic Reaction	Absent	No interference with daily activity	some interference with daily activity	Prevents daily activity	Emergency room (ER) visit or hospitalization

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Rash	Rash Absent	rashes covering <10%BSA with or without symptoms (pruritus, burning, tightness)	rashes covering 10-30 %BSA (Body Surface Area) with or without symptoms (pruritus, burning, tightness), interferes with daily activity	rashes covering >30 %BSA with or without symptoms (pruritus, burning, tightness), prevents with daily activity	NA
Joint pain	Absent	Does not interfere with daily activity	Repeated use of nonnarcotic pain reliever > 24 hours or interferes with daily activity	Any use of narcotic pain reliever or prevents daily activity	Emergency room (ER) visit or hospitalization
Any other Systemic AE's	Absent	Does not interfere with daily activity	interferes with daily activity	prevents daily activity	Emergency room (ER) visit or hospitalization

Abbreviation: NA, not available. The grading scale for most AEs was based on the FDA guidance document for Toxicity Grading Scale for Healthy Adult and Adolescent Volunteers Enrolled in Preventive Vaccine Clinical Trials. The causality assessment was done based on the investigator's taking the following factors into consideration: Temporal (time-based) relationship between the event and administration of the study vaccine. Possible alternative etiology for the AE, such as concurrent illness or natural history of underlying diseases, or concomitant medications. Adverse events of similar nature having previously been observed with the study vaccine. The adverse event having often been reported in literature for similar types of treatments.

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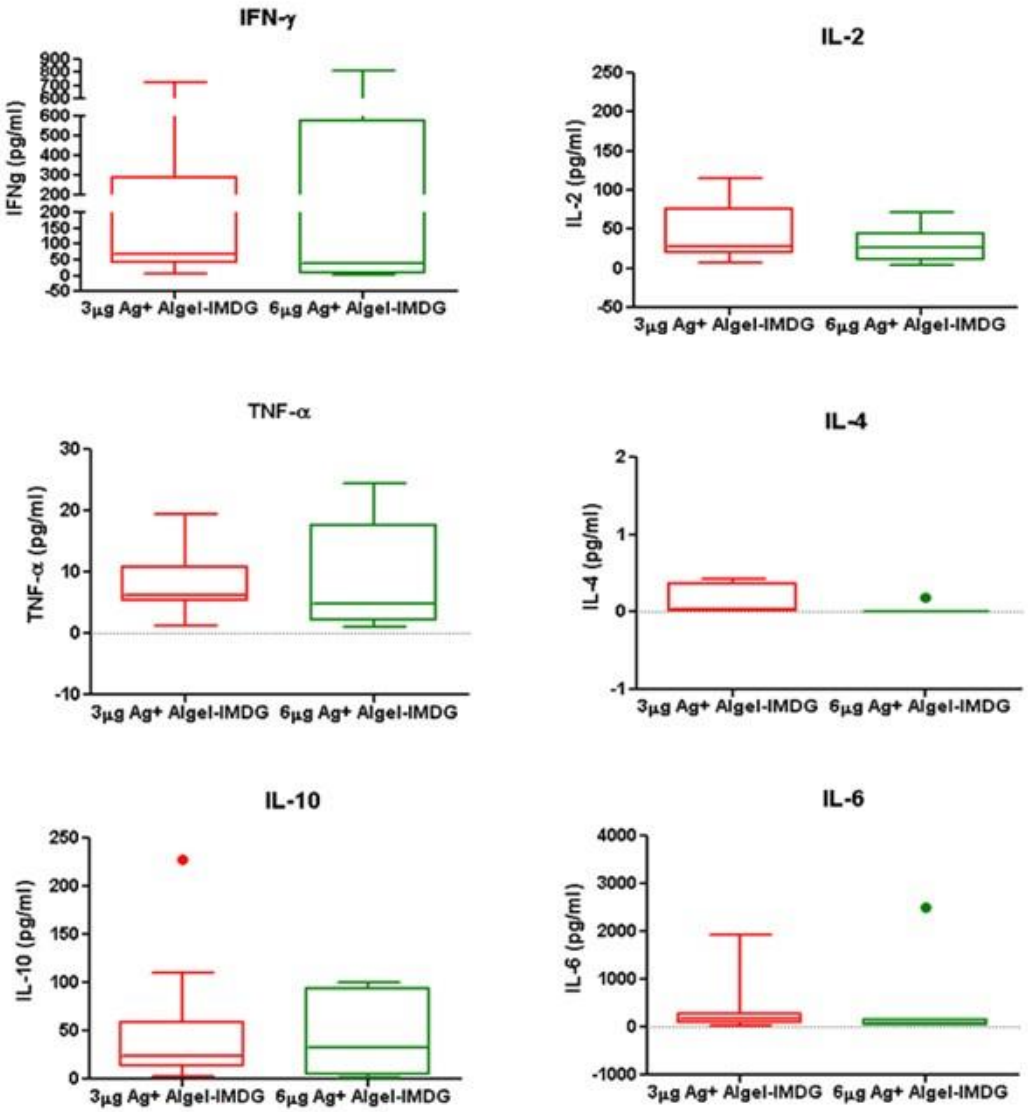
Figure S1: Cytokine profile measured from culture supernatant upon stimulation of PBMCs with antigen



Box plot represents mean with 95% CI values of secreted cytokine levels measured in the cell culture supernatant after 72hrs of whole virion inactivated antigen stimulation. PBMCs collected on Day 56 were used to measure Th1/Th2/Th17 cytokines by CBA method. Graphs and statistics done using Tukey test.

Figure S2: comparison between $PRNT_{50}$ assays at the two laboratories (Bharat Biotech and National Institute of Virology).

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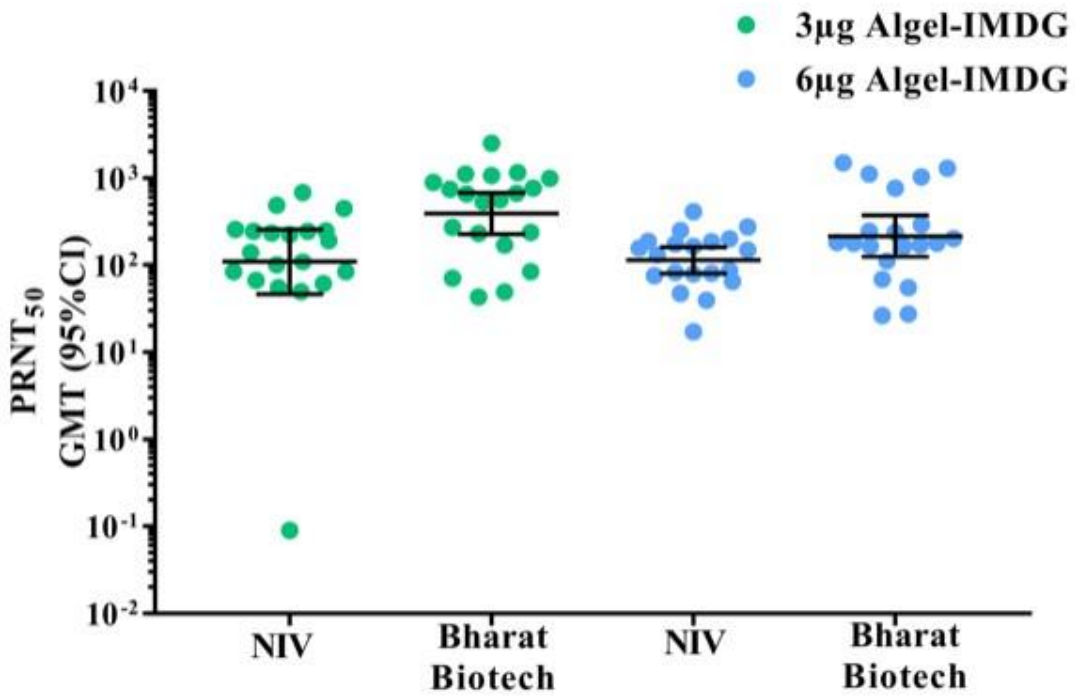
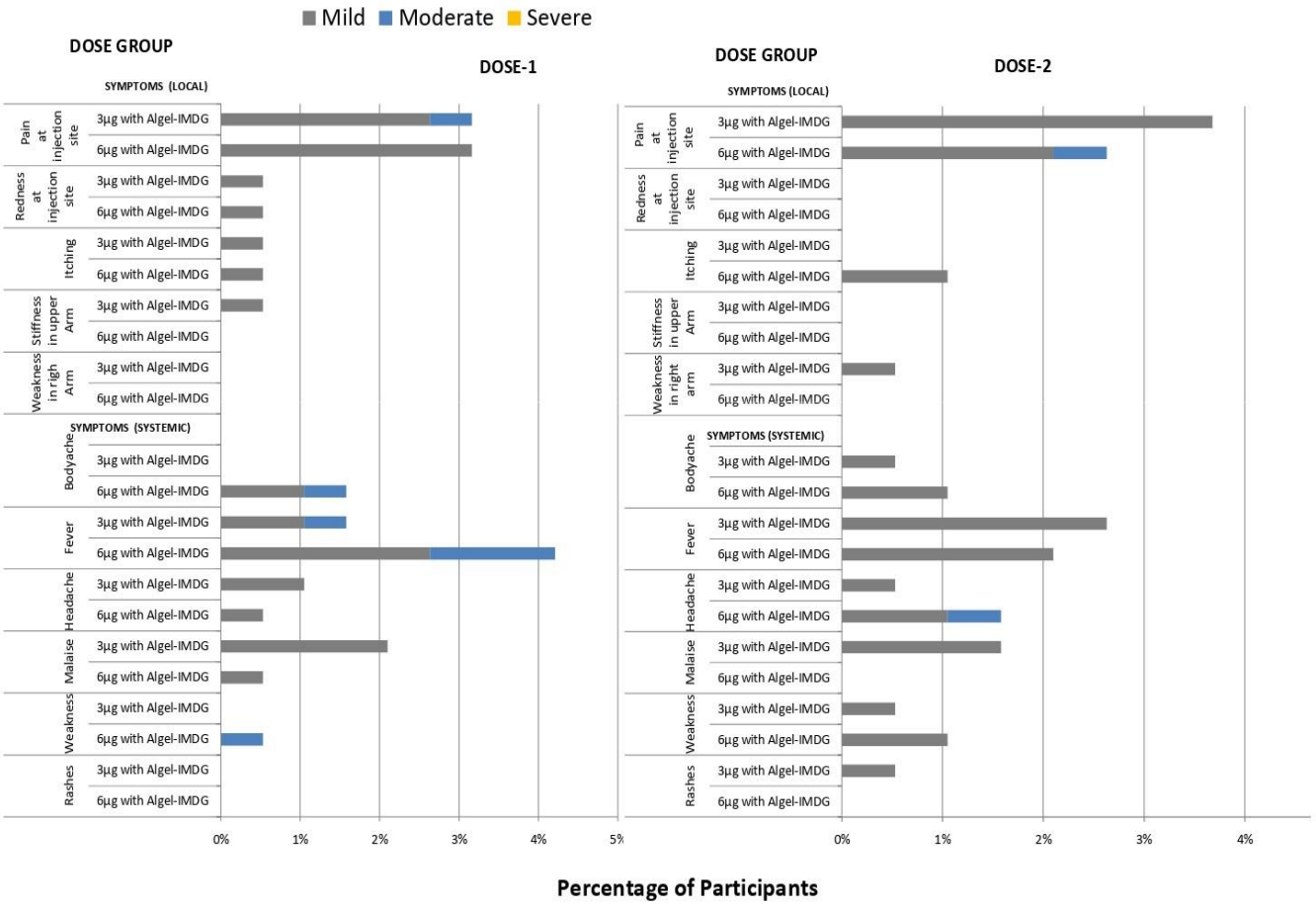


FigureS3: Solicited Adverse Events After Two Doses in the Safety Set



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ANNEXURE-3

INTEGRATED CLINICAL AND STATISTICAL REPORT

Title:	An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.
Protocol Number:	BBIL/BBV152-C/2020
Design:	This is a randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.
Phase:	III
Version:	1.0
Sponsor:	Bharat Biotech International Limited (BBIL), Genome Valley, Shameerpet, Hyderabad, Telangana, India. & Indian Council of Medical Research (ICMR), New-Delhi, India
Study Initiation Date:	16th November 2020
Study Completion Date:	Ongoing
Co-ordination Unit (Responsible for Preparation of the Report) Clinical Operations Management Unit	IQVIA & BHARAT BIOTECH INTERNATIONAL LIMITED

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Sponsor Representative:	Dr. V. Krishna Mohan Whole-time Director Bharat Biotech International Limited (BBIL) Genome Valley, Hyderabad India Tel +91 40 2778 4003 Fax: +91 40 2348 0560 Email:kmohan@bharatbiotech.com. and Dr. Nivedita Gupta Scientist F, Epidemiology and Communicable Diseases, Indian Council of Medical Research (ICMR), New-Delhi, India Tel: +91-11-26589397 Email: guptanivedita.hq@icmr.gov.in
GCP Statement:	The trial is being conducted in compliance with the protocol, GCP, Schedule Y (Drugs and Cosmetics Act, 2005) and Ethical Guidelines for Biomedical Research on Human Participants (Indian Council of Medical Research, 2006)
Date of Report:	05th March 2021
Prepared by:	Medical Affairs Department Bharat Biotech International Limited
Study period (years):	1 Year
Date of 1st Dose 1st Subject:	November 16, 2020
Date of 1st Dose last subject:	January 8, 2021
Trial Registration:	CTRI/2020/11/028976

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Signature Page:

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Review and approval of the Integrated Clinical and Statistical report.

We have read this report and confirm that, to the best of our knowledge, it accurately describes the conduct and results of the trial.

Signature & Date

06/03/2021

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Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Protocol No.: BBIL/BBV152-C/2020

Investigational Vaccine: Whole-Virion Inactivated SARS-CoV-2 vaccine (BBV152B).

Study Population: A total sample size of 25,800 volunteers ages 18 years and above were recruited and administered with vaccine and placebo in 1:1 ratio.

The study was conducted in 25 sites all zone of India.

Study Centres and Investigators:

S No.	Site Codes	Site Name & Location	Zone
1	308	MG Medical College, Sri Balaji Vidyapeeth - Dr. PajanivelRanganadin (Pondicherry)	South
2	311	Vydehi institute of medical sciences – Dr. Akshata (Bangalore)	South
3	312	Director of Public Health & Preventive Medicine – Dr. SelvaVinayagam - (Chennai)	South
4	317	Government Fever Hospital, Guntur - Dr. Laxmi Kumari (Guntur)	South
5	320	Nizam's institute of Medical Sciences -Dr. Prabhakar Reddy (Hyderabad)	South
6	325	SRM Hospital & Research Center - Dr. Satyajit Mohapatra (Chennai)	South
7	326	Jeevan Rekha Hospital - Dr Amit Bhate, (Belgaum)	South
8	309	People's University - Dr. Raghavendra Gumashta (Bhopal)	Central
9	302	All India Institute of Medical Sciences – Dr. Chadramani Singh (Patna)	East
10	305	ICMR-National Institute of Cholera and Enteric Diseases - Dr. Suman Kanungo (Kolkata)	East
11	318	(IMS) & SUM Hospital - Dr. E Venkata Rao (Bhubaneswar)	East
12	301	All India Institute of Medical Sciences – Dr. Sanjay Rai (New Delhi)	North
13	303	ESIC Medical College and Hospital – Dr. Anil Pandey (Faridabad)	North
14	313	Aligarh Muslim University - Dr. Md. Shameem (Uttar Pradesh)	North
15	321	PGIMS - Dr. Savita Verma (Rohtak)	North
16	323	Gangaram - Dr Anupam Sachdeva (New Delhi)	North
17	324	Prakhar Hospital – Dr. Jitendra Kushwaha, Kanpur	North
18	307	Lokmanya Tilak Municipal General Hospital-Dr. N.T. Awad (Mumbai)	West
19	310	Rahate Surgical Hospital & ICU - Dr. Manish Multani (Nagpur)	West
20	315	GMERS Medical College and Civil Hospital - Dr. Parul Bhatt (Ahmedabad)	West
21	316	Sir J.J. Group of Hospitals - Dr. PritiMeshram (Mumbai)	West
22	322	Redkar Hospital and Research Centre - Dr. Sagar Redkar (Goa)	West
23	327	Maharaja Agrasen Multi speciality Hospital – Dr. Manish Kumar Jain - (Jaipur)	West
24	328	RCSMGMC & CPR Hospital – Dr. Sunita Jaiprakash Ramanand (Kolhapur)	West
25	329	Prakash Institute of Medical Science & Research – Dr. Vijaykumar Patil (Sangli)	West

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1. INTRODUCTION

The outbreak of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2/COVID-19) has, as on March 05th,2021, spread to over 216 countries across the globe, with a total of ~115 Million confirmed cases and ~ 2.5 Million deaths. The number of reported SARS-CoV-2 cases in India is also on an increase with ~11 Million confirmed cases and ~157000 deaths(1). Coronaviruses are a severe threat to the humans and other animals, earlier other members of the same family coronaviridae, SARS-CoV infected ~8000 people with a death rate of 10% and another member Middle East Respiratory Syndrome (MERS) virus was outbroken in the Middle East region and infected ~2000 people with 35% fatality rate(2) . Porcine epidemic diarrhea coronavirus (PEDV) has swept throughout the United States of America, causing an almost 100% fatality rate in piglets and wiping out more than 10% of America's pig population in less than a year(2).

Coronaviruses are the enveloped positive-stranded RNA viruses which have the largest genome among all RNA viruses with approximately 27 to 32 kb2. The viral genome is packed inside a helical capsid formed by the nucleocapsid protein (N) which is surrounded by an envelope. SARS-CoV viral envelope is associated with at least three structural proteins: The membrane protein (M) and the envelope protein (E) are involved in virus assembly, whereas the spike protein (S) mediates virus entry into host cells. Among these structural proteins, the spike forms large protrusions from the virus surface, giving coronaviruses the appearance of having crowns(2).

The SARS-CoV-2 virus transmits from person to person mainly through respiratory droplets(3).
The inhaled virus SARS-CoV-2 likely binds to epithelial cells in the nasal cavity and starts replicating. ACE2 is the main receptor for both SARS-CoV-2 and SARS-CoV(4,5). There is local propagation of the virus but a limited innate immune response. At this stage, the virus can be detected by nasal swabs. Although the viral burden may be low, these individuals are infectious. The RT-PCR value for the viral RNA might be useful to predict the viral load and the subsequent infectivity and clinical course. The virus propagates and migrates down the respiratory tract along the conducting airways, and a more robust innate immune response is triggered. Nasal swabs or sputum should yield the virus (SARS-CoV-2) as well as early markers of the innate immune response(6). The symptoms of SARS-CoV-2 infection appear after an incubation period of ~5 days(7). The period from the onset of SARS-CoV-2 symptoms to death ranged from 6 to 41 days with a median of 14 days. This period is dependent on the age of the patient and the status of the patient's immune system. It was shorter among patients >70 years old compared with those under the age of 70(8). The most common symptoms at the onset of SARS-CoV-2 illness are fever, cough, and fatigue, while other symptoms include sputum production, headache, hemoptysis, diarrhea, dyspnoea, and lymphopenia(9).

Till date, no specific treatment was recommended for SARS-CoV-2 infection hence, vaccines are a critical new tool in the battle against COVID-19. Various types of COVID-19 vaccines, such as DNA, RNA- based formulations, Recombinant subunit vaccines containing the viral protein (Spike) epitopes, vector based formulations (eg: Adeno virus) and traditional inactivated vaccines were developed(10–12). Bharat Biotech Int. Ltd., India has developed a whole-virion inactivated Covid-19 vaccine and evaluated for its safety and immunogenicity in a Phase 1 followed by phase 2 study and found that vaccine is safe and immunogenic(13,14). Bharat Biotech has been conducting a phase 3 efficacy study in 25,800 participants to evaluate the efficacy of the vaccine.

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2. STUDY DESIGN

The study is an endpoint-driven randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.

A total of 25,800 subjects were enrolled across India in 25 sites (3 Categories) and randomized in a 1:1 ratio to receive BBV152B vaccine and control. All participants will be assessed for efficacy and safety endpoints and provide a NP swab and blood sample before the first dose of IP. The NP swab and blood collected will be subject to RT-PCR and Anti-SARS-CoV-2 IgG antibodies. The results of this will not affect enrolment of the participant. Participants who are found to be positive for either RT-PCR or Anti-SARS-CoV-2 IgG antibodies will be excluded from the primary efficacy analysis.

The purpose of this Phase 3 study is to evaluate the protective efficacy, safety, and immunogenicity of the whole-virion inactivated SARS-CoV-2 vaccine, BBV152B. The Phase 3 study will follow randomized study participants for efficacy until virologically confirmed (RT-PCR positive) symptomatic COVID-19 participants will be eligible for the primary efficacy analysis. After reaching the target number (n=130) of symptomatic COVID-19 cases, the study will continue to assess safety until the completion of the study duration.

Case Definition of symptomatic COVID-19

The study is designed to accrue 130 symptomatic COVID-19 cases.This includes any participant who meets any of the two below following criteria:

• Case Definition for Primary Efficacy Symptomatic Endpoint

• Case Definition for Severe Symptomatic COVID-19

Any one of the below mentioned criteria (A or B) must be met, along with a positive SARS-CoV-2 RT-PCR confirmation to be a confirmed symptomatic case

Criteria A: One or More		**Criteria B: Two or More**
1. Shortness of Breath/Difficulty in Breathing 2. New onset Anosmia/Aguesia 3. Oxygen saturation of <94% or escalation by requiring supplemental Oxygen. 4. Pneumonia: diagnosed by chest X ray or CT scan 5. Evidence of Shock **6.** ICU Admission/Death	or	1. Fever 2. Chills 3. New cough 4. Myalgia/Fatigue 5. Headache 6. Sore throat 7. Nausea/Vomiting 8. Diarrhea 9. Congestion/ Runny Nose
	AND	
Positive SARS-CoV-2 RT-PCR test		

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SITE CATEGORIES:

Category 1 (Symptomatic): In addition to administering the IP, a series of post-dose telephonic follow-up visits will be scheduled to detect suspect symptomatic COVID-19 infections. If a suspect is identified, a nasopharyngeal sample will be collected from the participant for detecting the presence of COVID-19 infection. Telephonic follow-up will occur at 15 day intervals.

Category 2 (Symptomatic/Asymptomatic): In addition to administering the IP, a series of post-dose Nasopharyngeal samples for detecting incidence of Asymptomatic COVID-19 infection at 1-Month intervals will be collected.

Category 3 (Symptomatic/Asymptomatic+Immunogenicity): In addition to administering the IP, repeated NP swabs for asymptomatic, a series of blood samples will be collected for analyzing serum for immunological assessments.

3. STUDY POPULATION

As per the approved protocol, a total of 25,800 subjects were enrolled and received either vaccine or placebo in 1:1 ratio. Among these 25,800 participants 24,455 were received second dose and detailed site wise enrolled participants, second dose recipients and the participants who were followed up till Day 42 were listed in the Table 1.

TABLE 1: SUMMARY OF ENROLLED SUBJECTS AT EACH SITE

S No.	Site Name and Location	Subjects completed 1st dose	Subjects completed 2nd dose	Subjects Completed follow up (Day 42)
	Category 1: Sites			
1	All India Institute of Medical Sciences - (New Delhi)	659	629	629
2	All India Institute of Medical Sciences - (Patna)	1216	1137	1129
3	ESIC Medical College and Hospital - (Faridabad)	1126	1002	997
4	ICMR-National Institute of Cholera and Enteric Diseases - (Kolkata)	988	969	967
5	Lokmanya Tilak Municipal General Hospital - (Mumbai)	197	191	191
6	MG Medical College, Sri Balaji Vidyapeeth - (Pondicherry)	901	868	831
7	People's University - (Bhopal)	1725	1426	1424
8	Rahate Surgical Hospital & ICU - (Nagpur)	1670	1594	1579
9	Vydehi institute of Medical Sciences - (Bangalore)	496	476	429
10	Director of Public Health & Preventive Medicine - (Chennai)	29	27	27
11	Gangaram - (New Delhi)	318	276	276
12	Prakhar Hospital – (Kanpur)	2250	2244	2243
13	Jeevan Rekha – (Karnataka)	2227	2216	2216
14	Maharaja Agrasen Multi speciality Hospital - (Jaipur)	1494	1431	1124
15	Sunita Jaiprakash Ramanand - RCSMGMC & CPR Hospital - (Kolhapur)	887	882	737
16	Vijaykumar Patil - Prakash Institute of Medical Science & Research - (Sangli)	611	594	409
	Category 2: Sites			
17	Aligarh Muslim University - (Uttar Pradesh)	1008	938	937

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18	Gmers Medical College and Civil Hospital - (Ahmedabad)	1081	1018	1018
19	Sir J.J. Group of Hospitals - (Mumbai)	438	379	378
20	Government Fever Hospital - (Guntur)	1358	1351	1350
21	(IMS) & SUM Hospital - (Bhubaneswar)	510	495	494
22	SRM Hospital & Research Center – (Chennai)	603	446	404
	Category 3: Sites			
23	Nizam's institute of Medical Sciences - (Hyderabad)	1998	1888	1883
24	PGIMS - (Rohtak)	456	433	433
25	Redkar Hospital and Research Centre - (Goa)	1554	1544	1544
	Total	**25800**	**24454**	**23649**

3.1 AT-RISK POPULATION

In this study both healthy volunteers and participants with high risk for Covid-19 who is, either ≥ 60 years of age or < 60 years of age with co-morbid conditions, and HCPs were recruited.

Participants who are < 60 years old will be categorized as at risk for severe COVID-19 illness if they have at least 1 of the following risk factors at Screening:

- Stable chronic lung disease (eg, emphysema and chronic bronchitis), idiopathic pulmonary fibrosis and cystic fibrosis) or mild to moderate asthma.
- Stable cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, hypertension, and pulmonary hypertension).
- Severe obesity (body mass index ≥ 35 kg/m2).
- Controlled Diabetes (Type 1, Type 2).
- Stable Liver disease.

Participants who has high risk for Covid-19 were summarized in the Table 2 (>60 Years) and Table 3 (< 60 with Co-morbid condition).

TABLE 2: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900) n (%)	Placebo (N= 12, 900) n (%)	Total (N = 25,800) n (%)
At Risk Participants at baseline, Age ≥ 60 years			
Stable chronic heart disease	158 (1.22)	142 (1.10)	300 (1.16)
Stable chronic lung disease	12 (0.09)	16 (0.12)	28 (0.11)
Controlled Diabetic	101 (0.78)	107 (0.83)	208 (0.81)
Stable Liver Disease	4 (0.03)	8 (0.06)	12 (0.05)
Severe obesity (BMI >35)	2 (0.02)	2 (0.02)	4 (0.02)
Other stable co-morbid condition	129 (1.00)	142 (1.10)	271 (1.05)
None of the above	32 (0.25)	28 (0.22)	60 (0.23)
Multiple risk categories*	245 (1.90)	296 (2.29)	541 (2.10)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

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TABLE 3: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900) n (%)	Placebo (N= 12, 900) n (%)	Total (N = 25,800) n (%)
At Risk Participants at baseline, Age < 60 years			
Stable chronic heart disease	370 (2.87)	357 (2.77)	727 (2.82)
Stable chronic lung disease	108 (0.84)	148 (1.15)	256 (0.99)
Controlled Diabetic	593 (4.60)	613 (4.75)	1206 (4.67)
Stable Liver Disease	17 (0.13)	17 (0.13)	34 (0.13)
Severe obesity (BMI >35)	53 (0.41)	90 (0.70)	143 (0.55)
Other stable co-morbid condition	613 (4.75)	676 (5.24)	1289 (5.00)
None of the above	125 (0.97)	118 (0.91)	243 (0.94)
Multiple risk categories*	209 (1.62)	200 (1.55)	409 (1.59)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

3.2 GENDER AND AGEWISE CLASSIFICATION OF THE PARTICIPANTS:

In the study both the genders were recruited, among 25800 participants 17332 (67.2%) were male and 8468 (32.8%) were female participants. Detailed description of the participants categorized by their age and gender was depicted in the Table 4.

TABLE 4: GENDERAND AGE WISE CLASSIFICATION OF THE PARTICIPANTS

Gender	≥18 to ≤50	≥51 to ≤60	≥61 to above
Male	13790 (53.45%)	2085 (8.08%)	1457 (5.65%)
Female	6242 (24.19%)	1250 (4.84%)	976 (3.78%)

3.3 INFECTION RATE & SEROPREVALENCE

As per the protocol, all the participants were examined for their status on the Covid-19 infection and seroprevalence at baseline. Nasopharyngeal swab and serum were collected from all the participants and estimated the COVID-19 infection rate and seroprevalence among all the sites across India. The results were reported that 0.82% infection rate and 34.33% of the seroprevalence across the India. Site wise and zone wise seroprevalence and infection rate is depicted in the Table 5.

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TABLE 5: INFECTION RATE AND SEROPREVALENCE OF THE COVID-19

Site Code	Site	RTPCR Tested	RTPCR Positive	Infection Rate (%)	ELISA Samples	Positive	Seroprevalence (%)
NORTH							
301	AIIMS, Delhi	658	3	0.46	658	293	44.53
303	ESIC, Faridabad	1126	8	0.71	1126	290	25.75
313	AMU, Aligarh	1008	20	1.98	1002	311	31.04
321	PGIMS, Rohtak	456	14	3.07	456	72	15.79
323	Gangaram, New-Delhi	319	2	0.63	319	107	33.54
324	PRAKHAR, Kanpur	2250	5	0.22	2250	1031	45.82
				1.18			**32.75**
EAST							
302	AIIMS, Patna	1216	20	1.64	1216	801	65.87
305	NICED, Kolkata	989	8	0.81	989	264	26.69
318	IMS, Odisha	510	3	0.59	510	123	24.12
				1.01			**38.89**
WEST							
307	Sion Hospital, Mumbai	202	3	1.49	197	105	53.30
310	RAHATE, Nagpur	1672	11	0.66	1672	192	11.48
315	GMERS, Ahmadabad	1081	25	2.31	1081	387	35.80
316	JJ Hospital, Mumbai	437	5	1.14	437	200	45.77
322	REDKAR, Goa	1554	1	0.06	1554	497	31.98
326	Jeevan Rekha, Belgavi	2227	4	0.18	2227	936	42.03
327	MAMSH, Jaipur	1494	12	0.80	1494	698	46.72
328	RCSMGMC & CPR, Kolhapur	887	0	0.00	887	248	27.96
329	PIMSR, Sangli, MH	611	0	0.00	611	198	32.41
				0.74			**36.38**
SOUTH							
308	MGMCR, Pondicherry	901	3	0.33	901	433	48.06
311	VIMS, Bangalore	496	2	0.40	496	172	34.68
312	DPH, Chennai	29	1	3.45	29	13	44.83
317	Guntur, AP	1358	5	0.37	1358	380	27.98
320	NIMS, Hyderabad	1998	31	1.55	1998	423	21.17
325	SRM, Chennai	605	0	0.00	605	453	74.88
				1.02			**41.93**
CENTRAL							
309	Peoples University, Bhopal	1746	26	1.49	1736	234	13.48
TOTAL				**0.82**			**34.33**

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4. SAFETY

There are 25,800 participants were recruited in the study. It is decided to consider all AEs reported till 11 am (IST) March 1, 2021 for first 8000 enrolled participants. All the participants were followed up telephonically for 7 days after each dose of vaccination and reported all the solicited AEs. Unsolicited AEs from all the participants were reported throughout follow-up period (Till Day 42). A total of 655 adverse events were reported and equally distributed in both vaccine and placebo groups. Among these 655 AEs 605 were mild, 34 were moderate and 16 were severe and the severity of the AEs is similar in both the groups. All the AEs except 20 were resolved without sequelae. Detailed AEs list is summarized in the Table 6.

TABLE 6: SUMMARY OF ADVERSE EVENTS

Description	Treatment Arm		
	BBV152 (N=4,061) n (%)	**Placebo (N=3,804) n (%)**	**Total (N=7,865) n (%)**
No of Subject with at least one Adverse Event	335 (8.25)	300 (7.89)	635 (8.07)
No of Subjects with at least one Local Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	99 (2.44)	94 (2.47)	193 (2.45)
No of Subjects with at least one Local Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	55 (1.35)	39 (1.03)	94 (1.20)
No of Subjects with at least one Systemic Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	94 (2.31)	55 (1.45)	149 (1.89)
No of subjects with at least one Systemic Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	30 (0.74)	23 (0.60)	53 (No 0.67)
No of subjects with at least one Unsolicited Adverse Events	50(1.23)	67(1.76)	117 (1.49)
All Ongoing Adverse Events	9 (0.22)	11 (0.29)	20 (0.25)
Severity			
Mild	317 (7.81)	288 (7.57)	605 (7.69)
Moderate	17 (0.42)	17 (0.45)	34 (0.43)
Severe	9 (0.22)	7 (0.18)	16 (0.20)

4.1 SERIOUS ADVERSE EVENTS

All the participants (25800) were followed up for serious adverse events (SAEs) and 43 SAEs were reported till date and among those cases 33 were resolved, 3 cases are ongoing and 7 deaths were reported. All the SAEs were not related to the vaccine and distributed equally among the two treatment groups. Detailed description of the SAEs is given in the Table 7.

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TABLE 7: SAEs Line Listing

S. No	Study site (Screening Number)	Date of administration	Date of occurrence of SAE	Seriousness Criteria	Diagnosis of the Event	Causality Assessment by PI	Causality Assessment by Sponsor	Outcome of the Event
1	NIMS, Hyderabad (32000107)	19-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	20-11-2020	Hospitalization	Road traffic accident (RTA)-Crush Injury left foot and Fracture neck of 2nd 3rd and 4thmetatarsal.	Unrelated	Unrelated	Recovered and discharged from hospital on 23rd Nov 2020.
2	NIMS, Hyderabad (32000073)	18-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	29-11-2020	Hospitalization	Uncontrolled Type-2 Diabetes mellitus with Diabetic ketoacidosis and dyselectrolytemia.	Unlikely	Unrelated	Recovered and discharged from hospital on 12th Dec 2020
3	PGIMS, Rohtak (32100001)	20-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from hospital 30th Dec 2020 in stable condition
4	NIMS, Hyderabad (32000428)	28-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	Shortness of breath, pedal edema and fever (3 days).	Unlikely	Unrelated	Recovered and discharged from hospital 6th Dec 2020 in stable condition
5	NIMS, Hyderabad (32000272)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 11th Dec 2020 in stable condition
6	NIMS, Hyderabad (32000242)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	10-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 15th Dec 2020 in stable condition
7	Grant Medical College & JJ Hospital, Mumbai (31600192)	08-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	12-12-2020	Hospitalization	Homocysteine	Unrelated	Unrelated	Recovered and discharged from hospital in stable condition on 26th Dec 2020
8	SRM Medical College & Hospital, Chennai (32500018)	07-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	15-12-2020	Hospitalization	Clinical enteric fever with dehydration.	Unrelated	Unrelated	Recovered and discharged from hospital on 17th Dec 2020
9	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900546)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	17-12-2020	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from hospital on 18th Dec 2020 with advice to follow up for further treatment plan
10	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900809)	12-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	21-12-2020	Death	Death	Unrelated	Unrelated	Fatal
11	MGMCRI-SBV, Puducherry (30800390)	26-12-2020 (1st Dose) (Vaccine/Placebo; Blinded)	01-01-2020	Hospitalization	"Hollow viscus perforation with Acute Kidney Injury -? Cause"	Unrelated	Unrelated	Recovered

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		2nd dose was not administered						
12	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900578)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	06-01-2021	Hospitalization	Liver abscess	Unrelated	Unrelated	Recovered and discharged from hospital on 15th Jan 2021
13	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore. (31100060)	09-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-12-2020 (Date of awareness of SAE:06-01-2021)	Hospitalization	Left lung opacity-LRTI	Unrelated	Unrelated	Recovered and discharged from Hospital on 23rd December 2020
14	People's College of medical research center, Bhopal, Madhya Pradesh (30900546)	10/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-01-2021	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from Hospital on 21stJan 2021.
15	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901496)	18-12-2020 (1st Dose) (Vaccine/Placebo; blinded) 2nd dose was not administered	08-01-2021	Hospitalization	Injury in both the lower limbs (ankle)	Unrelated	Unrelated	Recovered and discharged from Hospital on 19th Feb 2021.
16	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901257)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	30-12-2020 (Date of awareness of SAE:13/01/2021)	Hospitalization	Mature cataract	Unrelated	Unrelated	Recovered and discharged from hospital on 1st Jan 2021.
17	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901279)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	03/01/2021 (Date of awareness of SAE: 13/01/2021)	Hospitalization	CAD with hypertension with B/L Pneuminitis /ACS/TVD. She was also positive with COVID-19.	Unrelated	Unrelated	Recovered and discharged from hospital on 6th Jan 2021.
18	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901436)	17/12/2020 (1st Dose) 14/01/2021 (2nd Dose) (Vaccine/Placebo; Blinded)	15/01/2021	Hospitalization	Acute cholecystitis and cholelithiasis.	Unrelated	Unrelated	Recovered and discharged from the hospital on 22 -01-2021
19	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901004)	14-12-2020 (1st Dose) 11-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	18-01-2021	Hospitalization	Renal Calculi with Hepatomegaly.	Unrelated	Unrelated	Recovered and discharged from the hospital on 19-01-2021
20	NIMS, Hyderabad (32001 145)	21-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-01-2021 (Date of awareness of the SAE:21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
21	Jawaharlal Nehru Medical college and Hospital,AMU, Aligarh (31300207)	25-11-2020 (1st Dose) 24-12-2020 (2nd dose) (Vaccine/Placebo; Blinded)	10-01-2021 (Date of awareness of the SAE-21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal

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22	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100290)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	11-01-2021 (Date of awareness of the SAE: 14-01-2021)	Hospitalization	Atypical viral pneumonia	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-01-2021
23	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901512)	18-12-2020 (1st Dose) 20-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	21-01-2021	Hospitalization	Generalised body pain	Unrelated	Unrelated	Recovered and discharged from the hospital on 25-01-2021
24	AIIMS, New Delhi (30100090)	5-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	22-01-2021 (Date of SAE Awareness: 24-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
25	GMERS Medical College and Civil Hospital, Sola, Ahmedabad (31500928)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	08-01-2021 (Date of awareness of SAE: 27-01-2021)	Death	Death	Unlikely	Unlikely	Fatal
26	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900901)	13-12-2020 (1st Dose) 10-01-2021 (2ndDose) (Vaccine/Placebo; Blinded)	01-02-2021	Hospitalization	Right eye mature cataract and left eye pseudophakia	Unrelated	Unrelated	Recovered and discharged from Hospital on 12th Feb 2021.
27	SRM Medical College Hospital & Research Centre, Kanchipuram,Tamil Nadu (32500447)	28-12-2020 (1st Dose) 25-01-2021 (2ndDose) (Vaccine/Placebo; Blinded)	31-01-2021 (Date of awareness by Sponsor: 01-02-2021)	Death	Death	Unrelated	Unrelated	Fatal
28	SRM Medical College Hospital & Research Centre Kanchipuram, Tamil Nadu (32500303)	23-12-2021 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	27-01-2021 (Date of awreness-02-02-2021)	Hospitalization	Viral pneumonia due to COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 9th Feb 2021 in stable condition
29	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900770)	12-12-2020 (1st Dose) 09-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Chronic Otitis media	Unrelated	Unrelated	Recovered and discharged from the hospital on18-02-2021
30	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Bronchial asthma	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-02-2021
31	Maharaja Agrasen Super speciality Hospital, Jaipur (32700845)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
32	Maharaja Agrasen Super speciality Hospital, Jaipur (32700848)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021

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33	AIIMS, New Delhi (30100013)	27-11-2020 (1st Dose) 26-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	03-02-2021 (Date of awreness-06-02-2021)	Hospitalization	Immune Thrombocytopenia Purpura.	Could be associated with the vaccine.	Under Evaluation	Recovered and discharged from the hospital on 08-02-2021
34	Director of Public Health & Medicine study site, Chennai (31200001)	09-12-2020 (1st Dose) 06-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 16-02-2021
35	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900391)	07-12-2020 (1st Dose) 05-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	Chronic otitis media	Unrelated	Un related	Recovered and discharged from the hospital on 22-02-2021
36	Prakash Institute of Medical Science & Research, Sangli, Maharashtra (32900012)	30-12-2020 (1st Dose) 26-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	13-02-2021	Hospitalization	Fever, headache, and cough	Unrelated	Unrelated	Recovered and discharged from the hospital on 14-02-2021
37	AIIMS, New Delhi (30100044)	02-12-2020 (1st Dose) 30-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	19-02-2021	Hospitalization	Myocardial infarction (MI)	Unlikely	Unrelated	Recovered and discharged from the hospital on 01-03-2021
38	NIMS, Hyderabad (32001185)	22-12-2020 (1st Dose) 19-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	COVID-19	Unlikely	Under Evaluation	Ongoing at the time of submission of the report by the investigator
39	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi (32300066)	19-12-2020 (1st Dose) 20-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	Fever and body ache	Under Evaluation	Under Evaluation	Ongoing at the time of submission of the report by the investigator
40	Aligarh Muslim University, Aligarh (31300560)	30-11-2020 (1st Dose) 31-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 27-02-2021)	Hospitalization	Epistaxis	Unrelated	Under Evaluation	Recovered and discharged from the hospital on 27-02-2021
41	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 03-03-2021)	Hospitalization	Acute exacerbation of COPD	Unrelated	Under Evaluation	Ongoing
42	AIIMS, New Delhi (30100314)	26-12-2020 (1st Dose) 23-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 05-03-2021)	Hospitalization	Cholecystitis	Unlikely	Under Evaluation	Recovered and discharged from the hospital on 02-03-2021
43	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100476)	06-01-2021 (1st Dose) 03-02-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	03-03-2021 (Date of Awareness:05-03-2021)	Death	Death	Under Evaluation	Under Evaluation	Fatal

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5. IMMUNOGENICITY

The Immunogenicity assessment was planned on the subset of the 600 participants who were recruited in the category 3 sites. All the blood samples from these participants were collected on Day 0, Day 28, Day 56 and these samples are being analysed. The immunogenicity data in terms geometric mean titers (GMTs) by neutralizing antibody, S-protein, and RBD specific anti-IgG binding titer will be submitted to CDSCO.

6. EFFICACY (INTERIM ANALYSIS)

We are considering first 43 RT-PCR (1/3 of 130 as proposed in 1st interim analysis) positive events and analysis has been done by taking data confirmed by sites. Participants who received two doses and not having PD (protocol deviation) are considered in efficacy population. The first interim analysis is based on 43 cases, of which 36 cases of COVID-19 were observed in the placebo group versus 7 cases observed in the BBV152 (COVAXIN®) group, resulting in a point estimate of vaccine efficacy of 80.6%.

TABLE 7: EFFICACY of BBV152

Description	Treatment Arm		
	BBV152 (N = 12218)	**Placebo (N=12199)**	**Total (N =24417)**
First occurrence of Virologically confirmed (RT-PCR) n (%)	7(0.057)	36(0.295)	43(0.176)
VE (%)	80.6		
95% CI	[78.1, 82.7]		
p value	<0.0001		

7. CONCLUSIONS

Phase 3 study is conducted to evaluate the efficacy and safety of the COVAXIN® vaccine. A total of 25800 participants were recruited, among these 67.2% were males and 32.8% were females. At-risk population, ages > 60 years (9.4%), participants (<60 Years) with co-morbid conditions (16.7%) were enrolled. COVID-19 seroprevalence was assessed among these 25800 participants at baseline and results reported that 34.3% of the participants were Seropositive.

All the participants were followed up for their safety, 43 SAEs were reported and among these 33 were resolved, 3 were ongoing and 7 deaths were reported. Among 25800 participants first 8000 enrolled participants AEs were recorded. A total of 655 AEs were reported and most of them were mild in severity. All the reported SAEs were not related to the vaccine.

COVAXIN® vaccine efficacy was assessed based on the 43 accrued COVID-19 cases and reported that the vaccine efficacy is 81%.

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ANNEXURE-4

INTERIM CLINICAL REPORT - RESTRICTED USE OF COVAXIN® UNDER CLINICAL TRIAL MODE

TITLE:	Restricted use of COVAXIN® under clinical trial mode.
PROTOCOL NO.:	Protocol No: BBIL/COVAXIN/2021
VERSION NO.:	4.0; Date: 12-01-2021
PRODUCT DETAILS:	Whole-Virion Inactivated SARS-CoV-2 vaccine (BBV152), COVAXIN™
SPONSOR:	Bharat Biotech International Limited (BBIL), Genome Valley, Shameerpet, Hyderabad, Telangana, India.
INITIATION DATE:	16/JAN/2021
DATE OF INTERIM REPORT:	06/MAR/2021
VERSION:	1.0
PREPARED BY:	Medical Affairs Department, Bharat Biotech International Limited and Sclin Soft technologies Pvt. Ltd.

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Signature Page:

TITLE:	Restricted use of COVAXIN® under clinical trial mode.
PROTOCOL NO.:	Protocol No: BBIL/COVAXIN/2021
VERSION NO.:	4.0; Date: 12-01-2021

We have read this report and conform that, to the bset of our knowledge it accurately describes the conduct and results of the trial.

Signature & Date

Dr. V. Krishna Mohan,
Executive Director,
Bharat Biotech International Limited
Genome Valley, Hyderabad, India

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1. INTRODUCTION:

Bharat Biotech International Limited (BBIL) in collaboration with Indian Council of Medical Research (ICMR) has developed an inactivated whole virion COVID-19 vaccine, COVAXIN®. The COVAXIN® has been evaluated for safety, reactogenicity and immunogenicity in phase 1 and 2 clinical trials and the trial reports were submitted to the Central Drugs Standard Control Organization (CDSCO) India. COVAXIN® has been approved under emergency use authorization with permission number MF/BIO/21/000002, dated 03.01.2021, F. No: BIO/MA/20/000103. This permission is given for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode, where COVAXIN® vaccine will be administered to the vaccine recipients and they will be followed up for safety.

COVAXIN® (prepared under Good manufacturing practices, as required under the Drugs and Cosmetics Act, 1940 and the NCDT Rules 2019) has been approved by CDSCO for Restricted Use in Emergency situation in Public Interest as an abundant precaution in Clinical Trial Mode, in India on 3rd January 2021.

2. ROLE OF ICMR:

The scientists of ICMR have played a substantial role in the "Implementation Plan" of Restricted use of COVAXIN® under clinical trial mode. Scientists and research associates from the following inistitutes were involved:

- National Institute of Nutrition, Hyderabad
- ICMR-RMRCNE, Dibrugarh
- ICMR-RIRMS, Patna
- ICMR-National Institute of Malaria Research, New Delhi
- ICMR-NICPR, Noida
- ICMR-NCDIR, Bengaluru
- ICMR-National AIDS Research Institute. Pune
- ICMR-RMRC, Bhubaneswar
- ICMR-DMRC, Jodhpur
- ICMR-National Institute for Research in Tuberculosis, Chennai
- ICMR- RMRC, Gorakhpur

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3. IMPLEMENTATION PLAN – PROCEDURES:

Bharat Biotech along with ICMR has taken approval for the Implementation Plan from the Cental Ethic Committee of ICMR and and SEC committee of CDSCO. Subsequently, BBIL has sent lakhs of hard copies of Fact Sheets, Informed Consent forms and Information Leaflets to each designated vaccination sites across the country.

1. The Fact sheet in regional language was provided to the vaccine recipient before vaccination and vaccine recipients were given time to read (in case of inability to read – it was read out to him/her by vaccination staff) to understand it. Opportunity was given to the vaccine recipients to ask clarifying questions to the vaccinator. Vaccinator has used the information leaflet to answer the queries raised by the vaccine recipient. Following questions and clarifications, the fact sheet was returned by the vaccine recipients to the vaccinator.

2. If the vaccine recipient agrees to be vaccinated with COVAXIN®, he/she has to sign an informed consent form (ICF) (in case of inability to write, he/she has put a left thumb impression on the ICF). Only after signing the informed consent, the vaccine recipients were vaccinated with COVAXIN®.

3. The informed consent is required at the time of first dose only. The separate consent is not required for subsequent dose.

3.1 Vaccination Procedure:

Vaccine recipients were provided information in local language pertaining to the vaccine administration with the help of a Fact Sheet containing details about COVAXIN®. On day 01 (Visit 1) and day 28 (Visit 2) recipients were administered with the doses of the COVAXIN® via the intramuscular route.

After Day 1 and Day 28 vaccination, Vaccine recipients were given Adverse Event Form to record the adverse events and they were made to remain for at least 30 minutes after vaccination for observation to record any adverse event.

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3.2 Adverse Events and SAEs Collection Procedure:

1. The designated staff has collated the consent forms obtained on the previous day for record keeping. These were files with date of vaccination, session site specifications and planning unit mentioned on it. A team, consisting of about 150 BBIL sales and marketing employees and ICMR employees, was set-up at the regional level to telephonically contact and enquire about the adverse events based on grouping of vaccine recipients as follows:
    - Day 7 after dose 1 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 28 after dose 1 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 7 after dose 2 including symptoms related to Covid-19 and positive RT-PCR test (if any)
    - Day 28 after dose 2, including symptoms related to Covid-19 and positive RT-PCR test (if any)

2. The list of the vaccine recipients was generated on a daily basis with contact numbers.

3. Adverse events and serious adverse events following immunization (AEFI) informed during the aforementioned contacts were recorded application against the respective personnel identified of a vaccine recipient.

4. Grouping of the vaccine recipients in minor, severe and serious adverse event (as the case may be) was done by District Immunization Officer (DIO) on a daily basis. For all serious and severe cases, the Case Report Form (CRF) has been raised for further investigation by District AEFI Committee.

5. In case of any serious adverse events linked to the COVAXIN™ immunization program, the details of the serious adverse events were recorded by the designated Immunization officers or Health care workers of the vaccination site. BBIL has coordinated through email/telephone/other means to coordinate with the Immunization officers/Health care

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workers to get the required details of SAE. Upon receipt of these details, submitted SAE report to DSMB, ICMR Central Ethics Committee CDSCO/DCGI.

6. Causality of all SAEs was assessed by the Immunization officer, BBIL, ICMR Central Ethics Committee.

7. Drug regulators (Drugs Controller General of India, DCGI) has been provided with the collated data for review and assessment on vaccine safety, on a monthly basis.

8. The end point and the final outcome of the aforementioned AEFI monitoring related to COVAXIN was based on the recommendations made by the regulatory authority (DCGI).

A toll-free number and an email, the details of which are in the fact sheet, were assigned at BBIL to answer the queries of vaccine beneficiaries. Numerous queries via telephone and emails were addressed on a daily basis.

4. COVERAGE OF COVAXIN®:

As of 05th March 2021, a total of approximately 13.9 lakh doses of COVAXIN® have been administred in approximately 13.3 lakh beneficiaries. The beneficiaries included healthcare workers and frontline workers as designated by the Ministry of Health, Government of India. These doses were admininsterd in 18 States across India. A total of 20 Serious Adverse events have been reported in these beneficiaries. The cumulative coverage report of COVAXIN® across India, as of 05th March 2021, is given in **Table 1.**

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Table 1: Cumulative Coverage Report of COVAXIN (05.03.2021)

Cumulative Coverage of COVAXIN								
S.No.	State/UT	Cumulative Achievement			AEFI reported			
					Severe/Serious AEFIs		Deaths reported	
		1st Dose	2nd Dose	Total	1st Dose	2nd Dose	1st Dose	2nd Dose
1	Andhra Pradesh	74405	4219	78624	0	0	0	0
2	Assam	40772	2876	43648	1	0	0	0
3	Bihar	30777	5629	36406	0	0	0	0
4	Delhi	89743	4076	93819	9	0	0	0
5	Gujarat	222166	11096	233262	1	0	0	0
6	Haryana	37484	2619	40103	0	0	0	0
7	Jharkhand	32333	83	32416	0	0	0	0
8	Karnataka	6169	3111	9280	0	0	0	0
9	Kerala	64003	0	64003	0	0	0	0
10	Madhya Pradesh	123006	0	123006	1	0	0	0
11	Maharashtra	19673	2420	22093	1	0	0	0
12	Odisha	47920	12972	60892	1	0	0	0
13	Punjab	1307	0	1307	0	0	0	0
14	Rajasthan	177407	4696	182103	2	0	0	0
15	Tamil Nadu	13076	2411	15487	3	0	0	0
16	Telangana	48103	0	48103	1	0	0	0
17	Uttar Pradesh	173971	5951	179922	0	0	0	0
18	West Bengal	130175	282	130457	0	0	0	0
Total		**1332490**	**62441**	**1394931**	**20**	**0**	**0**	**0**

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5. FOLLOW-UP OF THE BENEFICIARIES:

The list of beneficiaries was generated on a daily basis with contact numbers. A team, consisting of about 150 BBIL sales and marketing employees and ICMR employees, was set-up at the regional level to telephonically contact and enquire about the adverse events. Adverse events and serious adverse events following immunization (AEFI) informed during the calls were recorded application against the respective personnel identified as a beneficiary.

With the best efforts of both BBIL and ICMR teams, we connected with the vaccine beneficiaries. Most of the telephonic calls were not answered and in many cases the phone numbers of the beneficiaries were incorrectly give. The summary of adverse events of enrolled beneficiaries is given in **Table 2.** The State-wise data of beneficiaries is given in **Table 3.**

A total of 20 serious adverse events have been reported in this implementation plan. Despite numerous attempts by BBIL and ICMR, data was not shared by the site immunization officers, and we could collect the data of 11 serious adverse events. The summary of serious adverse events is given in **Table 4.**

Table 2: Summary of Adverse Events of Enrolled Beneficiaries *(Available data)*

S. No	Parameter	Total
1	Number of Beneficiaries with AEFI in less than 30 mins	914
2	Number of Beneficiaries with AEFI in 7 days	6835
3	Number of Beneficiaries with AEFI in 28 days	400
4	Beneficiaries Hospitalised Due to SAE	20
5	SAE Death	0

*AEFI-Adverse Event following immunization.

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Table 3: State-wise Call-logs of Enrolled Beneficiaries *(Available data)*

S.No.	District / State	AEFI In less than 30 Minutes	AEFI Within 7 Days	AEFI Within 28 Days	SAE (Death)
1	Delhi	112	1366	40	0
2	Rajasthan	44	202	18	0
3	Tamil Nadu	51	1366	285	0
4	Assam	0	595	0	0
5	Orrisa	0	446	0	0
6	West Bengal	0	77	0	0
7	UP	0	431	0	0
8	Bihar	0	445	0	0
9	Jharkhand	0	197	0	0
10	Andhra Pradesh	0	0	0	0
11	Telangana	1	0	0	0
12	Karnataka	0	259	21	0
13	Kerala	0	0	0	0
14	Gujarat	0	82	0	0
15	Maharashtra	706	732	36	0
16	Haryana	0	637	0	0
17	Madhya Pradesh	0	0	0	0
Total		**914**	**6835**	**400**	**0**

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6. SUMMARY OF ADVERE EVENTS REPORTED (Available data):

- A total of 914 beneficiaries had Adverse event Following immunization within 30 mins.
- A total of 6835 beneficiaries had Adverse event Following immunization within 7 days
- A total of 400 beneficiaries had Adverse event Following immunization within 28 days.
- A total of 20 beneficiaries were hospitalized due to SAEs.

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Table 4: Summary of Serious Adverse Events *(Available data)*

S. No	Place of vaccination	Date of administration	Date of occurrence of SAE	Seriousness Criteria	Brief description about the Serious Adverse Event (SAE)	Outcome of the Event	Date of Submission of Initial Report to CDSCO, EC, and Sponsor by the PI	Date of submission report to DSMB
1.	New Delhi	16/01/2021 (1st Dose)	19/01/2021	Hospitalization	A male vaccine recipient of age 42 years was administered with the first-dose of COVAXIN on 16th January 2021. During the Day 7 follow-up, we came to know that a vaccine recipient who took COVAXIN at ESI Hospital, Basaidarapur, New Delhi has been admitted to the hospital with complaints of weakness on one side of the body (hemiparesis on one side of the body from the 4th Day onwards) as per the information written on the Adverse Event Form filled by the vaccine recipient. No immediate adverse event(s) was reported within 30 minutes after vaccination. On further telephonic follow-up with the concerned doctor of the hospital, he informed that the power in the limbs are 5/5 and it may not be hemiparesis, but the person has weakness on one side of the body. The details of the hospital records, laboratory reports, and treatment are still awaited from the vaccination centre.	Discharged from the hospital	25-01-2021	25-01-2021
2.	Tamil Nadu	09/02/2021 (1st Dose)	09/02/2021	Hospitalization	A female vaccine recipient of age 23 years was administered with the first dose of COVAXIN on 9th Feb 2021. She was admitted to the hospital within 30 minutes after vaccination with complaints of itching and rashes, treated accordingly, recovered and was discharged from the hospital on 11th Feb 2021. The details of the events are still awaited from the vaccination center.	Recovered on 11-02-2021	18-02-2021	18-02-2021

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3.	Tamil Nadu	17/02/2021 (1st Dose)	13/02/2021	Hospitalization	A female vaccine recipient of age 59 years was vaccinated with the first-dose of COVAXIN on 17th Jan 2021. She developed fever, and was tested positive for COVID-19 and was admitted to the hospital from 13th Feb 2021. The details of the events are still awaited from the vaccination center.	Details awaited from the vaccination centre	22-02-2021	22-02-2021
4.	Gujarat	13/02/2021 (1st Dose)	15/02/2021	Hospitalization	A male vaccine recipient of age 48 years was administered with the first-dose of COVAXIN on 13th Feb 2021. He had no immediate adverse events within 30 minutes after vaccination. He was admitted to the hospital from 3rd day of vaccination with complaints of fever, and diarrhoea, and is being treated in the hospital. The details of the events are still awaited from the vaccination center.	Details awaited from the vaccination centre	22-02-2021	22-02-2021
5.	Tamil Nadu	20/02/2021	29/02/2021	Hospitalization	A male vaccine recipient of age 55 years was administered with the first-dose of COVAXIN on 20 Feb 2021. She had no immediate adverse events within 30 minutes after vaccination. He was admitted to the hospital with complaints of Pain for 2days, Upper respiratory tract infection for 3days, Sugar level increased, admitted for COVID positive on 29-01-2021 and discharged on 02-02-2021. The details of the events are still awaited from the vaccination center.	Details awaited from the vaccination centre	25-02-2021	25-02-2021
6.	Delhi	01/02/2021 (1st Dose)	01/02/2021	Hospitalization	A Female vaccine recipient was administered with the first dose of COVAXIN on 1th Feb 2021. She was admitted to the hospital after vaccination with complaints of shivering, unconscious and was discharged within 4 hours from the hospital on 1st Feb 2021.	Discharged within 4 hours	05-03-2021	05-03-2021
7.	Delhi	01/01/2021 (1st dose)	20/01/2021	Hospitalization	A male vaccine recipient was administered with the first dose of COVAXIN on 18th Jan 2021. He was admitted to the hospital on 20th Jan 2021 with complaints of precipitation of	Details awaited from the vaccination	05-03-2021	05-03-2021

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					liver disease for hepatic encephalopathy and Shifted to ICU 25th Jan 2021.	centre		
8.	Delhi	12/02/2021 (1st dose)	17/02/2021	Hospitalization	A male vaccine recipient was administered with the first dose of COVAXIN on 12 Feb 2021. He was admitted to the hospital on 17 Feb 2021 after vaccination with complaints of low BP, Rashes, Fever, Itching Redness of Skin, Weakness, Vertigo, from the hospital on 22nd Feb 2021.	Details awaited from the vaccination centre	05-03-2021	05-03-2021
9.	Chennai	25/02/2021	05/03/2021	Hospitalization	A female vaccine recipient was administered with the first dose of COVAXIN on 25th Feb 2021. She was admitted to the hospital after vaccination on 5th Mar 2021 with complaints of pain, fever, body ache and malaise.	Details awaited from the vaccination centre	05-03-2021	05-03-2021
10.	Delhi	16/01/2021	16/01/2021	Hospitalization	A 21 year old Male vaccine recipient from Delhi was administered with the first dose of COVAXIN on 16th Jan 2021. The subject developed an anaphylactic reaction following on 16th Jan 2021 .Thereafter the subject presented with complaints of rash with predominance on chest and upper back associated with itching. A diagnosis of post vaccination allergic reaction was kept. Steroids were administered along with antihistamines. The subject is now symptomatically better at the time of discharge	Recovered & Discharged	05-03-2021	05-03-2021
11.	Delhi	25/01/2021	25/01/2021	Hospitalization	A 41 year female vaccine recipient was administered with the first dose of COVAXIN on 25th Jan 2021. She had no immediate adverse events within 30 minutes after vaccination. From day 3 onwards developed difficulty in breathing and chest pain admitted to the hospital on 29th Jan 2021 and discharged on 3rd Feb 2021.	Recovered & Discharged On 3rd Feb 2021.	05-03-2021	05-03-2021

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7. CONCLUSIONS:

The Restricted use of COVAXIN® under clinical trial mode was initiated on 16th Jan 2021. Under this program, a total of more than 13 lakh beneficiaries have been vaccinated with COVAXIN®.

Despite numerous attempts by BBIL and ICMR, data was not shared in a timely manner by the site immunization officers. A total of 8149 beneficiaries have reported adverse events following immunization. No death cases were reported in the restricted use of COVAXIN® under clinical trial mode. In conclusion, the COVAXIN® can be considered as a safe vaccine.

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ANNEXURE-5

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Neutralization of UK-variant VUI-202012/01 with COVAXIN vaccinated human serum

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Abstract

We performed the plaque reduction neutralization test ($PRNT_{50}$) using sera collected from the 26 recipients of BBV152/COVAXIN™ against hCoV-19/India/20203522 (UK-variant) and hCoV27 19/India/2020Q111 (heterologous strain). A comparable neutralization activity of the vaccinated individuals sera showed against UK-variant and the heterologous strain with similar efficiency, dispel the uncertainty of possible neutralization escape.

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Main text

The rapid surge inSARS-CoV-2 cases due to the Variant of Concern (VOC) 202012/01, also known as lineage B.1.1.7 or 20B/501Y.V1, in the United Kingdom (UK)[1] raised concerns in several countries. Many of these countries had direct flights to and from UK and the variant was associated with high transmissibility. Identification of other variants from South Africa[2]also initiated a global discussion on the challenges that these new variants could pose to the current vaccine candidates. The genome of the UK-variant has seventeen mutations, eight of which were found in spike receptor-binding domain (RBD) mediating the attachment of the virus to the angiotensin converting enzyme 2 (ACE2) receptor on the surface of human cells.[2]Therefore, it appeared that the majority of the vaccine candidates, being either recombinant or specifically targeting the single epitope of original D614G ancestral spike sequence, might not be able to generate an efficient immune response against the new variants. Here, we successfully isolated and characterized the hCoV-19/India/20203522 SARS-CoV-2 (VOC) 202012/01 from UK-returnees in India with all signature mutations of the UK-variant.[3] Earlier, we have reported development of an inactivated whole-virion SARS-CoV-2 vaccine BBV152 (COVAXIN™), which elicited remarkable neutralizing antibody response in phase I clinical trial against hCoV-19/India/2020770 (homologous), and two heterologous strains from the unclassified cluster namely hCoV-19/India/2020Q111 and hCoV-19/India/2020Q100.[4] In phase II clinical trial, the vaccine candidate showed noteworthy results withplaque reduction neutralization test ($PRNT_{50}$). The sero-conversion rate with neutralizing antibodies (NAb) following vaccination with BBV152 was 99.6%.[5] Here, we present the NAb titers ($PRNT_{50}$) to underline the efficacy of BBV152 vaccine candidate against SARS-CoV-2 UK-variant and one of the heterologous strains hCoV-19/India/2020Q111 (unclassified cluster)[6]. Sera collected from 38 vaccine

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recipients, who received BBV152 vaccine-candidate in phase-II trial4 had equivalent NAb titers to hCoV-19/India/2020770 homologous strain and two heterologous strains with the characteristic N501Y substitution of the UK-variant; hCoV-19/India/20203522 (UK strain) as well as hCoV-19/India/2020Q111 (Figure 1 A and B). The median ratio of 50% neutralization of sera was found to be 0.8 when compared with hCoV-19/India/2020770 against mutant hCoV19/India/20203522 (UK strain), and 0.9 while compared with hCoV-19/India/2020Q111. Non parametric Kruskal-Wallis test for the comparison of the $PRNT_{50}$ values from different groups revealed non-significant difference ($p > 0.05$; Figure1). Andreano E *et al*. reported an escape of the UK-variant with E484K substitution, which was followed by an 11-amino-acid insertion in the NTD N5 loop (248aKTRNKSTSRRE248k) from high NAb in convalescent plasma, which was a serious concern pertaining to the potential efficacy of the vaccines.[7] Our study evidently highlighted comparable neutralization activity of vaccinated individuals sera against variant as well as heterologous SARS-CoV-2 strains. Importantly, sera from the vaccine recipients could neutralise the UK-variant strains discounting the uncertainty around potential escape. It was reassuring from the $PRNT_{50}$ data generated in our laboratory that the indigenous BBV152/ COVAXIN™, following its roll out in vaccination program, could be expected to work against the new UK-variant. It is unlikely that the mutation 501Y would be able to dampen the potential benefits of the vaccine in concern.

Acknowledgement

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Data availability

The data that support the findings of this study are available from the corresponding authors upon reasonable request.

Author Contributions

PDY and GNS contributed to study design, data collection, data analysis, interpretation, writing and critical review. GRD and RE contributed to data analysis and interpretation, writing and critical review. RRS, NG, VKM and SP contributed to data collection, writing and critical review. PA and BB contributed to writing and critical review of the manuscript.

Conflicts of Interest

The authors declared no competing interest

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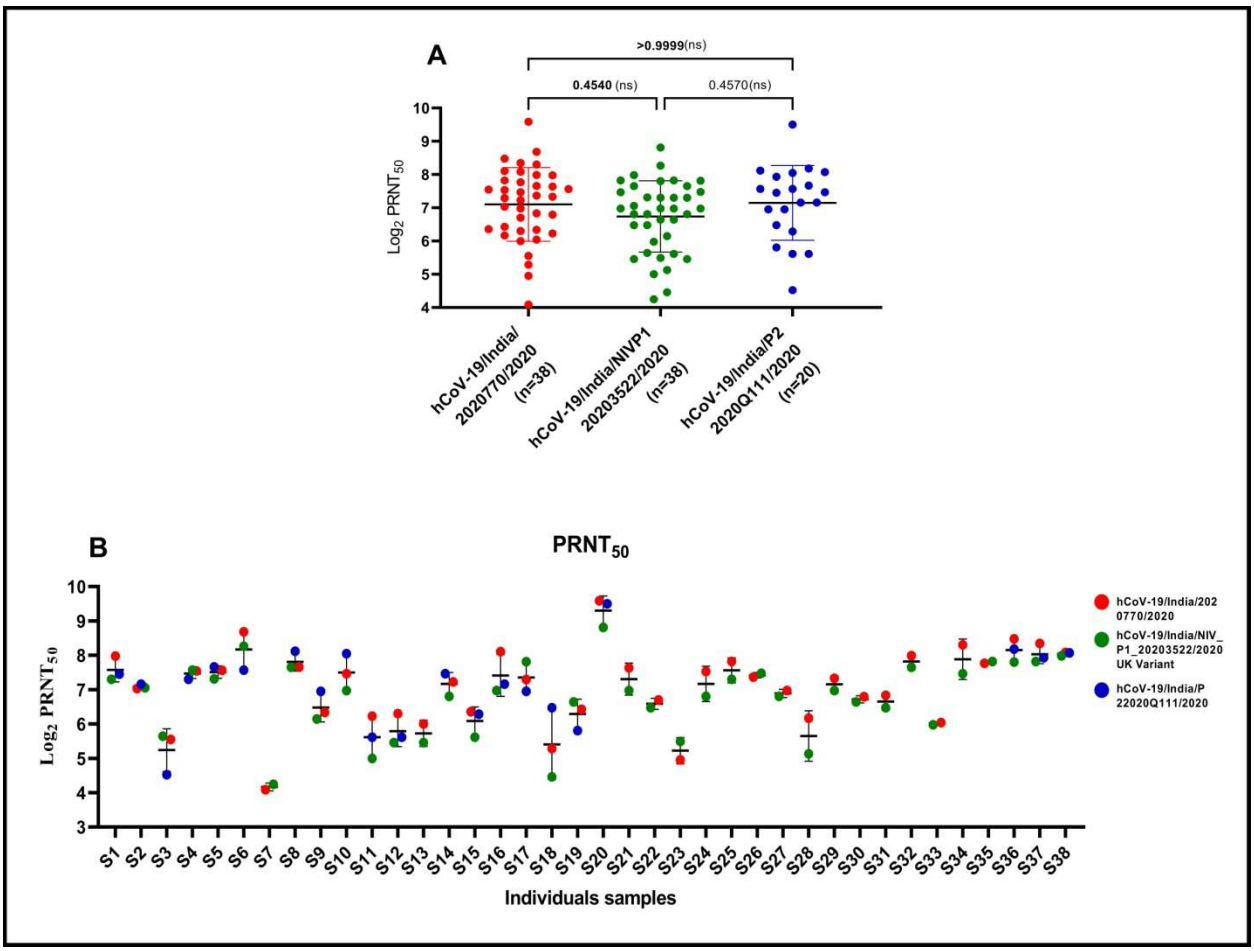

Figure 1: (A) Neutralising antibody response of BBV152/COVAXIN™ vaccinated sera against SARS CoV-2 strains: Neutralizing antibody titers ($PRNT_{50}$) of vaccine's sera against hCoV-19/India/2020770 (homologous), hCoV-19/India/20203522 (heterologous UK strain) and hCoV-19/India/2020Q111 (heterologous unclassified cluster). The bar represents the geometric mean and standard deviation of the respective group titers. Non-parametric Kruskal-Wallis test was used for the comparison of the $PRNT_{50}$ values from different groups. The p-values above 0·05 were considered non-significant and are marked on the figure (ns-non-significant). **(B) Comparison of $PRNT_{50}$ value of each vaccine recipient's sera with three strains of SARS CoV-2:** Neutralizing antibody titers ($PRNT_{50}$) of each vaccinees' sera against hCoV-19/India/2020770 (homologous), hCoV-19/India/20203522 (heterologous UK strain) and hCoV-

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19/India/2020Q111 (heterologous unclassified cluster).The bar represents the mean and standard deviation of the respective sera.

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INTEGRATED CLINICAL AND STATISTICAL REPORT

Title:	An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.
Protocol Number:	BBIL/BBV152-C/2020
Design:	This is a randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.
Phase:	III
Version:	1.0
Sponsor:	Bharat Biotech International Limited (BBIL), Genome Valley, Shameerpet, Hyderabad, Telangana, India. & Indian Council of Medical Research (ICMR), New-Delhi, India
Study Initiation Date:	16th November 2020
Study Completion Date:	Ongoing
Co-ordination Unit (Responsible for Preparation of the Report) Clinical Operations Management Unit	IQVIA & BHARAT BIOTECH INTERNATIONAL LIMITED

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Sponsor Representative:	Dr. V. Krishna Mohan Whole-time Director Bharat Biotech International Limited (BBIL) Genome Valley, Hyderabad India Tel +91 40 2778 4003 Fax: +91 40 2348 0560 Email:kmohan@bharatbiotech.com. and Dr. Nivedita Gupta Scientist F, Epidemiology and Communicable Diseases, Indian Council of Medical Research (ICMR), New-Delhi, India Tel: +91-11-26589397 Email: guptanivedita.hq@icmr.gov.in
GCP Statement:	The trial is being conducted in compliance with the protocol, GCP, Schedule Y (Drugs and Cosmetics Act, 2005) and Ethical Guidelines for Biomedical Research on Human Participants (Indian Council of Medical Research, 2006)
Date of Report:	05th March 2021
Prepared by:	Medical Affairs Department Bharat Biotech International Limited
Study period (years):	1 Year
Date of 1st Dose 1st Subject:	November 16, 2020
Date of 1st Dose last subject:	January 8, 2021
Trial Registration:	CTRI/2020/11/028976

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Signature Page:

Study Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Review and approval of the Integrated Clinical and Statistical report.

We have read this report and confirm that, to the best of our knowledge, it accurately describes the conduct and results of the trial.

Signature & Date

08/03/21

Dr. V. Krishna Mohan
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Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Protocol No.: BBIL/BBV152-C/2020

Investigational Vaccine: Whole-Virion Inactivated SARS-CoV-2 vaccine (BBV152B).

Study Population: A total sample size of 25,800 volunteers ages 18 years and above were recruited and administered with vaccine and placebo in 1:1 ratio.

The study was conducted in 25 sites all zone of India.

Study Centres and Investigators:

S No.	Site Codes	Site Name & Location	Zone
1	308	MG Medical College, Sri Balaji Vidyapeeth - Dr. PajanivelRanganadin (Pondicherry)	South
2	311	Vydehi institute of medical sciences – Dr. Akshata (Bangalore)	South
3	312	Director of Public Health & Preventive Medicine – Dr. SelvaVinayagam - (Chennai)	South
4	317	Government Fever Hospital, Guntur - Dr. Laxmi Kumari (Guntur)	South
5	320	Nizam's institute of Medical Sciences -Dr. Prabhakar Reddy (Hyderabad)	South
6	325	SRM Hospital & Research Center - Dr. Satyajit Mohapatra (Chennai)	South
7	326	Jeevan Rekha Hospital - Dr Amit Bhate, (Belgaum)	South
8	309	People's University - Dr. Raghavendra Gumashta (Bhopal)	Central
9	302	All India Institute of Medical Sciences – Dr. Chadramani Singh (Patna)	East
10	305	ICMR-National Institute of Cholera and Enteric Diseases - Dr. Suman Kanungo (Kolkata)	East
11	318	(IMS) & SUM Hospital - Dr. E Venkata Rao (Bhubaneswar)	East
12	301	All India Institute of Medical Sciences – Dr. Sanjay Rai (New Delhi)	North
13	303	ESIC Medical College and Hospital – Dr. Anil Pandey (Faridabad)	North
14	313	Aligarh Muslim University - Dr. Md. Shameem (Uttar Pradesh)	North
15	321	PGIMS - Dr. Savita Verma (Rohtak)	North
16	323	Gangaram - Dr Anupam Sachdeva (New Delhi)	North
17	324	Prakhar Hospital – Dr. Jitendra Kushwaha, Kanpur	North
18	307	Lokmanya Tilak Municipal General Hospital-Dr. N.T. Awad (Mumbai)	West
19	310	Rahate Surgical Hospital & ICU - Dr. Manish Multani (Nagpur)	West
20	315	GMERS Medical College and Civil Hospital - Dr. Parul Bhatt (Ahmedabad)	West
21	316	Sir J.J. Group of Hospitals - Dr. PritiMeshram (Mumbai)	West
22	322	Redkar Hospital and Research Centre - Dr. Sagar Redkar (Goa)	West
23	327	Maharaja Agrasen Multi speciality Hospital – Dr. Manish Kumar Jain - (Jaipur)	West
24	328	RCSMGMC & CPR Hospital – Dr. Sunita Jaiprakash Ramanand (Kolhapur)	West
25	329	Prakash Institute of Medical Science & Research – Dr. Vijaykumar Patil (Sangli)	West

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1. INTRODUCTION

The outbreak of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2/COVID-19) has, as on March 05th,2021, spread to over 216 countries across the globe, with a total of ~115 Million confirmed cases and ~ 2.5 Million deaths. The number of reported SARS-CoV-2 cases in India is also on an increase with ~11 Million confirmed cases and ~157000 deaths(1). Coronaviruses are a severe threat to the humans and other animals, earlier other members of the same family coronaviridae, SARS-CoV infected ~8000 people with a death rate of 10% and another member Middle East Respiratory Syndrome (MERS) virus was outbroken in the Middle East region and infected ~2000 people with 35% fatality rate(2) . Porcine epidemic diarrhea coronavirus (PEDV) has swept throughout the United States of America, causing an almost 100% fatality rate in piglets and wiping out more than 10% of America's pig population in less than a year(2).

Coronaviruses are the enveloped positive-stranded RNA viruses which have the largest genome among all RNA viruses with approximately 27 to 32 kb2. The viral genome is packed inside a helical capsid formed by the nucleocapsid protein (N) which is surrounded by an envelope. SARS-CoV viral envelope is associated with at least three structural proteins: The membrane protein (M) and the envelope protein (E) are involved in virus assembly, whereas the spike protein (S) mediates virus entry into host cells. Among these structural proteins, the spike forms large protrusions from the virus surface, giving coronaviruses the appearance of having crowns(2).

The SARS-CoV-2 virus transmits from person to person mainly through respiratory droplets(3).
The inhaled virus SARS-CoV-2 likely binds to epithelial cells in the nasal cavity and starts replicating. ACE2 is the main receptor for both SARS-CoV-2 and SARS-CoV(4,5). There is local propagation of the virus but a limited innate immune response. At this stage, the virus can be detected by nasal swabs. Although the viral burden may be low, these individuals are infectious. The RT-PCR value for the viral RNA might be useful to predict the viral load and the subsequent infectivity and clinical course. The virus propagates and migrates down the respiratory tract along the conducting airways, and a more robust innate immune response is triggered. Nasal swabs or sputum should yield the virus (SARS-CoV-2) as well as early markers of the innate immune response(6). The symptoms of SARS-CoV-2 infection appear after an incubation period of ~5 days(7). The period from the onset of SARS-CoV-2 symptoms to death ranged from 6 to 41 days with a median of 14 days. This period is dependent on the age of the patient and the status of the patient's immune system. It was shorter among patients >70 years old compared with those under the age of 70(8). The most common symptoms at the onset of SARS-CoV-2 illness are fever, cough, and fatigue, while other symptoms include sputum production, headache, hemoptysis, diarrhea, dyspnoea, and lymphopenia(9).

Till date, no specific treatment was recommended for SARS-CoV-2 infection hence, vaccines are a critical new tool in the battle against COVID-19. Various types of COVID-19 vaccines, such as DNA, RNA- based formulations, Recombinant subunit vaccines containing the viral protein (Spike) epitopes, vector based formulations (eg: Adeno virus) and traditional inactivated vaccines were developed(10–12). Bharat Biotech Int. Ltd., India has developed a whole-virion inactivated Covid-19 vaccine and evaluated for its safety and immunogenicity in a Phase 1 followed by phase 2 study and found that vaccine is safe and immunogenic(13,14). Bharat Biotech has been conducting a phase 3 efficacy study in 25,800 participants to evaluate the efficacy of the vaccine.

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2. STUDY DESIGN

The study is an endpoint-driven randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.

A total of 25,800 subjects were enrolled across India in 25 sites (3 Categories) and randomized in a 1:1 ratio to receive BBV152B vaccine and control. All participants will be assessed for efficacy and safety endpoints and provide a NP swab and blood sample before the first dose of IP. The NP swab and blood collected will be subject to RT-PCR and Anti-SARS-CoV-2 IgG antibodies. The results of this will not affect enrolment of the participant. Participants who are found to be positive for either RT-PCR or Anti-SARS-CoV-2 IgG antibodies will be excluded from the primary efficacy analysis.

The purpose of this Phase 3 study is to evaluate the protective efficacy, safety, and immunogenicity of the whole-virion inactivated SARS-CoV-2 vaccine, BBV152B. The Phase 3 study will follow randomized study participants for efficacy until virologically confirmed (RT-PCR positive) symptomatic COVID-19 participants will be eligible for the primary efficacy analysis. After reaching the target number (n=130) of symptomatic COVID-19 cases, the study will continue to assess safety until the completion of the study duration.

Case Definition of symptomatic COVID-19

The study is designed to accrue 130 symptomatic COVID-19 cases.This includes any participant who meets any of the two below following criteria:

• Case Definition for Primary Efficacy Symptomatic Endpoint

• Case Definition for Severe Symptomatic COVID-19

Any one of the below mentioned criteria (A or B) must be met, along with a positive SARS-CoV-2 RT-PCR confirmation to be a confirmed symptomatic case

Criteria A: One or More		**Criteria B: Two or More**
1. Shortness of Breath/Difficulty in Breathing 2. New onset Anosmia/Aguesia 3. Oxygen saturation of <94% or escalation by requiring supplemental Oxygen. 4. Pneumonia: diagnosed by chest X ray or CT scan 5. Evidence of Shock **6.** ICU Admission/Death	or	1. Fever 2. Chills 3. New cough 4. Myalgia/Fatigue 5. Headache 6. Sore throat 7. Nausea/Vomiting 8. Diarrhea 9. Congestion/ Runny Nose
	AND	
Positive SARS-CoV-2 RT-PCR test		

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SITE CATEGORIES:

Category 1 (Symptomatic): In addition to administering the IP, a series of post-dose telephonic follow-up visits will be scheduled to detect suspect symptomatic COVID-19 infections. If a suspect is identified, a nasopharyngeal sample will be collected from the participant for detecting the presence of COVID-19 infection. Telephonic follow-up will occur at 15 day intervals.

Category 2 (Symptomatic/Asymptomatic): In addition to administering the IP, a series of post-dose Nasopharyngeal samples for detecting incidence of Asymptomatic COVID-19 infection at 1-Month intervals will be collected.

Category 3 (Symptomatic/Asymptomatic+Immunogenicity): In addition to administering the IP, repeated NP swabs for asymptomatic, a series of blood samples will be collected for analyzing serum for immunological assessments.

3. STUDY POPULATION

As per the approved protocol, a total of 25,800 subjects were enrolled and received either vaccine or placebo in 1:1 ratio. Among these 25,800 participants 24,455 were received second dose and detailed site wise enrolled participants, second dose recipients and the participants who were followed up till Day 42 were listed in the Table 1.

TABLE 1: SUMMARY OF ENROLLED SUBJECTS AT EACH SITE

S No.	Site Name and Location	Subjects completed 1st dose	Subjects completed 2nd dose	Subjects Completed follow up (Day 42)
	Category 1: Sites			
1	All India Institute of Medical Sciences - (New Delhi)	659	629	629
2	All India Institute of Medical Sciences - (Patna)	1216	1137	1129
3	ESIC Medical College and Hospital - (Faridabad)	1126	1002	997
4	ICMR-National Institute of Cholera and Enteric Diseases - (Kolkata)	988	969	967
5	Lokmanya Tilak Municipal General Hospital - (Mumbai)	197	191	191
6	MG Medical College, Sri Balaji Vidyapeeth - (Pondicherry)	901	868	831
7	People's University - (Bhopal)	1725	1426	1424
8	Rahate Surgical Hospital & ICU - (Nagpur)	1670	1594	1579
9	Vydehi institute of Medical Sciences - (Bangalore)	496	476	429
10	Director of Public Health & Preventive Medicine - (Chennai)	29	27	27
11	Gangaram - (New Delhi)	318	276	276
12	Prakhar Hospital – (Kanpur)	2250	2244	2243
13	Jeevan Rekha – (Karnataka)	2227	2216	2216
14	Maharaja Agrasen Multi speciality Hospital - (Jaipur)	1494	1431	1124
15	Sunita Jaiprakash Ramanand - RCSMGMC & CPR Hospital - (Kolhapur)	887	882	737
16	Vijaykumar Patil - Prakash Institute of Medical Science & Research - (Sangli)	611	594	409
	Category 2: Sites			
17	Aligarh Muslim University - (Uttar Pradesh)	1008	938	937

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18	Gmers Medical College and Civil Hospital - (Ahmedabad)	1081	1018	1018
19	Sir J.J. Group of Hospitals - (Mumbai)	438	379	378
20	Government Fever Hospital - (Guntur)	1358	1351	1350
21	(IMS) & SUM Hospital - (Bhubaneswar)	510	495	494
22	SRM Hospital & Research Center – (Chennai)	603	446	404
	Category 3: Sites			
23	Nizam's institute of Medical Sciences - (Hyderabad)	1998	1888	1883
24	PGIMS - (Rohtak)	456	433	433
25	Redkar Hospital and Research Centre - (Goa)	1554	1544	1544
	Total	**25800**	**24454**	**23649**

3.1 AT-RISK POPULATION

In this study both healthy volunteers and participants with high risk for Covid-19 who is, either ≥ 60 years of age or < 60 years of age with co-morbid conditions, and HCPs were recruited.

Participants who are < 60 years old will be categorized as at risk for severe COVID-19 illness if they have at least 1 of the following risk factors at Screening:

- Stable chronic lung disease (eg, emphysema and chronic bronchitis), idiopathic pulmonary fibrosis and cystic fibrosis) or mild to moderate asthma.
- Stable cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, hypertension, and pulmonary hypertension).
- Severe obesity (body mass index ≥ 35 kg/m2).
- Controlled Diabetes (Type 1, Type 2).
- Stable Liver disease.

Participants who has high risk for Covid-19 were summarized in the Table 2 (>60 Years) and Table 3 (< 60 with Co-morbid condition).

TABLE 2: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900) n (%)	Placebo (N= 12, 900) n (%)	Total (N = 25,800) n (%)
At Risk Participants at baseline, Age ≥ 60 years			
Stable chronic heart disease	158 (1.22)	142 (1.10)	300 (1.16)
Stable chronic lung disease	12 (0.09)	16 (0.12)	28 (0.11)
Controlled Diabetic	101 (0.78)	107 (0.83)	208 (0.81)
Stable Liver Disease	4 (0.03)	8 (0.06)	12 (0.05)
Severe obesity (BMI >35)	2 (0.02)	2 (0.02)	4 (0.02)
Other stable co-morbid condition	129 (1.00)	142 (1.10)	271 (1.05)
None of the above	32 (0.25)	28 (0.22)	60 (0.23)
Multiple risk categories*	245 (1.90)	296 (2.29)	541 (2.10)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

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TABLE 3: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900) n (%)	Placebo (N= 12, 900) n (%)	Total (N = 25,800) n (%)
At Risk Participants at baseline, Age < 60 years			
Stable chronic heart disease	370 (2.87)	357 (2.77)	727 (2.82)
Stable chronic lung disease	108 (0.84)	148 (1.15)	256 (0.99)
Controlled Diabetic	593 (4.60)	613 (4.75)	1206 (4.67)
Stable Liver Disease	17 (0.13)	17 (0.13)	34 (0.13)
Severe obesity (BMI >35)	53 (0.41)	90 (0.70)	143 (0.55)
Other stable co-morbid condition	613 (4.75)	676 (5.24)	1289 (5.00)
None of the above	125 (0.97)	118 (0.91)	243 (0.94)
Multiple risk categories*	209 (1.62)	200 (1.55)	409 (1.59)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

3.2 GENDER AND AGEWISE CLASSIFICATION OF THE PARTICIPANTS:

In the study both the genders were recruited, among 25800 participants 17332 (67.2%) were male and 8468 (32.8%) were female participants. Detailed description of the participants categorized by their age and gender was depicted in the Table 4.

TABLE 4: GENDERAND AGE WISE CLASSIFICATION OF THE PARTICIPANTS

Gender	≥18 to ≤50	≥51 to ≤60	≥61 to above
Male	13790 (53.45%)	2085 (8.08%)	1457 (5.65%)
Female	6242 (24.19%)	1250 (4.84%)	976 (3.78%)

3.3 INFECTION RATE & SEROPREVALENCE

As per the protocol, all the participants were examined for their status on the Covid-19 infection and seroprevalence at baseline. Nasopharyngeal swab and serum were collected from all the participants and estimated the COVID-19 infection rate and seroprevalence among all the sites across India. The results were reported that 0.82% infection rate and 34.33% of the seroprevalence across the India. Site wise and zone wise seroprevalence and infection rate is depicted in the Table 5.

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TABLE 5: INFECTION RATE AND SEROPREVALENCE OF THE COVID-19

Site Code	Site	RTPCR Tested	RTPCR Positive	Infection Rate (%)	ELISA Samples	Positive	Seroprevalence (%)
NORTH							
301	AIIMS, Delhi	658	3	0.46	658	293	44.53
303	ESIC, Faridabad	1126	8	0.71	1126	290	25.75
313	AMU, Aligarh	1008	20	1.98	1002	311	31.04
321	PGIMS, Rohtak	456	14	3.07	456	72	15.79
323	Gangaram, New-Delhi	319	2	0.63	319	107	33.54
324	PRAKHAR, Kanpur	2250	5	0.22	2250	1031	45.82
				1.18			**32.75**
EAST							
302	AIIMS, Patna	1216	20	1.64	1216	801	65.87
305	NICED, Kolkata	989	8	0.81	989	264	26.69
318	IMS, Odisha	510	3	0.59	510	123	24.12
				1.01			**38.89**
WEST							
307	Sion Hospital, Mumbai	202	3	1.49	197	105	53.30
310	RAHATE, Nagpur	1672	11	0.66	1672	192	11.48
315	GMERS, Ahmadabad	1081	25	2.31	1081	387	35.80
316	JJ Hospital, Mumbai	437	5	1.14	437	200	45.77
322	REDKAR, Goa	1554	1	0.06	1554	497	31.98
326	Jeevan Rekha, Belgavi	2227	4	0.18	2227	936	42.03
327	MAMSH, Jaipur	1494	12	0.80	1494	698	46.72
328	RCSMGMC & CPR, Kolhapur	887	0	0.00	887	248	27.96
329	PIMSR, Sangli, MH	611	0	0.00	611	198	32.41
				0.74			**36.38**
SOUTH							
308	MGMCR, Pondicherry	901	3	0.33	901	433	48.06
311	VIMS, Bangalore	496	2	0.40	496	172	34.68
312	DPH, Chennai	29	1	3.45	29	13	44.83
317	Guntur, AP	1358	5	0.37	1358	380	27.98
320	NIMS, Hyderabad	1998	31	1.55	1998	423	21.17
325	SRM, Chennai	605	0	0.00	605	453	74.88
				1.02			**41.93**
CENTRAL							
309	Peoples University, Bhopal	1746	26	1.49	1736	234	13.48
TOTAL				**0.82**			**34.33**

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4. SAFETY

There are 25,800 participants were recruited in the study. It is decided to consider all AEs reported till 11 am (IST) March 1, 2021 for first 8000 enrolled participants. All the participants were followed up telephonically for 7 days after each dose of vaccination and reported all the solicited AEs. Unsolicited AEs from all the participants were reported throughout follow-up period (Till Day 42). A total of 655 adverse events were reported and equally distributed in both vaccine and placebo groups. Among these 655 AEs 605 were mild, 34 were moderate and 16 were severe and the severity of the AEs is similar in both the groups. All the AEs except 20 were resolved without sequelae. Detailed AEs list is summarized in the Table 6.

TABLE 6: SUMMARY OF ADVERSE EVENTS

Description	Treatment Arm		
	BBV152 (N=4,061) n (%)	**Placebo (N=3,804) n (%)**	**Total (N=7,865) n (%)**
No of Subject with at least one Adverse Event	335 (8.25)	300 (7.89)	635 (8.07)
No of Subjects with at least one Local Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	99 (2.44)	94 (2.47)	193 (2.45)
No of Subjects with at least one Local Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	55 (1.35)	39 (1.03)	94 (1.20)
No of Subjects with at least one Systemic Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	94 (2.31)	55 (1.45)	149 (1.89)
No of subjects with at least one Systemic Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	30 (0.74)	23 (0.60)	53 (No 0.67)
No of subjects with at least one Unsolicited Adverse Events	50(1.23)	67(1.76)	117 (1.49)
All Ongoing Adverse Events	9 (0.22)	11 (0.29)	20 (0.25)
Severity			
Mild	317 (7.81)	288 (7.57)	605 (7.69)
Moderate	17 (0.42)	17 (0.45)	34 (0.43)
Severe	9 (0.22)	7 (0.18)	16 (0.20)

4.1 SERIOUS ADVERSE EVENTS

All the participants (25800) were followed up for serious adverse events (SAEs) and 43 SAEs were reported till date and among those cases 33 were resolved, 3 cases are ongoing and 7 deaths were reported. All the SAEs were not related to the vaccine and distributed equally among the two treatment groups. Detailed description of the SAEs is given in the Table 7.

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TABLE 7: SAEs Line Listing

S. No	Study site (Screening Number)	Date of administration	Date of occurrence of SAE	Seriousness Criteria	Diagnosis of the Event	Causality Assessment by PI	Causality Assessment by Sponsor	Outcome of the Event
1	NIMS, Hyderabad (32000107)	19-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	20-11-2020	Hospitalization	Road traffic accident (RTA)-Crush Injury left foot and Fracture neck of 2nd 3rd and 4thmetatarsal.	Unrelated	Unrelated	Recovered and discharged from hospital on 23rd Nov 2020.
2	NIMS, Hyderabad (32000073)	18-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	29-11-2020	Hospitalization	Uncontrolled Type-2 Diabetes mellitus with Diabetic ketoacidosis and dyselectrolytemia.	Unlikely	Unrelated	Recovered and discharged from hospital on 12th Dec 2020
3	PGIMS, Rohtak (32100001)	20-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from hospital 30th Dec 2020 in stable condition
4	NIMS, Hyderabad (32000428)	28-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	Shortness of breath, pedal edema and fever (3 days).	Unlikely	Unrelated	Recovered and discharged from hospital 6th Dec 2020 in stable condition
5	NIMS, Hyderabad (32000272)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 11th Dec 2020 in stable condition
6	NIMS, Hyderabad (32000242)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	10-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 15th Dec 2020 in stable condition
7	Grant Medical College & JJ Hospital, Mumbai (31600192)	08-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	12-12-2020	Hospitalization	Homocysteine	Unrelated	Unrelated	Recovered and discharged from hospital in stable condition on 26th Dec 2020
8	SRM Medical College & Hospital, Chennai (32500018)	07-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	15-12-2020	Hospitalization	Clinical enteric fever with dehydration.	Unrelated	Unrelated	Recovered and discharged from hospital on 17th Dec 2020
9	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900546)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	17-12-2020	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from hospital on 18th Dec 2020 with advice to follow up for further treatment plan
10	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900809)	12-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	21-12-2020	Death	Death	Unrelated	Unrelated	Fatal
11	MGMCRI-SBV, Puducherry (30800390)	26-12-2020 (1st Dose) (Vaccine/Placebo; Blinded)	01-01-2020	Hospitalization	"Hollow viscus perforation with Acute Kidney Injury -? Cause"	Unrelated	Unrelated	Recovered

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		2nd dose was not administered						
12	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900578)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	06-01-2021	Hospitalization	Liver abscess	Unrelated	Unrelated	Recovered and discharged from hospital on 15th Jan 2021
13	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore. (31100060)	09-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-12-2020 (Date of awareness of SAE:06-01-2021)	Hospitalization	Left lung opacity-LRTI	Unrelated	Unrelated	Recovered and discharged from Hospital on 23rd December 2020
14	People's College of medical research center, Bhopal, Madhya Pradesh (30900546)	10/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-01-2021	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from Hospital on 21stJan 2021.
15	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901496)	18-12-2020 (1st Dose) (Vaccine/Placebo; blinded) 2nd dose was not administered	08-01-2021	Hospitalization	Injury in both the lower limbs (ankle)	Unrelated	Unrelated	Recovered and discharged from Hospital on 19th Feb 2021.
16	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901257)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	30-12-2020 (Date of awareness of SAE:13/01/2021)	Hospitalization	Mature cataract	Unrelated	Unrelated	Recovered and discharged from hospital on 1st Jan 2021.
17	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901279)	16/12/2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	03/01/2021 (Date of awareness of SAE: 13/01/2021)	Hospitalization	CAD with hypertension with B/L Pneuminitis /ACS/TVD. She was also positive with COVID-19.	Unrelated	Unrelated	Recovered and discharged from hospital on 6th Jan 2021.
18	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901436)	17/12/2020 (1st Dose) 14/01/2021 (2nd Dose) (Vaccine/Placebo; Blinded)	15/01/2021	Hospitalization	Acute cholecystitis and cholelithiasis.	Unrelated	Unrelated	Recovered and discharged from the hospital on 22 -01-2021
19	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901004)	14-12-2020 (1st Dose) 11-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	18-01-2021	Hospitalization	Renal Calculi with Hepatomegaly.	Unrelated	Unrelated	Recovered and discharged from the hospital on 19-01-2021
20	NIMS, Hyderabad (32001 145)	21-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-01-2021 (Date of awareness of the SAE:21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
21	Jawaharlal Nehru Medical college and Hospital,AMU, Aligarh (31300207)	25-11-2020 (1st Dose) 24-12-2020 (2nd dose) (Vaccine/Placebo; Blinded)	10-01-2021 (Date of awareness of the SAE-21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal

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22	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100290)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	11-01-2021 (Date of awareness of the SAE: 14-01-2021)	Hospitalization	Atypical viral pneumonia	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-01-2021
23	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901512)	18-12-2020 (1st Dose) 20-01-2021 (2nd dose) (Vaccine/Placebo; Blinded)	21-01-2021	Hospitalization	Generalised body pain	Unrelated	Unrelated	Recovered and discharged from the hospital on 25-01-2021
24	AIIMS, New Delhi (30100090)	5-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	22-01-2021 (Date of SAE Awareness: 24-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
25	GMERS Medical College and Civil Hospital, Sola, Ahmedabad (31500928)	28-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	08-01-2021 (Date of awareness of SAE: 27-01-2021)	Death	Death	Unlikely	Unlikely	Fatal
26	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900901)	13-12-2020 (1st Dose) 10-01-2021 (2ndDose) (Vaccine/Placebo; Blinded)	01-02-2021	Hospitalization	Right eye mature cataract and left eye pseudophakia	Unrelated	Unrelated	Recovered and discharged from Hospital on 12th Feb 2021.
27	SRM Medical College Hospital & Research Centre, Kanchipuram,Tamil Nadu (32500447)	28-12-2020 (1st Dose) 25-01-2021 (2ndDose) (Vaccine/Placebo; Blinded)	31-01-2021 (Date of awareness by Sponsor: 01-02-2021)	Death	Death	Unrelated	Unrelated	Fatal
28	SRM Medical College Hospital & Research Centre Kanchipuram, Tamil Nadu (32500303)	23-12-2021 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	27-01-2021 (Date of awreness-02-02-2021)	Hospitalization	Viral pneumonia due to COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 9th Feb 2021 in stable condition
29	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900770)	12-12-2020 (1st Dose) 09-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Chronic Otitis media	Unrelated	Unrelated	Recovered and discharged from the hospital on18-02-2021
30	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Bronchial asthma	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-02-2021
31	Maharaja Agrasen Super speciality Hospital, Jaipur (32700845)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
32	Maharaja Agrasen Super speciality Hospital, Jaipur (32700848)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021

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33	AIIMS, New Delhi (30100013)	27-11-2020 (1st Dose) 26-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	03-02-2021 (Date of awreness-06-02-2021)	Hospitalization	Immune Thrombocytopenia Purpura.	Could be associated with the vaccine.	Under Evaluation	Recovered and discharged from the hospital on 08-02-2021
34	Director of Public Health & Medicine study site, Chennai (31200001)	09-12-2020 (1st Dose) 06-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 16-02-2021
35	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900391)	07-12-2020 (1st Dose) 05-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	Chronic otitis media	Unrelated	Un related	Recovered and discharged from the hospital on 22-02-2021
36	Prakash Institute of Medical Science & Research, Sangli, Maharashtra (32900012)	30-12-2020 (1st Dose) 26-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	13-02-2021	Hospitalization	Fever, headache, and cough	Unrelated	Unrelated	Recovered and discharged from the hospital on 14-02-2021
37	AIIMS, New Delhi (30100044)	02-12-2020 (1st Dose) 30-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	19-02-2021	Hospitalization	Myocardial infarction (MI)	Unlikely	Unrelated	Recovered and discharged from the hospital on 01-03-2021
38	NIMS, Hyderabad (32001185)	22-12-2020 (1st Dose) 19-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	COVID-19	Unlikely	Under Evaluation	Ongoing at the time of submission of the report by the investigator
39	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi (32300066)	19-12-2020 (1st Dose) 20-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	Fever and body ache	Under Evaluation	Under Evaluation	Ongoing at the time of submission of the report by the investigator
40	Aligarh Muslim University, Aligarh (31300560)	30-11-2020 (1st Dose) 31-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 27-02-2021)	Hospitalization	Epistaxis	Unrelated	Under Evaluation	Recovered and discharged from the hospital on 27-02-2021
41	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 03-03-2021)	Hospitalization	Acute exacerbation of COPD	Unrelated	Under Evaluation	Ongoing
42	AIIMS, New Delhi (30100314)	26-12-2020 (1st Dose) 23-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 05-03-2021)	Hospitalization	Cholecystitis	Unlikely	Under Evaluation	Recovered and discharged from the hospital on 02-03-2021
43	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100476)	06-01-2021 (1st Dose) 03-02-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	03-03-2021 (Date of Awareness:05-03-2021)	Death	Death	Under Evaluation	Under Evaluation	Fatal

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5. IMMUNOGENICITY

The Immunogenicity assessment was planned on the subset of the 600 participants who were recruited in the category 3 sites. All the blood samples from these participants were collected on Day 0, Day 28, Day 56 and these samples are being analysed. The immunogenicity data in terms geometric mean titers (GMTs) by neutralizing antibody, S-protein, and RBD specific anti-IgG binding titer will be submitted to CDSCO.

6. EFFICACY (INTERIM ANALYSIS)

We are considering first 43 RT-PCR (1/3 of 130 as proposed in 1st interim analysis) positive events and analysis has been done by taking data confirmed by sites. Participants who received two doses and not having PD (protocol deviation) are considered in efficacy population. The first interim analysis is based on 43 cases, of which 36 cases of COVID-19 were observed in the placebo group versus 7 cases observed in the BBV152 (COVAXIN®) group, resulting in a point estimate of vaccine efficacy of 80.6%.

TABLE 7: EFFICACY of BBV152

Description	Treatment Arm		
	BBV152 (N = 12218)	**Placebo (N=12199)**	**Total (N =24417)**
First occurrence of Virologically confirmed (RT-PCR) n (%)	7(0.057)	36(0.295)	43(0.176)
VE (%)	80.6		
95% CI	[78.1, 82.7]		
p value	<0.0001		

7. CONCLUSIONS

Phase 3 study is conducted to evaluate the efficacy and safety of the COVAXIN® vaccine. A total of 25800 participants were recruited, among these 67.2% were males and 32.8% were females. At-risk population, ages > 60 years (9.4%), participants (<60 Years) with co-morbid conditions (16.7%) were enrolled. COVID-19 seroprevalence was assessed among these 25800 participants at baseline and results reported that 34.3% of the participants were Seropositive.

All the participants were followed up for their safety, 43 SAEs were reported and among these 33 were resolved, 3 were ongoing and 7 deaths were reported. Among 25800 participants first 8000 enrolled participants AEs were recorded. A total of 655 AEs were reported and most of them were mild in severity. All the reported SAEs were not related to the vaccine.

COVAXIN® vaccine efficacy was assessed based on the 43 accrued COVID-19 cases and reported that the vaccine efficacy is 81%.

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8. REFERENCES

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DECLARAÇÃO

Importação de vacina contra Covid-19 nos termos da Lei 14.124/21 e RDC/ANVISA 476, de 10 de março de 2021 artigo 12 inciso I

A **PRECISA - COMERCIALIZACAO DE MEDICAMENTOS LTDA**., pessoa jurídica de direito privado, com endereço na Avenida Portugal, n.º 1100, Rua 5, parte A-14, Bairro Itaqui, Cidade de Itapevi, Estado de São Paulo, CEP 06696-060, CNPJ 03.394.819/0005-00, neste ato representada por **Emanuela Batista de Souza Medrades**, brasileira, farmacêutica, portador do RG 35.435.759-1- SSP-SP e CPF 330.976.208-42, considerando o disposto na Resolução de Diretoria Colegiada - RDC nº 476, de 10 de março de 2021, **DECLARA,** sob as penas da lei, **que trata-se de importação de vacina contra a Covid-19 nos termos da Lei 14.124/21 e RDC/ANVISA 476, de 10 de março de 2021, conforme art. 12 inciso I.**

Por ser expressão da verdade, firmamos a presente para que surta os seus efeitos legais.

Brasília/DF, 17 de março de 2021.

EMANUELA BATISTA DE SOUZA MEDRADES:33097620842

Assinado de forma digital por EMANUELA BATISTA DE SOUZA MEDRADES:33097620842
Dados: 2021.03.22 10:19:58 -03'00'

EMANUELA BATISTA DE SOUZA MEDRADES
CPF 330.976.208-42
Representante Legal/Técnica

MADISON
Biotech PTE Ltd

PROFORMA INVOICE

EXPORTER
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore -089747
Company Registration No: 202005277E

No & Date
No: MAD/HM/2021/07
19 March 2021

Exporter's Ref

Buyer's Order No :

Other Reference(s)

CONSIGNEE
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG SADM – SERVIÇO DE ARMAZENAMENTO E DISTRIBUIÇÃO DE MEDICAMENTOS
RUA JAMIL JOÃO ZARIF, 684, JARDIM SANTA VICÊNCIA, UNIDADES 11 A 17 E 18A. CEP: 07143-000-
MUNICÍPIO DE GUARULHOS

BUYER
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG SADM – SERVIÇO DE ARMAZENAMENTO E DISTRIBUIÇÃO DE MEDICAMENTOS
RUA JAMIL JOÃO ZARIF, 684, JARDIM SANTA VICÊNCIA, UNIDADES 11 A 17 E 18A. CEP: 07143-000-
MUNICÍPIO DE GUARULHOS

Pre Carriage By	Place of Receipt By Pre-Carrier
Vessel / Flight No	Port of Loading HYDERABAD, INDIA
Port of Discharge	Final Destination

Country of Origin of Goods
INDIA

Country of Final Destination
BRAZIL

Terms Payment : 100% Advance payment
Dispatched by : FCA Hyderabad
Dispatch : In the month of April 2021

Currency USD

No	PRODUCT	PACK SIZE	Quantity	Unit Price USD	Amount USD
1.	COVAXIN (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml	300,000	150.00	45,000,000.00
				Total: CIP	45,000,000.00

Amount in Words: USD FORTY FIVE MILLION ONLY.

Bank name DBS Bank.
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.
Account number: 0720224590
IFSC Code: DBSSOIN0811
SWIFT Code: DBSSSGSG.

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

For, MADISON BIOTECH PTE. LTD.

AUTHORISED SIGNATORY

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F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

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Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

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File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

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4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

CDSCO CDSCO
CENTRAL DRUGS STANDARD CONTROL ORGANISATION
MINISTRY OF HEALTH, GOVERNMENT OF INDIA
सत्यमेव जयते

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=17fd0331d5df62d4f4e32179a1411bf4ee99b2bea54c83bfbee2154e199b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

Mensagem Parte 02 (0021609958) SEI 25000.100536/2021-98 / pg. 521

DECLARAÇÃO

Ateste de adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância nos termos da RDC/ANVISA 476, de 10 de março de 2021 artigo 12 inciso III e Anexo

A **PRECISA - COMERCIALIZACAO DE MEDICAMENTOS LTDA**., pessoa jurídica de direito privado, com endereço na Avenida Portugal, n.º 1100, Rua 5, parte A-14, Bairro Itaqui, Cidade de Itapevi, Estado de São Paulo, CEP 06696-060, CNPJ 03.394.819/0005-00, neste ato representada por **Emanuela Batista de Souza Medrades**, brasileira, farmacêutica, portador do RG 35.435.759-1- SSP-SP e CPF 330.976.208-42, considerando o disposto na Resolução de Diretoria Colegiada - RDC nº 476, de 10 de março de 2021, considerando o disposto na Resolução de Diretoria Colegiada - RDC nº 476, de 10 de março de 2021, o importador, na pessoa de **PRECISA - COMERCIALIZACAO DE MEDICAMENTOS LTDA**, CPF/CNPJ 03.392.918/0005-00, **DECLARA** cumprir o disposto nas normas sanitárias vigentes para a importação e distribuição de medicamentos e vacinas para Covid-19. O importador declara que realiza todos os procedimentos necessários e possui capacidade técnica e administrativa para garantir a qualidade, segurança e eficácia do medicamento ou vacina para Covid-19 objeto da importação, bem como adotará as estratégias de monitoramento e cumprirá as diretrizes de farmacovigilância estabelecidas pela Anvisa. O importador, na pessoa de **PRECISA - COMERCIALIZACAO DE MEDICAMENTOS LTDA**, se responsabiliza pela veracidade e fidedignidade das informações aqui prestadas e declara que está ciente de que é responsável pela qualidade, segurança e eficácia do medicamento ou vacina para Covid-19, bem como assegura que este está adequado aos fins a que se destina e cumpre os requisitos legais e sanitários. Declaro estar ciente que o descumprimento das disposições contidas nesta Resolução e nas demais vinculadas constitui infração sanitária, nos termos da Lei nº 6437, de 20 de agosto de 1977, sem prejuízo das responsabilidades civil, administrativa e penal cabíveis.

Por ser expressão da verdade, firmamos a presente para que surta os seus efeitos legais.

Brasília/DF, 17 de março de 2021.

EMANUELA BATISTA DE SOUZA MEDRADES:33097620842

Assinado de forma digital por EMANUELA BATISTA DE SOUZA MEDRADES:33097620842
Dados: 2021.03.17 17:38:27 -03'00'

EMANUELA BATISTA DE SOUZA MEDRADES
CPF 330.976.208-42
Representante Legal/Técnica

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 22 de março de 2021 12:19
Para: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira'; 'Carlos E.J. Pereira'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I; India EUL 12032021.pdf; DECLARACAO_ART_12_III_Ateste de adoção das estratégias de monitoramento ....pdf; BBV152-CDSCO-IB-Phase 3_V4.0.pdf; Phase 3 Efficacy Study Interim Report.pdf; DECLARACAO_ART_12_I_Importação de vacina contra Covid-19-2.pdf; PI ON LETTER HEAD.PDF

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para **análise complementar** e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

Thiago Fernandes da Costa
Gestão de Insumos
Departamento de Imunização e Doenças Transmissíveis – DEIDT
Secretaria de Vigilância em Saúde - SVS
☎ (61) 3315-3646

De: William Amorim Santana <william.santana@saude.gov.br>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de **18/03/2021**, documentação proveniente da empresa **PRECISA MEDICAMENTOS** referente a solicitação de autorização de embarque para 1ª parcela **Contrato 29/2021 VACINA COVAXIN/BBV152.**

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se **05 (cinco)** dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL			
PARCELA	COMPRIMIDOS	ENTREGA	RECEBIMENTO
1ª	4.000.000	17/03/2021	EM TRAMITE
2ª	4.000.000	27/03/2021	
3ª	4.000.000	11/04/2021	
4ª	4.000.000	26/04/2021	
5ª	4.000.000	06/05/2021	
TOTAL	20.000.000		

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: SEI <naoresponda_sei@anvisa.gov.br>
Enviado em: segunda-feira, 22 de março de 2021 15:22
Para: William Amorim Santana
Assunto: SEI - Confirmação de Peticionamento Eletrônico (Processo nº 25351.908110/2021-03)

:: Este é um e-mail automático ::

Prezado(a) William Amorim Santana,

Este e-mail confirma a realização do Peticionamento Eletrônico do tipo Processo Novo no SEI-ANVISA, no âmbito do processo nº 25351.908110/2021-03, conforme disposto no Recibo Eletrônico de Protocolo SEI nº 1379496.

Caso no futuro precise realizar novo peticionamento, sempre acesse a área destinada aos Usuários Externos no SEI-ANVISA destacada em seu Portal na Internet ou acesse diretamente o link a seguir:
https://sei.anvisa.gov.br/sei/controlador_externo.php?acao=usuario_externo_logar&id_orgao_acesso_externo=0

ANVISA
Agência Nacional de Vigilância Sanitária www.anvisa.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 22 de março de 2021 15:33
Para: William Amorim Santana; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Luis Ricardo Fernandes Miranda
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Senhores, boa tarde.

Gostaríamos de informar que esse transporte será a primeira corrida de validação da cadeia de frio, sendo necessário incluir tal observação na LI.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: segunda-feira, 22 de março de 2021 10:21
Para: William Amorim Santana <william.santana@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Senhores, bom dia.

Conforme solicitado, estamos fracionando os documentos para abertura de LI em formato de autorização excepcional de importação conforme RDC 476/2.021.

Aguardo orientações,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: quinta-feira, 18 de março de 2021 16:39
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezada Regina Célia,

Boa tarde!

Conforme contato, recebemos essa mensagem da Empresa Precisa Medicamentos solicitando providências quanto a execução do contrato 29/2021 para importação da vacina COVAXIN, bem como as tratativas junto a ANVISA para liberação da mesma.
Tendo em vista tratar-se de aquisição via contrato, encaminho a área demanda para manifestação junto ao fornecedor quanto aos procedimentos necessários.
Caso julgue pertinente qualquer manifestação desta DIIMP, nos colamos à disposição.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760
william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 22 de março de 2021 16:27
Para: William Amorim Santana; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Luis Ricardo Fernandes Miranda
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Regina, boa tarde.

Conforme falado, gostaria de solicitar autorização dos fiscais do contrato considerando os dois pontos a seguir:

1. **Quantidade de 3.000.000 (três milhões)**

   O CT contempla um embarque inicial de 4 milhões de doses, porém usaremos o primeiro embarque para realizar a validação da cadeia de transporte – o que é preconizado pela ANVISA. Entretanto, a seguradora e a regulamentação indiana não autorizada um risco maior que 50 milhões de dólares – o que nos limita a 3 milhões de doses no primeiro embarque. Temos o compromisso de compensar este volume nos próximos embarques.

2. **PFI Madison Biotech**

   A Madison Biotech – agente comercial responsável pela confecção da LI, possui o mesmo quadro societário e é encarregada de todas as exportações da BBIL. Estamos providenciando uma declaração com este conteúdo, mas como representantes e signatários do contrato, informamos que estamos de acordo com a Proforma Invoices enviada.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA
Medicamentos

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: segunda-feira, 22 de março de 2021 15:32
Para: William Amorim Santana <william.santana@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Senhores, boa tarde.

Gostaríamos de informar que esse transporte será a primeira corrida de validação da cadeia de frio, sendo necessário incluir tal observação na LI.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: segunda-feira, 22 de março de 2021 10:21
Para: William Amorim Santana <william.santana@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Senhores, bom dia.

Conforme solicitado, estamos fracionando os documentos para abertura de LI em formato de autorização excepcional de importação conforme RDC 476/2.021.

Aguardo orientações,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: quinta-feira, 18 de março de 2021 16:39
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezada Regina Célia,

Boa tarde!

Conforme contato, recebemos essa mensagem da Empresa Precisa Medicamentos solicitando providências quanto a execução do contrato 29/2021 para importação da vacina COVAXIN, bem como as tratativas junto a ANVISA para liberação da mesma.
Tendo em vista tratar-se de aquisição via contrato, encaminho a área demanda para manifestação junto ao fornecedor quanto aos procedimentos necessários.
Caso julgue pertinente qualquer manifestação desta DIIMP, nos colamos à disposição.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760

william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Everton <everton@wegh.com.br>
Enviado em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana; 'Roberta'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____
De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 539

3ª	4.000.000	11/04/2021
4ª	4.000.000	26/04/2021
5ª	4.000.000	06/05/2021
TOTAL	20.000.000	

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 540

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>

Cc: 'emanuela.medrades@precisamedicamentos.com.br'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

MADISON
Biotech PTE Ltd

PROFORMA INVOICE

EXPORTER MADISON BIOTECH PTE LIMITED 31 Cantonment Road Singapore -089747 Company Registration No: 202005277E	No & Date No: MAD/HM/2021/07 19 March 2021 Exporter's Ref Buyer's Order No : Other Reference(s)
CONSIGNEE HEALTH'S MINISTRY (ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG SADM – SERVIÇO DE ARMAZENAMENTO E DISTRIBUIÇÃO DE MEDICAMENTOS RUA JAMIL JOÃO ZARIF, 684, JARDIM SANTA VICÊNCIA, UNIDADES 11 A 17 E 18A. CEP: 07143-000- MUNICÍPIO DE GUARULHOS	**BUYER** HEALTH'S MINISTRY (ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG SADM – SERVIÇO DE ARMAZENAMENTO E DISTRIBUIÇÃO DE MEDICAMENTOS RUA JAMIL JOÃO ZARIF, 684, JARDIM SANTA VICÊNCIA, UNIDADES 11 A 17 E 18A. CEP: 07143-000- MUNICÍPIO DE GUARULHOS
Pre Carriage By Vessel / Flight No Port of Discharge Place of Receipt By Pre-Carrier Port of Loading HYDERABAD, INDIA Final Destination	Country of Origin of Goods INDIA Country of Final Destination BRAZIL Terms Payment : 100% Advance payment Dispatched by : FCA Hyderabad Dispatch : In the month of April 2021 Currency USD

No	PRODUCT	PACK SIZE	Quantity	Unit Price USD	Amount USD
1.	COVAXIN (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml	300,000	150.00	45,000,000.00
				Total: CIP	45,000,000.00
	Amount in Words: USD FORTY FIVE MILLION ONLY.				

Bank name DBS Bank.
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.
Account number: 0720224590
IFSC Code: DBSSOIN0811
SWIFT Code: DBSSSGSG.

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

For, MADISON BIOTECH PTE. LTD.

AUTHORISED SIGNATORY

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 544

William Amorim Santana

De: William Amorim Santana
Enviado em: terça-feira, 23 de março de 2021 14:03
Para: emanuela.medrades@precisamedicamentos.com.br
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: PI ON LETTER HEAD.PDF

URGENTE

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;

- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

- Informar localidade.

PAÍS DE DESTINO;

- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 545

DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 546

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____

De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 548

4.000.000

27/03/2021

3ª

4.000.000

11/04/2021

4ª

4.000.000

26/04/2021

5ª

4.000.000

06/05/2021

TOTAL

20.000.000

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 549

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

This message may contain stuff that is confidential, privileged and for exclusive use of the Intended permission is strictly prohibited. If you are not the intended recipiente of this message, please notif

Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;

- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

- Informar localidade.

PAÍS DE DESTINO;

- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>

Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____
De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

3ª

4.000.000

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 557

11/04/2021

4ª

4.000.000

26/04/2021

5ª

4.000.000

06/05/2021

TOTAL

20.000.000

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 558

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE

ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: terça-feira, 23 de março de 2021 16:58
Para: Emanuela Medrades
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

This message may contain stuff that is confidential, privileged and for exclusive use of the Intended permission is strictly prohibited. If you are not the intended recipiente of this message, please noti

Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;

- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

- Informar localidade.

PAÍS DE DESTINO;

- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana

Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____
De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

3ª

4.000.000

11/04/2021

4ª

4.000.000

26/04/2021

5ª

4.000.000

06/05/2021

TOTAL

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 567

20.000.000

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

MADISON
Biotech PTE Ltd

PACKING LIST/ DELIVERY CHALLAN

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Buyer's Order No:

Other Reference(s): CT 29/2021 & PROFORMA INVOICE MAD/HM/2021/07

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

BUYER – Comprador/ Shipped to

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA
Airport of Discharge HYD Airport	Final Destination GRU Airport

Country of Origin Of Goods	Country of Final Destination
INDIA – AIRPORT OF HYDERABAR (HYD)	BRAZIL – AEROPORTO DE GUARULHOS (GRU)

Terms Payment : 100% Advance payment
Shipment Terms : CIF GRU Airport BR
Dispatch : TBD – First Week of April if LI Approval.

COVAXIN – WHOLE VIRION INACTIVATED CORONA VIRUS VACCINE – 5 ml vial doses in 300,00 boxes/secondary packages w/ 16 vials/bottles per box. Remark TBD.

BATCH NUMBER: 37F21004A
BATCH SIZE: 300,000 VIALS
MFG. 01/21.
EXP DATE. 01/23.

Accepetd
For, HEALTH'S MINISTRY

AUTHORISED SIGNTORY

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

For, MADISON BIOTECH PTE. LTD.

AUTHORISED SIGNATORY

MADISON
Biotech PTE Ltd

PROFORMA INVOICE

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Exporte's Ref

Buyer's Order No:
Other Reference(s): CT 29/2021

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

BUYER – Comprador

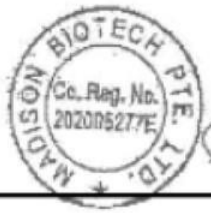
MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD	Country of Origin Of Goods INDIA – AIRPORT OF HYDERABAR (HYD)	Country of Final Destination BRAZIL – AEROPORTO DE GUARULHOS (GRU)
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA		
Airport of Discharge HYD airpor	Final Destination GRU Airport	Terms Payment Shipment Terms Dispatch Currency USD	: 100% Advance payment : CIF GRU Airport BR : TBD – First Week of April if LI Approval.

NO	PRODUCT	PACK SIZE	Quantity *In doses*	Unit Prince *USD*	Amount *USD*
1	COVAXIN (Whole Virion Inactivated Corona Virus Vaccine) 5 ml vial doses in 300,000 boxes/secondary packages w/ 16 vials/bottles each box. Shelf life – 24 months. NCM 3002.20.29	5.0ml Per vial/bottle	3.000.000	15,00	45,000,000.00
Shipper Dimensions/Tertiary package with 512 bottles in 586 volumes. Gross Weight/box 28 kg Net Weight/box 16 kg			Air Freight		862,367.02
			Insurance		67,500.00
				Total: CIP	45,929,867.02

Amount in Words: USD FORTY-FIVE MILLION AND NINE HUNDRED AND TWENTY-NINE THOUSAND AND EIGHT HUNDRED AND SIXTY-SEVEN DOLLARS AND TWO CENTS.

MADISON
Biotech PTE Ltd

Bank name DBS Bank. **Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.** **Account number: 0720224590** **IFSC Code: DBSSDIN0811** **SWIFT Code: DBSSSGSG:**		
Declaration: **We deciare that this invoice shows the actual prince of the goods described and that ali particulars are true and correct**		
Accepetd **For, HEALTH'S MINISTRY** **AUTHORISED SIGNTORY**		 For, MADISON BIOTECH PTE. LTD. AUTHORISED SIGNATORY

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: terça-feira, 23 de março de 2021 21:30
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: PACKING LIST-2.pdf; PI ON LETTER HEAD-2.pdf

William, boa noite.

Em complementação a solicitação de LI, seguem:

1. Proforma Invoice;
2. Packing List.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;
- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;
- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;
- Informar localidade.

PAÍS DE DESTINO;
- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;
- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760

william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____
De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 580

3ª

4.000.000

11/04/2021

4ª

4.000.000

26/04/2021

5ª

4.000.000

06/05/2021

TOTAL

20.000.000

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 581

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>

Cc: 'emanuela.medrades@precisamedicamentos.com.br'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

MADISON
Biotech PTE Ltd

PACKING LIST/ DELIVERY CHALLAN

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Buyer's Order No:

Other Reference(s): CT 29/2021 & PROFORMA INVOICE MAD/HM/2021/07

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

BUYER – Comprador/ Shipped to

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA
Airport of Discharge HYD Airport	Final Destination GRU Airport

Country of Origin Of Goods	Country of Final Destination
INDIA – AIRPORT OF HYDERABAR (HYD)	BRAZIL – AEROPORTO DE GUARULHOS (GRU)

Terms Payment : 100% Advance payment
Shipment Terms : CIF GRU Airport BR
Dispatch : TBD – First Week of April if LI Approval.

COVAXIN – WHOLE VIRION INACTIVATED CORONA VIRUS VACCINE – 5 ml vial doses in 300,00 boxes/secondary packages w/ 16 vials/bottles per box. Remark TBD.

BATCH NUMBER: 37F21004A
BATCH SIZE: 300,000 VIALS
MFG. 01/21.
EXP DATE. 01/23.

Accepetd
For, HEALTH'S MINISTRY

AUTHORISED SIGNTORY

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

For, MADISON BIOTECH PTE. LTD.

AUTHORISED SIGNATORY

MADISON
Biotech PTE Ltd

PROFORMA INVOICE

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Exporte's Ref

Buyer's Order No:
Other Reference(s): CT 29/2021

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

BUYER – Comprador

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD	Country of Origin Of Goods INDIA – AIRPORT OF HYDERABAR (HYD)	Country of Final Destination BRAZIL – AEROPORTO DE GUARULHOS (GRU)
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA		
Airport of Discharge HYD airpor	Final Destination GRU Airport	Terms Payment : 100% Advance payment Shipment Terms : CIF GRU Airport BR Dispatch : TBD – First Week of April if LI Approval. Currency USD	

NO	PRODUCT	PACK SIZE	Quantity *In doses*	Unit Prince *USD*	Amount *USD*
1	COVAXIN (Whole Virion Inactivated Corona Virus Vaccine) 5 ml vial doses in 300,000 boxes/secondary packages w/ 16 vials/bottles each box. Shelf life – 24 months. NCM 3002.20.29	5.0ml Per vial/bottle	3.000.000	15,00	45,000,000.00
Shipper Dimensions/Tertiary package with 512 bottles in 586 volumes. Gross Weight/box 28 kg Net Weight/box 16 kg			Air Freight		862,367.02
			Insurance		67,500.00
				Total: CIP	45,929,867.02

Amount in Words: USD FORTY-FIVE MILLION AND NINE HUNDRED AND TWENTY-NINE THOUSAND AND EIGHT HUNDRED AND SIXTY-SEVEN DOLLARS AND TWO CENTS.

MADISON
Biotech PTE Ltd

Bank name DBS Bank. **Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.** **Account number: 0720224590** **IFSC Code: DBSSDIN0811** **SWIFT Code: DBSSSGSG:**		
Declaration: **We deciare that this invoice shows the actual prince of the goods described and that ali particulars are true and correct**		
Accepetd **For, HEALTH'S MINISTRY** **AUTHORISED SIGNTORY**		MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E For, MADISON BIOTECH PTE. LTD. AUTHORISED SIGNATORY

William Amorim Santana

De: William Amorim Santana
Enviado em: terça-feira, 23 de março de 2021 22:15
Para: everton@wegh.com.br; lucas; roberta; Carlos Wegh
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Thiago Fernandes da Costa
Assunto: Fwd: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: image001.jpg; image002.jpg; image003.jpg; image004.jpg; PACKING LIST-2.pdf; PI ON LETTER HEAD-2.pdf

Prezada Equipe WEGH,

Segue documentos para análise complementar e estando em conformidade, gentileza providenciar a Licença de Importação.

Atenciosamente,

William

Enviado do meu iPhone

Início da mensagem encaminhada:

> **De:** Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
> **Data:** 23 de março de 2021 21:29:45 BRT
> **Para:** William Amorim Santana <william.santana@saude.gov.br>
> **Cc:** LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
> **Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152**
>
> William, boa noite.
>
> Em complementação a solicitação de LI, seguem:
>
> 1. Proforma Invoice;
> 2. Packing List.
>
> Atenciosamente,

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>

Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;

- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

- Informar localidade.

PAÍS DE DESTINO;

- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54

Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____
De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

3ª

4.000.000

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 594

11/04/2021

4ª

4.000.000

26/04/2021

5ª

4.000.000

06/05/2021

TOTAL

20.000.000

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 595

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: terça-feira, 23 de março de 2021 22:35
Para: Emanuela Medrades
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Emanuela,

Após observar a documentação, observei que está com a informação 100% advanced payment (pagamento antecipado).
Informo que o contrato 29/2021 não prevê pagamento antecipado. A modalidade é "Póstecipado".
Também foi observado que os valores de frete e seguro divergem do contrato.
Peço a gentileza que observe o valor unitário de 15.00 US$ do produto, bem como o valor do frete e seguro. Esse valor não pode ser alterado.
Feitas as ponderações, solicito a gentileza de providenciar a correção dos apontados acima.

No aguardo.

Atenciosamente,

William Amorim Santana
DIIMP

Enviado do meu iPhone

> Em 23 de mar. de 2021, à(s) 21:29, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br> escreveu:
>
> William, boa noite.
>
> Em complementação a solicitação de LI, seguem:
>
> 1. Proforma Invoice;
> 2. Packing List.
>
> Atenciosamente,
> <image001.jpg>
> <image002.jpg>
>
> **De:** William Amorim Santana <william.santana@saude.gov.br>
> **Data:** terça-feira, 23 de março de 2021 16:57
> **Para:** Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
> **Cc:** LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>

Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,
<image003.jpg>
<image004.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;

- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

- Informar localidade.

PAÍS DE DESTINO;

- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa

Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____
De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

3ª

4.000.000

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 605

11/04/2021

4ª

4.000.000

26/04/2021

5ª

4.000.000

06/05/2021

TOTAL

20.000.000

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 606

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

<PACKING LIST-2.pdf>
<PI ON LETTER HEAD-2.pdf>

MADISON
Biotech PTE Ltd

PROFORMA INVOICE

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Exporte's Ref

Buyer's Order No:
Other Reference(s): CT 29/2021

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

BUYER – Comprador

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD	Country of Origin Of Goods INDIA – AIRPORT OF HYDERABAR (HYD)	Country of Final Destination BRAZIL – AEROPORTO DE GUARULHOS (GRU)
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA		
Airport of Discharge HYD airpor	Final Destination GRU Airport	Terms Payment Shipment Terms Dispatch Currency USD	:According the agreement. : CIF GRU Airport BR : TBD – First Week of April if LI Approval.

NO	PRODUCT	PACK SIZE	Quantity *In doses*	Unit Prince *USD*	Amount *USD*
1	COVAXIN (Whole Virion Inactivated Corona Virus Vaccine) 5 ml vial doses in 300,000 boxes/secondary packages w/ 16 vials/bottles each box. Shelf life – 24 months. NCM 3002.20.29	5.0ml Per vial/bottle	3.000.000	15,00	44,070,133.98
Shipper Dimensions/Tertiary package with 512 bottles in 586 volumes. Gross Weight/box 28 kg Net Weight/box 16 kg			Air Freight		862,367.02
			Insurance		67,500.00
				Total: CIP	45,000,000.00
Amount in Words: USD FORTY-FIVE MILLION..					

MADISON
Biotech PTE Ltd

Bank name DBS Bank. **Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.** **Account number: 0720224590** **IFSC Code: DBSSDIN0811** **SWIFT Code: DBSSSGSG:**		
Declaration: **We deciare that this invoice shows the actual prince of the goods described and that ali particulars are true and correct**		
Accepetd **For, HEALTH'S MINISTRY** **AUTHORISED SIGNTORY**		MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E For, MADISON BIOTECH PTE. LTD. AUTHORISED SIGNATORY

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: terça-feira, 23 de março de 2021 22:55
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: PI ON LETTER HEAD Rev3.pdf

William,

Já havia pedido essa retificação, e me enviaram.

Segue com ajustes,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

This message may contain stuff that is confidential, privileged and for exclusive use of the Intended permission is strictly prohibited. If you are not the intended recipiente of this message, please noti

Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 22:35
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Emanuela,

Após observar a documentação, observei que está com a informação 100% advanced payment (pagamento antecipado).
Informo que o contrato 29/2021 não prevê pagamento antecipado. A modalidade é “Póstecipado”.
Também foi observado que os valores de frete e seguro divergem do contrato.
Peço a gentileza que observe o valor unitário de 15.00 US$ do produto, bem como o valor do frete e seguro. Esse valor não pode ser alterado.
Feitas as ponderações, solicito a gentileza de providenciar a correção dos apontados acima.

No aguardo.

Atenciosamente,

William Amorim Santana
DIIMP

Enviado do meu iPhone

> Em 23 de mar. de 2021, à(s) 21:29, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br> escreveu:
>
> William, boa noite.
>
> Em complementação a solicitação de LI, seguem:
>
> 1. Proforma Invoice;
> 2. Packing List.
>
> Atenciosamente,
> <image001.jpg>
> <image002.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760

william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,
<image003.jpg>
<image004.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;

- Nome do Fabricante.

- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

- Informar localidade.

PAÍS DE DESTINO;

- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante

- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____
De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

3ª

4.000.000

11/04/2021

4ª

4.000.000

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26/04/2021

5ª

4.000.000

06/05/2021

TOTAL

20.000.000

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

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Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
<dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

<PACKING LIST-2.pdf>
<PI ON LETTER HEAD-2.pdf>

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
1.	**Media fill:** The media fill activity as per protocol in the month of May 2020 in PA 1 facility. Firm raised a planned deviation (No. PR/SAS/20002) as the Media fill was postponed for the COVID-19 pandemic situation and it will be performed as per the load evaluation due to incorporation of the SARS-CoV-2 vaccine and target date is 31.10.2020. However, media fill is not performed before starting the formulation & filling of Whole Virion, Inactivated Corona Virus vaccine.	As stated in the previous compliance, BBIL would like to confirm that, process of SARS-CoV-2 vaccine aseptic process simulation shall be carried out.	Aseptic Process Simulation Summary report (No: ASR/PS2/002/20/00 dated 07.12.2020) of SARS COY -2 Inactivated purified Whole Virion Viral Vaccine Bulk (Sterilized Media Hold time study for 250 L Bio Reactor & Inactivation Vessels (lx300 L & 2x150 L MVL) is verified.Firm had simulated each stage of the manufacturing process by using SCDM media (B. no: MS220001A). At media preparation stage water quality is tested, Sterility test is verified at Bioprocess stage, Inactivation clarification stage and Sterile filtration. The sterility results comply for all the samples at all the stages. Records verified. Aseptic Process Simulation Interim Summary report (No: **ASR/PA1/007/20/00** dated 07.12.2020) of SARS COV-2 Inactivated purified Whole Virion Viral Vaccine was verified. Firm had performed the study by adapting bracketing approach (Minimum and Maximum container closure combination for 0.5 ml single dose and 10 ml multiple dose). Firm has simulated each stage of the manufacturing process by using SCDM media (B. no: MA120001A- 50 L Batch Size & MA120002A- 250 L Batch Size) At excipient preparation stage water quality is tested, Sterility test is verified at Excipient solution preparation stage, Formulation stage, Filling and Sealing stage. The samples are under testing. Reports to be submitted by the firm.	Samples of aseptic process simulation of SARS COV-2 inactivated purified Whole virion viral vaccine for minimum and maximum container closure combination for 0.5 ml single dose and 10 ml multiple dose are under analysis. The results are yet to received.

Mensagem Parte 03 (00216009977) SEI 25000.100536/2021-98 / pg. 625

Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks

BBIL Response :

BBIL would like to confirm that aseptic process simulation (Media fill) batches for manufacturing & filling process of Whole Virion, Inactivated Corona Virus Vaccine with minimum and maximum container closure of 0.5 mL single dose and 10 mL multiple dose are successfully completed vide Media simulation protocol No. **ASP/PA1/007/20/00 .** The Aseptic process simulation summary report no.**ASR/PA1/007/21/00** dated 16/01/2021 is attached for your reference as **Annexure-01.**

Status:Closed

Mensagem Parte 03 (00216009777) SEI 25000.100536/2021-98 / pg. 626

Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
4.	Firm verbally stated that TLR 7/8 agonist (used as an adjuvant) is received from Mr. Ramalingaswami fellow (DBT), Assistant Professor, Punjab University, Chandigarh. Molecular weight: 512.33 Daltons. Firm has shown the spectrum of LC-MS/MS which is having only molecular weight of the material without any report. Upon request, firm not shown the purchase order invoice copy, quantity received & certificate of analysis from vendor for TLR 7/8 agonist.	BBIL would like to confirm that, we are procuring the agonist from 3 different vendors, i.e. Virovax (Innovator), Indian Institute of Chemical Technology (IICT) - Hyderabad and Punjab University. Details about these 3 vendors have been provided earlier, in terms of these organizations, professional experience etc. Material received from all the 3 vendors have been characterized by high resolution NMR and LC-MS. The details of the individual Purchase Orders, Proforma Invoice, Goods Receipt Note and CoA (LC-MS data report) are enclosed for each vendor and the same is attached as **Annexure-XVIII.**	Earlier firm purchased TLR 7/8 agonist from Dr. Deepak Salunke, Asst. Professor, Mr. Ramalingaswami fellow DBT, Punjab University, Chandigarh and he was the student of Dr. Sunil David original inventor of the molecule) is the CEO of Virovax LLC, 4940 Research Parkway KS 66047. During initial stage, firm not maintained Inventory and reconciliation records. After initial purchase, firm not procured from Dr. Deepak Salunke, Asst. Professor, Mr. Ramalingaswami fellow DBT Punjab University Chandigarh. After observation raised by the inspection team dated 8.7.2020 to 10.7.2020 the purchased details, Quantity received, COA, Utilization details are maintained by the firm for the purchased lots from Virovax LLC. Subsequently, firm purchased 3 lots of TLR 7/8 agonist from The Indian Institute of Chemical Technology, Hyderabad on 27.11.2020, 30.11.2020 and 13.12.2020. Materials received from the three vendors have been characterized by using high resolution NMR and LCMS and its details were submitted by the firm to the Authority as a part of Annexure-XVIII dated 02/11/2020. The inventory details and its reconciliation are maintained for the received lots in SAP. The verified details are tabulated in page no: 3 of this report.	Firm is under the process of making Quality Technical agreement with IICT, Hyderabad for supply of TLR 7/8 agonist after testing. The agreement is not submitted by the firm and also SOP QAS/021 "Vendor Qualification" needs to be updated on handling procedures in case the source material is from Government Organization.

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Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
			Details about TLR 718 agonist vendor used in manufactured batches and batch utilization details are tabulated in page no: 3 & 4 of this inspection report. Based on the CAP A verification comments for inspection dated 18.11.2020, firm ensured the availability of the vendor COA along ", the consignment and upon receipt of the consignment, the inventory has been maintained by the stores department in SAP. All the received consignments had been tested by IICT Hyderabad and also as per SOP QAS/021 "Vendor Qualification" Viro Vax vendor is evaluated and approved by the firm based on Questionnaire and Virtual Audit. As per SOP, Vendor Questionnaire from Viro Vax LLC, 2029 Becker Drive, Lwrence, KS 66047 in Form no: FMQAS/021/014.04 and Vendor Audit checklist Form no: FMQAS/0211019.02 received by the firm on 21.12.2020. Virtual Audit was carried by the firm on 22.12.2020. Paper audit and virtual audit carried by the firm found satisfactory which is declared by the firm in their cover letter. The second vendor, Indian Institute of Chemical Technology, Hyderabad is a Government organization. Firm is under the process of making the Quality Technical agreement with IICT for supply of TLR 7/8 agonist after testing.	

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Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks

BBIL Response :

- BBIL would like to confirm that quality technical agreement between Bharat Biotech & IICT, Hyderabad is placed with effective from 07th Jan 2021. The copy of Quality Technical agreement No. CTL/CSIR-IICT/2021 is attached as **Annexure-02.**
- BBIL would like to confirm that change control No. CC/QAS/20019 has been initiated on 10/09/2020 for the revision of SOP QAS/025 (i.e. "Approval of Contract Testing Laboratories") to include the below specified instruction applicability in case of qualification & approval of Government Organizations for testing of Quality Control samples.
    1. BBIL team shall request to the Government Bodies/Ministry Organizations to provide for their minimal Accredited certificates to further Considerations and approval as part of qualification.
    2. BBIL shall request & ensure that government bodies / Ministry Organizations has laid QTA between BBIL for continuity in business, Quality and GLP Systems for the testing of starting material, Intermediate & finished Products which shall not be carried out at site.
    3. The Government Bodies/Ministry Organizations shall not be considered for execution of Paper Evaluation and On-site Lab Audit Evaluation.

TCD:31-Mar-2021

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Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
5	As of now, firm prepared four batches of Algel 2(Adjuvant) by using aluminium hydroxide gel and TLR 7/8 agonist in PA1 facility which is used for formulation of drug product. After preparation, it is kept on hold more than 48 hrs before usage for formulation of drug product. After preparation, Algel - 2 adjuvant is not tested before usage for manufacturing of drug product. Moreover, firm has not done the hold time study for the prepared algel 2.	BBIL has conducted binding studies of agonist to the Algel and results confirm that there is insignificant amount of the unbound agonist in the supernatant. The results from 1 batch i.e. 40A20006A shows insignificant unbound agonist in the supernatant. The supernatant of the Algel-2 as well as the bound Algel are enclosed to confirm the absence of the agonist in the supernatant. Analytical test reports are attached as Annexure-**XIX**. Study for Algel- 2 Hold time is under progress and shall be submitted by end of **November 2020**	After observation raised, the manufactured Algel-2 preparation B. No. 40A20009A and 40A20010A were collected for complete analysis as per Specification no: IPS058. Description, pH and Sterility are tested In-house and rest of the test (Identification, Total Sulphate, Free Sulphate, Fe (Total), Ash residue, AL(OH)3 Al/ml EDTA Titration, Protein Adsorption capacity are out sourced. The test reports are yet to be received. Algel-2 (B. No: 40A20008A) hold time study was executed from 15.11.2020. As per protocol 0 day, 7th day, 15th day and 30th day samples were sent to CSIR-IICT, Hyderabad for test/analysis of Algel-2 as per protocol No. SP/37/AGH/20/01 dated 15.10.2020. Report is yet to be received.	Identification, Total Sulphate, Free Sulphate, Fe (Total), Ash residue, AL(OH)3 Al/ml EDTA Titration, Protein Adsorption capacity are outsourced for Algel-2 preparation B.No. 40A20009A and 40A20010A and reports are yet to be received. Hold time study is done with only 1 batch. Algel-2 (B. No: 40A20008A) hold time study 0 day, 7th day, 15th day and 30th day samples were sent to CSIR- IICT, Hyderabad for test/analysis and the reports are not received yet.

BBIL Response :

BBIL would like to confirm that manufactured Algel -2 B.No.s 40A20009A and 40A20010A are completed testing as per specification No. IPS058. Refer CoA of batches attached as **Annexure-03**

BBIL would like to confirm that, as per study protocol no. SP/37/AGH/20/01, Algel-2 hold time study has been executed for one batch (B. No.40A20008A). accordingly the study report no. SR/37/AGH/21/01, dated 27/02/2021 has been prepared.The same is attached as **Annexure-04.**

Status: Closed

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Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
12	**Analytical method validation:** The method validation of the drug substance & drug product has been carried out by using rabies vaccine. The firm has not performed method validation using Covid-19 vaccine.	As mentioned in the previous compliance, Method Validation by using Covid-19 Vaccine protocol is under preparation, subject to the completion of the study method validation report would be submitted.	Analytical method validation protocol (No: AMVP/37/04 dated 24.11.2020)for Testing of Protein Adsorption by Spectrophotometer method (Lowry's Method) in Inactivated SARSCOV-2 samples is prepared by the firm and method validation is under process. Tentative date of completion is mentioned by the firm as 15.01.2021. Analytical method validation protocol (No: AMVP/37/06 dated 08.12.2020)for Testing of Protein content in purified Inactivated bulk of SARCOV -2 by Lowry method is prepared by the firm and method validation is under process. Tentative date of completion is mentioned by the firm as 15.01.2021 Analytical method validation protocol (No: AMVP/37/05 dated 24.11.2020)for detection and identification of SARS-COV-2 virus by Elisa method is prepared by the firm and method validation is under process. Tentative date of completion is mentioned by the firm as 15.01.2021 Sterility test: Drug substance protocol number AMVP/37/02 dated 23.11.2020 and Drug product protocol number AMVP/37/03 dated 9.12.2020 prepared and analytical method validation is under execution. BET test: Drug substance and Drug product protocol number AMVP/37/01 dated 09.09.2020 prepared and analytical method validation is under execution.	Not complied

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Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks

BBIL Compliance:

As per the protocol No.: AMVP/37/04 dated 24/11/2020 the Protein Adsorption by Spectrophotometer (Lowry's Method) analytical method validation in Inactivated SARS COV-2 is carried out accordingly a summary report no AMVR/VP/37/04 dated 22/01/2021 has been prepared and is attached as **Annexure-05.**

As per the protocol No.: AMVP/37/06 dated 08/12/2020 the Protein content analytical method validation is carried out for purified Inactivated bulk of SARCOV -2 accordingly a summary report no AMVR/VP/37/06 dated 22/01/2021 has been prepared and is attached as **Annexure-06.**

As per the protocol No.: AMVP/37/05 dated 24/11/2020 the detection and identification of SARS-COV-2 virus by ELISA analytical method validation is carried out accordingly a summary report no AMVR/VP/37/05 dated 23/01/2021 has been prepared and is attached as **Annexure-07.**

Drug substance protocol number AMVP/37/02 dated 23/11/2020 and Drug product protocol number AMVP/37/03 dated 09/12/2020 prepared and Sterility test method validation is executed accordingly the summary reports AMVR/VP/37/02 and AMVR/VP/37/03 dated 23/01/2021 and 21/01/2021 has been prepared and is attached as **Annexure-08.**

Drug substance and Drug product protocol no. AMVP/37/01 dated 09/09/2020 prepared and analytical method validation for BET test is executed accordingly the summary reports no. AMVR/VP/37/01 dated 01/01/2021 has been prepared and is attached as **Annexure-09.**

Status:Closed

Prepared By: Dy. Manager - QAS		Approved By: AGM-QAS	
Sign & Date	01/03/2021 M.KISHORE	Sign & Date	02/03/2021 (MANOJ KSATHU)

BHARAT BIOTECH INTERNATIONAL LIMITED Genome Valley, Shameerpet Mandal, Medchal Dist. QUALITY ASSURANCE Hyderabad, T.S. India.

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
5.	Firm has performed process validation for manufacturing of SARS-COV-2 Inactivated Purified whole virion viral vaccine bulk at PS2 facility" Batch Size: NLT 1.5 L. However, firm has not performed the process validation for manufacturing of SARS - COV - 2 Inactivated Purified whole virion viral vaccine bulk at proposed commercial scale batch size (output ~ 10 L & ~ 22 L). Firm has not performed the process validation of Whole Virion, Inactivated Corona Virus Vaccine.	BBIL acknowledges the observations. A) **Drug substance:** As per change control CC/PS2/20009, three Process validation batches of SARS-COV-2 Inactivated Purified whole virion viral vaccine commercial scale with the final output of NLT 10 L has been executed as per Process validation Protocol No. **PVP/376/20/03** with batch no. **37620001A, 37620002A & 37620003A.** The Process Validation batches are under analysis and the compiled report shall be submitted by **End of December 2020.** B) **Drug product:** As per change control nos. CC/PA1/20044 & CC/PA1/20045 Process validation of Whole Virion, Inactivated Corona Virus Vaccine batches have been executed with the formulation Batch size of **50 L & 250 L** in different presentations [single dose & multi dose(20 dose)], sequentially under vide Protocol no. **PVP/37G/20/01.** PV report shall be compiled & submitted to the authority.	PS2 facility: At the present scenario, the manufacturing capacity is NLT 10 L. Firm manufactured 3 batches (batch nos. 37620001A, 37620002A & 37620003A, Batch size: NLT 10 L) vide Protocol No.*PVP/376/20/03* dated 19.10.2020. Interim report dated 22.12.2020 submitted is verified. The tests namely Description, pH, Sterility,Total Protein content, Residual cellular DNA content, Residual BSA content, Antigenic purity by SDS - PAGE, BET, Residual BPL content and Residual Trypsin content by Elisa method is completed and the limit comply the specification limit. The other tests namely Identity test for Vaccine Virus, Corona Virus amplification test and Corona Virus Inactivation test is under process in-house. Firm manufactured Whole Virion, Inactivated Corona Virus Bulk 4 batches(37520010A, 37520011A & 37520013A & 37520014A of Batch Size : NLT 1.5 Its between June-July 2020. By using 4 stated batches, 3 formulation of Whole Virion, Inactivated Corona Virus of batch no: 37G20001A, 37G20002A & 37G20003A, Batch Size: 50 L were manufactured by the firm in the month of	As raised by joint inspection team dated 18.11.2020 and firm 19.11.2020, manufactured 3 batches (batch nos. 37620001A,37620002A & 3762000-3A, batch size:NLT 10 L) for which Identity test for Vaccine Virus, Corona Virus amplification test and Corona Virus In activity on test are under process and results yet to be received. 3 formulation of Whole virion, Inactivated Corona Virus of batch no: 37G20001A, 37G20002A & 37G20003A, Batch Size: 50L were manufactured by the firm and

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
			December 2020 vide protocol no: *PVP/37G/20/0*1 dated 27.11.2020. Finished product 3 batches were tested and completed the test parameters Description, pH, 2-PE content and BET test and the results comply the specification limit. The remaining test namely Protein adsorption test, Residual Bovine Serum Albumin content, Sterility,Residual cellular DNA content Identification, Aluminum content and Extractable volume are under process. Interim report no: *IR/PV/37G/20/01* dated 22.12.2020 submitted is verified. Protocol no: *PVP/37G/20/02* for batch size of 250 litre (multidose-20 doses) was initiated on 19.12.2020 and the formulation (3 batches) is under execution.	Protein adsorption test, Residual Bovine Serum Albumin content, Sterility, Residual cellular DNA content, Identification, Aluminum content and Extractable volume are under process and the results are yet to be received. Protocol no: *PVP/37G/20/02* for batch size of 250 litre (multidose-20 doses) was initiated on 19.12.2020 and the formulation (3 batches) is under execution.

BBIL Response:

BBIL would like to clarify that, as per process validation protocol no. **PVP/376/20/03** the process validation is executed for Whole Virion, Inactivated Corona Virus Bulk Batch nos. 37620001A, 37620002A & 37620003A batch size NLT 10L. The analysis was completed and results are meeting the acceptance criteria. Accordingly the process validation summary report no. **PVR/376/21/03** was prepared and approved on dated 05/01/2021.
The same is attached as **Annexure- 01.**

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
BBIL would like to clarify that, as per process validation protocol no. **PVP/37G/20/01** the process validation is executed for Whole Virion, Inactivated Corona Virus Vaccine Batch nos. 37G20001A, 37G20002A & 37G20003A formulation batch size size NLT 50L. The analysis was completed and results are meeting the acceptance criteria. Accordingly the process validation report no. **PVR/37G/21/01** was prepared and approved on dated 07/01/2021.The same is attached as **Annexure- 02** BBIL would like to clarify that, as per process validation protocol no.**PVP/37G/20/02** the process validation is executed for Whole Virion, Inactivated Corona Virus Vaccine Batch nos. 37G20004A, 37G20005A & 37G20006A formulation batch size size NLT 250L. The analysis was completed and results are meeting the acceptance criteria. Accordingly the process validation report no. **PVR/37G/21/02** was prepared and approved on dated 12/01/2021.The same is attached as **Annexure- 03** **Status : Closed.**				
6.	Firm has used PS2 facility for manufacturing of Whole virion, inactivated corona virus Drug substance and this facility comprises two separate containment facilities for manufacturing of Type-1, Type-2 and Type-3 Polio Bulks and Whole Virion, Inactivated Corona Virus Vaccine on campaign basis. Cleaning validation not performed for manufacturing of drug substance. Firm has used PA1 facility (multi product facility) for formulation and filling of Whole virion, inactivated corona virus vaccine. Firm has performed cleaning verification of small-scale batches for shared equipment (filling and sealing machine) used in the campaign changeover. Firm has not performed cleaning validation for formulation & filling of commercial scale batches.	BBIL acknowledges the observations. A) **Drug substance:** BBIL would like to clarify that, PS2 facility was never used for Type II Polio virus. However, for development of sIPV, BBIL used Type I and Type III viruses for product development activity till virus expansion stage only. Post the development campaign following activities in chronological sequence was performed: **i.** Process containers (disposable), support containers, vessels and glassware were decontaminated. **ii.** Cleaning of facility and equipment with qualified disinfectants. **iii.** Fogging of Facility (with equipment) using hydrogen peroxide. **iv.** Activity (ii & iii) was repeated three consecutive times as per campaign change procedure followed by testing	Whole Virion, Inactivated Corona Virus vaccine of batch nos: 37G20001A, 37G20002A & 37G20003A, Batch Size: 50 L were manufactured by the firm in the month of December 2020 and cleaning validation was carried for the stated 3 batches vide protocol no: *CVP/37G/20/01* dated 27.11.2020 in PA1 facility. The product residue was estimated by rinse water samples and swab samples. For rinse water the test performed by the firm are namely pH, Conductivity, TOC, Absorbance at 280 nm, BET, Bio-burden and Detection of SARS-CoV-2 spike protein by Elisa method S1 protein of SARS-CoV-2 virus. For swab samples the test performed by the firm are namely Absorbance at 280 nm, Detection ofSARS-CoV-2 spike protein by Elisa method S1 protein of SARS-CoV-2 virus and Bioburden. Results are awaited for	Cleaning validation protocol No: *CVP/376/20/01* dated 17 .12. 2020 was prepared for Whole virion, Inactivated Corona Virus bulk and not executed yet Test results for Bio-burden, Detection of SARS-CoV-2 spike protein by Elisa method is yet to be received for cleaning validation carried out for Whole Virion Inactivated Corona

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
		of residual virus in the facility, equipment and kill tank. The study for residual virus testing concluded satisfactory cleaning and virus was not detected. v. However, BBIL is also considering to perform the Cleaning validation in PS2 facility for the current product i.e. SARS-CoV-2 as per Protocol No. **CVP/376/20/01**. B) **Drug Product:** BBIL shall perform the Cleaning validation for the Whole Virion, Inactivated Corona Virus Vaccine for commercial Batch size of 50L as per protocol No. **CVP/37G/20/01**.	Bioburden, Detection of SARS-CoV -2 spike protein by Elisa method and rest all other test results comply the specification parameters.	Virus vaccine of batch nos: 37G20001A, 37G20002A & 37G20003A, Batch Size: 50 L

BBIL Response:

Drug substance: As per the cleaning validation protocol no. **CVP/376/20/01**, the cleaning validation is executed for Whole Virion, Inactivated Corona Virus Bulk B. No.s 37620007A, 37620008A & 37621001A in PS2 facility. Accordingly the cleaning validation report no. **CVR/376/21/01** dated 27/02/2021 is prepared.The same is attached as **Annexure- 04**

Drug product: As per the cleaning validation protocol no. **CVP/37G/20/01**, the cleaning validation is executed for Whole Virion, Inactivated Corona Virus Vaccine B. No.s 37G20001A, 37G20002A & 37G20003A for formulation batch size 50L is executed. Accordingly the cleaning validation report no. **CVR/37G/20/01** dated 04/01/2021 is prepared.The same is attached as **Annexure- 05**

As per the cleaning validation protocol no. **CVP/37G/20/02**, the cleaning validation is executed for Whole Virion, Inactivated Corona Virus Vaccine B. No.s 37G20004A, 37G20005A & 37G20006A for formulation batch size 250L is executed. Accordingly the cleaning validation report no. **CVR/37G/21/01** dated 12/01/2021 is prepared.The same is attached as **Annexure- 06**

Status: Closed

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
7.	Firm has performed aseptic process simulation (Media fill) of Whole Virion, Inactivated viral vaccine bulk on 16.10.2020 to 17.10.2020. The testing of samples is in process. Firm has not performed aseptic process simulation (Media fill) for formulation and filling process of Whole virion, inactivated corona virus vaccine.	BBIL acknowledges the observations. Aseptic process simulation (Media fill) for Whole Virion, Inactivated Corona Virus Vaccine batches is under execution vide Media simulation protocol No. **ASP/PA1/007/20/00** for **50 Lts** and **250 Lts**. Final report shall be compiled.	Aseptic Process Simulation Summary report (No: ASR/PS2/002/20/00 dated 07.12.2020) of SARS COV -2 Inactivated purified Whole Virion Viral Vaccine Bulk (Sterilized Media Hold time study for 250 L Bio Reactor & Inactivation Vessels (lx300 L & 2x150 L MVL) is verified. Finn has simulated each stage of the manufacturing process by using SCDM media (B. no: MS220001A) At media preparation stage water quality is tested, Sterility test is verified at Bioprocess stage, Ir_activation clarification stage and Sterile filtration. The sterility results comply for all the samples at all the stages. Records verified. Aseptic Process report (No:07.12.2020) of Simulation Interim Summary ASR/PAl /007/20/00 dated SARS COV -2 Inactivated purified Whole Virion Viral Vaccine was verified. Firm had performed the study by adapting bracketing approach (Minimum and Maximum container closure combination for 0.5 ml single dose and 10 ml multiple dose). Finn has simulated each stage of the manufacturing process by using SCDM media (B. no:MA120001A- 50 L Batch Size & MA120002A-250 L Batch Size). At excipient preparation stage water quality is	**Complied.** In-process and Finished samples for sterility test is under process and result is yet to be submitted by the firm for Aseptic Process Simulation study of SARS COV-2 Inactivated purified Whole Virion Viral Vaccine

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
			tested, Sterility test is verified at Excipient solution preparation stage, Formulation stage, Filling and Sealing stage. The samples are under testing. Reports are yet to be submitted by the firm.	Formulation.
BBIL Response: Aseptic process simulation (Media fill) for Whole Virion, Inactivated Corona Virus Vaccine batches is executed vide Media simulation protocol No. **ASP/PA1/007/20/00** for **50 Lts** and **250 Lts**. Final Aseptic process simulation summary report no.**ASR/PA1/007/21/00** dated 16/01/2021 has been prepared. The same is attached as **Annexure-07.** **Status : Closed.**				
8.	Firm has not performed analytical method validation for testing of drug substance. The firm has not done assay validation/ verification for quality control tests carried out at final bulk / lot e.g. protein adsorption test, total protein content. The firm has submitted that assay validation for these tests are done on J.E. Vaccine and are applicable to Whole Virion, Inactivated Corona virus Vaccine as well. The firm has not documented the evidence of suitability of these assays under actual conditions of use for the Whole Virion, Inactivated Corona virus Vaccine. (USP <1226>)	As per change control CC/QCC/20070 the method validation is in progress vide method validation protocol numbers **AMVP/37/04** "Protein adsorption by Spectrophotometry method", **AMVP/37/05** "Detection and identification of SARS-COV-2 virus by ELISA method" and **AMVP/37/06** for "Protein content" in drug substance.	Analytical method validation protocol (No: AMVP/37/04 dated 24.11.2020)for Testing of Protein Adsorption by spectrophotometer method (Lowry's Method) in Inactivated SARSCOV-2 samples is prepared by the firm and method validation is under process. Tentative date of completion is mentioned by the firm as 15.01.2021. Analytical method validation protocol (No: AMVP/37/06 dated 08.12.2020)for Testing of Protein content in purified Inactivated bulk of SARCOV -2 by Lowry method is prepared by the firm and method validation is under process. Tentative date of completion is mentioned by the firm as 15.01.2021 Analytical method validation protocol (No: AMVP/37/05 dated 24.11.2020)for detection and identification of SARS-COV-2 virus by Elisa method is prepared by the firm and method validation is under process.	Not complied

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
			Tentative date of completion is mentioned by the firm as 15.01.2021.	
BBIL Response: As per the protocol No.: AMVP/37/04 dated 24/11/2020 the Protein Adsorption by spectrophotometer (Lowry's Method) analytical method validation is carried out accordingly a summary report no AMVR/VP/37/04, dated 22/01/2021 has been prepared and the same is attached as **Annexure-08.** As per the protocol No.: AMVP/37/06 dated 08/12/2020 the Protein content analytical method validation is carried out accordingly a summary report no AMVR/VP/37/06 dated 22/01/2021 has been prepared and the same is attached as **Annexure-09.** As per the protocol No.: AMVP/37/05 dated 24/11/2020 the detection and identification of SARS-COV-2 virus by ELISA analytical method validation is carried out accordingly a summary report no AMVR/VP/37/05 dated23/01/2021 has been prepared and the same is attached as **Annexure-10.** **Status : Closed.**				
9.	Firm has initiated one batch of Whole Virion, Inactivated Corona Virus Vaccine for the stability study which is manufactured under test license and also not initiated three batches of Whole Virion, Inactivated Corona Virus Vaccine for the stability study. Firm has not initiated stability study which are intended to be used for phase III clinical trial (batches).	BBIL acknowledges the observation, Stability studies have been initiated for batch numbers 37B20003A, 37B20004A, 37B20005A vide stability protocol number **37/B/PV/SP/20/001** for real time and accelerated stability temperatures. The data will be available for 3rd month real time and 3rd Month accelerated stability by March 1st week. The stability protocol is attached as **Annexure-02**.	Stability protocol (Doc no: 37/B/PV/SP/20/001) for Whole Virion Inactivated Corona Virus Vaccine (Human, Adsorbed) *6µg/SHD)* (BBVI52B) dated 25/11/2020 is prepared by the firm to carry out stability studies for B. nos. 37B20003A, 37B20004A and 37B20005A manufactured in the month of September 2020.Stability study was initiated at 3 different conditions clinical 5±3°C for 36 months at testing frequency 0 day, 3- 6, 9, 12,24 and 36 months. Stability was initiated on 28.11.2020. The study is under process. (Real time stability) 25±2°C for 6 months at testing frequency 0day,l, 3 & 6 months. Stability was initiated on 28.11.2020. The study is under process. (Accelerated stability) 37±2°C for 14 days at testing frequency 0 day,2 ,7 & 14 days. Stability was initiated on 28.11.2020. The	Not Complied.

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
			study is under process. (Stress stability).	
BBIL Response: As per stability study protocol (Doc no: 37/B/PV/SP/20/001) for Whole Virion Inactivated Corona Virus Vaccine (Human, Adsorbed) *6µg/SHD) (*BBVI52B) Stress stability at 37±2°C for B.Nos. 37B20003A, 37B20004A and 37B20005A have been completed on 17/12/2020. The stability study time points and results are attached as **Annexure-11.** The real time stability at 5±3°C for B.Nos. 37B20003A, 37B20004A and 37B20005A the initial 0 day analysis was completed. The 3rd month stability sample analysis scheduled on 28/02/2021. The stability study time points and scheduled dates are attached as **Annexure-12.** The accelerated stability at 25±2°C for B.Nos. 37B20003A, 37B20004A and 37B20005A the initial 0 day analysis and 1st month analysis was completed on 09/01/2021 as per stability schedule. The 3rd and 6th month stability sample analysis scheduled on 28/02/2021 & 28/05/2021. A copy of stability schedule & 1st Month results were appended as **Annexure- 13. (Data shall be shared upon completion of stability analysis)**				
10.	On reviewing of specification (FPS312, Rev. No. 01 dated 28.07.2020) for Whole Virion, Inactivated Corona Virus Vaccine (Algel-2 formulation-6µg/SHD), it is observed that specification for total protein content is kept as Not Less Than (NLT) 4.2µg/SHD of label claim. However, label claim mentioned for the applied drug product on the application of Form 27 D is NLT 6µg/SHD.	BBIL would like to clarify that, the specification is based on considering cumulative variation of analytical method and manufacturing process (considering 15% for each) for the product. Targeting 6µg/SHD as per BMR will be impacted by number of parameters including manufacturing process variability and drug product analysis variability as mentioned above. Considering these factors the limits have been set at NLT 4.2 µg/SHD. However, same shall be revisited after completion of method validation of relevant parameters and based on trends evaluation & sufficient manufactured batches.	Analytical method validation for protein content estimation is under process. Document proof and also Justification submitted by the firm is not satisfactory.	Not Complied
BBIL Response: As per the auditor recommendation, the specification FPS312 for Whole Virion, Inactivated Corona Virus Vaccine has been revised through change control CC/QCC/21002 and made effective on 18/02/2021. The specification for total protein content is revised as Not Less Than (NLT) 6µg/SHD to inline with the label claim. The revised Specification is attached as **Annexure-14.**				

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
The analytical method validation for protein content estimation is completed. accordingly a summary report no. AMVR/37/06 dated 22/01/2021 has been prepared and the same is attached as **Annexure-09.** **Status: Closed**				
11.	For protein adsorption, a specification at final lot is kept as NLT 75% of the stated label claim of protein. The firm shall establish the specifications based on the adsorption percentage obtained in clinical trial batches.	The limits for degree of adsorption have been derived from pharmacopoeial limit as per Indian Pharmacopoeia. The monograph reference is from Japanese Encephalitis vaccine Inactivated (adsorbed, Human). However, as suggested in future, the limits shall be revised based on trends for percentage adsorption for additional batches in addition to clinical trial batches data. The reference IP document is attached as **Annexure-03.**	Firm is licensed to manufacture Japanese Encephalitis Vaccine Inactivated (Adsorbed Human). Firm state that they are using Aluminium Hydroxide gel as an Adjuvant and For Whole Virion Inactivated Corona Virus vaccine they are using Aluminium Hydroxide gel with Agonist molecule. It is stated that Adjuvant -Aluminium Hydroxide gel concentration used in both the formulation is the same and the manufacturing process is also similar for the both formulation. Hence the Degree of Adsorption limit (NLT 75%) mentioned for Japanese Encephalitis Vaccine Inactivated (Adsorbed Human) in the Indian Pharmacopoeia is adapted by the firm.	May be considered at this stage. However, Firm may be directed to compile the data on the adsorption Percentage obtained Clinical trial batches and revise the specification and submit the report.
BBIL Response: BBIL clarified that the specifications are as per pharmacopoeial requirement of similar kind of formulation such as Adjuvant -Aluminium Hydroxide gel concentration of Japanese Encephalitis Vaccine Inactivated (Adsorbed Human). Trend report was prepared by compiling the date available for batches manufacrtured at BBIL for Whole Virion Inactivated Corona Vaccine. Based on the evaluation it is decided to goahed with the pharmacopoeial limit as mentioned in Japanese Encephalitis monograph which is been suggested by WHO to be followed in absence of TRS for SARS-CoV-2 vaccine. The protein adsorption test results Trend report is attached as **Annexure-21** **Status:Closed**				

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
12.	For Aluminum content, an acceptance criterion is 0.38mg/ml to 0.58mg/ml (targeted conc. 0.50mg/ml). This variation is 0.12 mg/ml in case of lower side and 0.08 mg/ml towards upper side. Firm stated that these limits are assigned based on the limits followed for J.E. Vaccine manufactured by them. The firm shall assign the specifications for proposed drug product based on the data obtained during assay validation for Aluminium content.	Maximum (almost all) vaccine formulations have the assigned limit of NMT 2.50 mg/ml as per the Pharmacopoeias which signifies that the vaccine formulations with adjuvant concentration. of 2.50 mg/ml are non toxic and safe for usage. Considering the concept of quality by design these specifications are internal control limits for aluminium content to maintain the consistency of the manufactured product based on existing approved products. Hence the observation does not have any impact on the product quality. However, as suggested based on batch trend data the limits shall be revised.	Firm followed 2.3.9. Aluminium in Absorbed Vaccines- Method A as mentioned in Indian Pharmacopoeia 2018. Firm stated that till most of the Adsorbed the limit 0.38mg/ml to 0.58mg/ml which is less Vaccines. The limit for Aluminium content is mentioned as NMT 2.50 mg/ml. Firm had fixed than the limit specified in the Indian Pharmacopoeia for Adsorbed vaccines.	Firm had followed Indian Pharmacopoeia method and the limits mentioned are justified. Hence, May be considered. However, may be directed to perform method verification for the used method of Indian Pharmacopoeia - 2.3.9. Aluminium in Absorbed Vaccines-Method A.
BBIL Response: As per the auditors recommendation, BBIL has prepared a analytical method verification protocol no.: AMVP/37/13 dated 01/02/2021 for testing of Aluminium content by titration method for Inactivated SARS-CoV-2 Vaccines. The method verification shall be carried out. The analytical method verification protocol is attached as **Annexure-15.** **TCD:31-Mar-2021**				
13.	For Antigenic purity by SDS-PAGE specifications are mentioned as "Should show only Corona Virus specific bands". The firm shall specify that bands of which molecular weight should be present in the SDS-PAGE test.	BBIL would like to clarify that, for antigenic purity the specification as, "should show only corona virus specific bands". The presence of spike protein band confirms the SARS-CoV-2 virus and absence of other non specific bands other than spike, nucleocapsid, membrane and envelope protein ensures the purity of the	The change control CC/QCC/20074 dated 7.12.2020 was initiated by the firm for revision of STP Doc no: *STP/QCC/056* Determination of Antigenic Purity by SDS-Page for Inactivated SARS-COV2 Bulk. Draft STP prepared by incorporating the molecular weight of protein bands of	Partly complied.

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
		product. This information is available in various literature. Therefore the specifications are mentioned as "SDS-PAGE should show only corona virus specific bands". However as a compliance the details for molecular weights for different protein bands shall be included in Standard testing procedure for antigenic purity of SARS-CoV-2 (STP/QCC/056). The change control **CC/QCC/20074** is initiated for the same.	SARS- CoV2. The draft is under finalization.	
BBIL Response: BBIL would like to update that, as per the change control CC/QCC/20074, STP/QCC/056 dated has been revised to include the molecular weights of different corona virus specific bands and STP is effective from 24/02/2021. The revised STP is attached as **Annexure-16.** **Status: Closed**				
14.	Firm is used 2-Phenoxyethanol (2-PE) as preservative in the formulation of Whole Virion, Inactivated Corona Virus Vaccine and as 2-PE is light sensitive material, it needs to be dispensed & handled under Sodium lamp. However, firm has not provided Sodium lamp in dispensing area at ware house and formulation area.	BBIL would like to clarify that, 2 Phenoxy ethanol is received from vendor M/S Sigma Aldrich. As per MSDS from the manufacturer & Pub-chem of NCBI https://pubchem.ncbi.nlm.nih.gov/compound/2-Phenoxyethanol there are no special requirement for handling and storage of 2-Phenoxy ethanol. The MSDS is attached as **Annexure-04.**	Firm has not provided Sodium vapour lamp in the dispensing area at ware house and formulation area.	Not complied.
BBIL Response: BBIL would like to update that, CC/STD/21004 dated 23/02/2021 has been initiated for installation of Sodium Vapour lamp in Dispensing area. **TCD:31-Mar-2021**				

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
15.	After Algel-2 preparation, firm is testing description, pH in their QC Lab. Firm is sending sample to IICT, Hyderabad for Identification test. However, no quality agreement is available between firm (Bharat Biotech) & IICT, Hyderabad.	BBIL commits that, Algel 2 samples are tested by IICT, Hyderabad considering NABL accreditation and evaluated by BBIL prior to batch release. However, BBIL is in the process of making the QTA with IICT for testing of Algel 2 samples.	Quality Technical Agreement (Ref no.CTLICSIR-IICTI2020) is under preparation.	Not complied.
BBIL Response: BBIL would like to update that, the quality technical agreement between Bharat Biotech & IICT, Hyderabad, Ref. No. CTL/CSIR-IICT/2021 is placed. A copy of QTA between BBIL & IICT is attached as **Annexure-17.** **Status:Closed**				
16.	On verification of Certificate of Analysis (CoA) of Algel-2 preparation B.No: 40A20007A, B.Size: 1500ml, it is observed that firm has not done the test for total sulphate, free sulphate, Fe(total), Ash residue, Al(OH)3, Al/ml (EDTA Titration) and protein adsorption capacity and mentioning, reported value of Aluminium hydroxide Gel 2% on the CoA of Algel-2. Firm has not tested prepared Algel-2, as per Specification No: IPS058 dated 01.08.2020.	Very minimal quantities of the agonist molecule is added to the 2% aluminium hydroxide gel moiety for preparation of Algel-2. Hence there is no scientific anticipation that addition of this chemical can change the chemical properties of aluminium hydroxide gel. Therefore to prevent the repeat testing of similar kind of parameters which are not anticipated to be chemically altered same results from the source aluminium hydroxide gel are reported. However, as suggested BBIL shall test all parameters as per the specification so as to comply with the observation. **CAPA/QCC/20018** is initiated for the same.	After observation raised, the manufactured Algel-2 preparation B.No, 40A20009A and 40A20010A were collected for complete analysis as per Specification no: IPS058, Description, PH and Sterility are tested In -house and rest of the test (Identification Total Sulphate, free Sulphate, Fe (Total), Ash residue, AL(OH)3 Al/ml EDTA Titration, Protein Adsorption capacity are outsourced. The test reports are yet to be received.	Identification, Total Sulphate, Free Sulphate, Fe Total), Ash residue, AL(OH-B Al/ml EDTA Titration, Protein Adsorption capacity outsourced are outsourced Algel-2 preparation B.No. 40A20009A and 40A20010A and reports are yet to be received.

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
BBIL Response: BBIL would like to update that, the manufactured Algel-2 B.No, 40A20009A and 40A20010A analysis was completed as per Specification no: IPS058, Description, pH and Sterility are tested In -house and rest of the test (Identification Total Su1phate, free Su1ph ate, F e (Total), Ash residue, AL(OH)3 Al/ml EDTA Titration, Protein Adsorption capacity are outsourced. The batch COAs are attached as **Annexure-18.** **Status:Closed**				
18.	Filter validation not performed for TLR 7/8 agonist in IPA solution, Whole Virion, Inactivated Corona Virus Vaccine drug substance & 2 PE in PBS solution.	The filter validation for Whole Virion, Inactivated corona virus vaccine drug substance and 2 PE in PBS solution used for formulated bulk shall be performed. A change control **CC/SAS/20061** has been initiated for execution.	Filter validation not performed for TLR *7/8* agonist in IP A solution, Whole Virion, Inactivated Corona Virus Vaccine drug substance & 2 PE in PBS solution.	Not Complied.
BBIL Response: BBIL would like to confirm that as per the change control **CC/SAS/20061**, Bacterial retention test for Whole Virion, Inactivated corona virus vaccine drug substance and filter compatibility test for 2 PE in PBS solution is executed vide filter validation protocol no. **FIV/PA1/CVV/001/20/00** & **FIV/PA1/CVV/002/20/00** respectively. Accordingly the summary reports were prepared, Report numbers: **FIR/PA1/CVV/001/21/00** dated 04/02/2021 & **FIR/PA1/CVV/002/21/00** dated 04/02/2021. The Protocol & summary reports are attached as **Annexure 19**. BIIL would like to clarify that, the vendor has been finalized for Filter leachability study which shall be carried out by external source from vendor (Sartorious). **TCD: 30-Apr-2021**				
22.	Firm did not obtain Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine for sale or for distribution	BBIL would like to clarify that, For public health interest and to meet the emergency requirement arisen due to COVID-19 pandemic, Firm has submitted an application in Form 27 D, dated, 10/11/2020 to obtain Form 28 D, in reference to Ministry of Health and Family Welfare, Notification no. S.O. 1511(E) dated 18/05/2020, to manufacture and stock the vaccine subject to the condition that BBIL shall sale and distribute the vaccine only after obtaining	Firm had not applied to obtain Permission in form CT-23 to manufacture Pharmaceutical formulation - Whole Virion, Inactivated Corona Virus Vaccine for sale or for distribution	Not complied

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
		Form CT-23 (from the central licensing authority). Refer **Annexure-06.** BBIL will further apply to obtain the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine for sale or for distribution.		

BBIL Response:

Bharat Biotech applied for permission to manufacture for sale or for Distribution in Form CT-21 on SUGAM Application No. BIO/CT21/FF/2020/22922 dated: 07.12.2020. Hence Bharat Biotech received permission to manufacture "Whole Virion, Inactivated Corona Virus Vaccine" for sale or for distribution in Form CT-23 under Emergency Use Authorization (EUA) vide Permission No. MF/BIO/21/000002, Dated: 03.01.2021.

The form CT - 23 is attached as **Annexure-20.**

Status:Closed

Prepared By: Dy. Manager - QAS	Approved By: AGM-QAS
Sign & Date 01/03/2021 M. KISHORE	Sign & Date 02/03/2021 (RAMOJI N SAHU)

BHARAT BIOTECH INTERNATIONAL LIMITED Genome Valley, Shameerpet Mandal, Medchal Dist. QUALITY ASSURANCE Hyderabad, T.S. India.

Mensagem Parte 03 (00216099777)

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BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS BULK**

Batch Number : 37620001A
A.R. Number : IP-37-20-047
Batch size : NLT 10 L
Date of Receipt : 27/10/2020
Mfg. Date : 10/20
Qty. Sampled : 102 mL
Exp. Date : To be established
Batch Release Date : 30/12/2020
Specification No. : FPS306

TESTS	SPECIFICATIONS	RESULTS
Identity test for vaccine virus (In-vitro)	ELISA test and SDS PAGE serve as an identity test	Complies
Description	Clear colourless, translucent liquid, free from particulate matter	Clear colourless, translucent liquid, free from particulate matter
pH	7.00 - 8.00	7.20
Sterility	No growth should be observed (Sterile)	No growth observed
Total Protein content (Lowry et al)	NLT 15.00 µg/mL	154.88 µg/mL
Corona virus amplification test	No residual live virus should be observed in Corona virus Amplification test	No residual live virus observed
Corona virus inactivation test	No CPE should be observed	No CPE observed
Residual cellular DNA Content	NMT 10.00 ng/SHD	0.02 ng/SHD
Residual Bovine serum Albumin content	NMT 50.00 ng/SHD	2.16 ng/SHD
Antigenic purity by SDS-PAGE	Should show only Corona virus specific bands	Complies
Bacterial Endotoxin	Less than 25 international Units (IU) per mL	<12.5 IU per mL
Residual BPL Content	No Residual BPL Content should be present	No Residual BPL Content present
Residual trypsin content by ELISA method	For information only	0 ng/mL

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS306

Prepared By:	Checked By:	Approved By:
K. Song 30/12/2020	30/12/2020	for 30/12/2020 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 647

BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS BULK**

Batch Number : 37620002A
Batch size : NLT 10 L
Mfg. Date : 11/20
Exp. Date : To be established
Specification No. : FPS306

A.R. Number : IP-37-20-048
Date of Receipt : 07/11/2020
Qty. Sampled : 102 mL
Batch Release Date : 30/12/2020

TESTS	SPECIFICATIONS	RESULTS
Identity test for vaccine virus (In-vitro)	ELISA test and SDS PAGE serve as an identity test	Complies
Description	Clear colourless, translucent liquid, free from particulate matter	Clear colourless, translucent liquid, free from particulate matter
pH	7.00 - 8.00	7.41
Sterility	No growth should be observed (Sterile)	No growth observed
Total Protein content (Lowry et al)	NLT 15.00 µg/mL	124.61 µg/mL
Corona virus amplification test	No residual live virus should be observed in Corona virus Amplification test	No residual live virus observed
Corona virus inactivation test	No CPE should be observed	No CPE observed
Residual cellular DNA Content	NMT 10.00 ng/SHD	0.18 ng/SHD
Residual Bovine serum Albumin content	NMT 50.00 ng/SHD	12.42 ng/SHD
Antigenic purity by SDS-PAGE	Should show only Corona virus specific bands	Complies
Bacterial Endotoxin	Less than 25 international Units (IU) per mL	<12.5 IU per mL
Residual BPL Content	No Residual BPL Content should be present	No Residual BPL Content present
Residual trypsin content by ELISA method	For information only	0 ng/mL

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS306

Prepared By:	Checked By:	Approved By:
K. Sowj 30/12/2020	30/12/2020	for 30/12/2020 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 648

BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS BULK**

Batch Number : 37620003A
A.R. Number : IP-37-20-049
Batch size : NLT 10 L
Date of Receipt : 28/11/2020
Mfg. Date : 11/20
Qty. Sampled : 102 mL
Exp. Date : To be established
Batch Release Date : 30/12/2020
Specification No. : FPS306

TESTS	SPECIFICATIONS	RESULTS
Identity test for vaccine virus (In-vitro)	ELISA test and SDS PAGE serve as an identity test	Complies
Description	Clear colourless, translucent liquid, free from particulate matter	Clear colourless, translucent liquid, free from particulate matter
pH	7.00 - 8.00	7.41
Sterility	No growth should be observed (Sterile)	No growth observed
Total Protein content (Lowry et al)	NLT 15.00 µg/mL	106.13 µg/mL
Corona virus amplification test	No residual live virus should be observed in Corona virus Amplification test	No residual live virus observed
Corona virus inactivation test	No CPE should be observed	No CPE observed
Residual cellular DNA Content	NMT 10.00 ng/SHD	0.41 ng/SHD
Residual Bovine serum Albumin content	NMT 50.00 ng/SHD	13.56 ng/SHD
Antigenic purity by SDS-PAGE	Should show only Corona virus specific bands	Complies
Bacterial Endotoxin	Less than 25 international Units (IU) per mL	<12.5 IU per mL
Residual BPL Content	No Residual BPL Content should be present	No Residual BPL Content present
Residual trypsin content by ELISA method	For information only	0 ng/mL

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS306

Prepared By:	Checked By:	Approved By:
30/12/2020	30/12/2020	for 30/12/2020 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 649

F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 650

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 651

File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

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4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

CDSCO CDSCO
CENTRAL DRUGS STANDARD CONTROL ORGANISATION
MINISTRY OF HEALTH, GOVERNMENT OF INDIA
सत्यमेव जयते

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=17fd0331d5df62d4f4e32179a1411bf, serialNumber=2bea56c83bfbfee2154e199b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 655

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 22 de março de 2021 18:16
Para: emanuela.medrades@precisamedicamentos.com.br
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa; Lenice Guimaraes Araujo
Assunto: ENC: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152
Anexos: CoA - IP 37 20 047.pdf; BBV152-COVAXIN-EUL-12032021[1].pdf

Prezada Emanuela,

Boa tarde!

Confirmo receber o Certificado de análise (CoA), **com relação ao relatório BBV152,** esta já foi submetido a ANVISA, deseja que o mesmo seja novamente protocolado?

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 22 de março de 2021 17:57
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: Re: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

William, boa tarde.

1. Certificado de Análise;
2. Relatório de autorização CDSCO.

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: segunda-feira, 22 de março de 2021 17:01
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Prezada Emanuela,

Boa tarde!

Venho por meio deste informar que esta Divisão de Importação (DIIMP) submeteu a documentação, por vos enviada, a Agencia Nacional de Vigilância Sanitária (ANVISA) para autorização da importação da Vacina COVAXIN, objeto do Contrato 29/2021. Contudo, o referido regulador solicitou documentação complementar para análise do processo.

Segue abaixo:

> "A documentação enviada na solicitação em epígrafe está INCOMPLETA.
>
> Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:
>
> ** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)
>
> ** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)

** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)"

(**) Esta DIIMP já solicitou a despachante a confecção da Licença de Importação (LI) e estamos no aguardo para adita-lo ao dossiê ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

Pelo exposto, ficamos no aguardo dos documentos, acima elencados, afim de submete-os a ANVISA.
-----Mensagem original-----
De: ANVISA/Chefe de Gabinete - Gabinete do Diretor-Presidente [mailto:gabinete.presidencia@anvisa.gov.br]
Enviada em: segunda-feira, 22 de março de 2021 16:39
Para: Rafael Neves de Menezes Agostinho <rafael.agostinho@saude.gov.br>; hamilton.teixeira@saude.gov.br; Ariana Josélia Gonçalves Pereira <ariana.pereira@saude.gov.br>; Genivano Pinto de Araújo <genivano.araujo@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Lilian Almeida Araujo de Melo Sá <lilian.sa@saude.gov.br>; Ana Carolina Mendes de Carvalho <anac.carvalho@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Cristiano Fagundes da Rocha <cristiano.rocha@saude.gov.br>; Christiane Kukulka Maia <Christiane.Maia@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Soraya Machado de Jesus <soraya.jesus@saude.gov.br>; Carmelita Ribeiro Filha <carmelita.filha@saude.gov.br>; Rodrigo Ramos de Sena <rodrigo.sena@saude.gov.br>; Iara Martins Pereira <iara.martins@saude.gov.br>; willlian.santana@saude.gov.br; Camila Almeida de Melo Cirera <camila.cirera@saude.gov.br>; Sidney Richardson de Araújo Costa Roriz <sidney.roriz@saude.gov.br>; Patricia de Abreu Teixeira <patricia.teixeira@saude.gov.br>; Alexandro Ogliari <Alexandro.Ogliari@saude.gov.br>; Núcleo de Insumos DEIDT <insumos.deidt@saude.gov.br>; Lucinei Garces Bueno da Silva <lucinei.silva@saude.gov.br>; Gabriel Alves Trindade <gabriel.alves@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Guilherme Sheldon Rufino de Lima <guilherme.sheldon@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>; Thiago Ferreira Guedes <thiago.guedes@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rafaela Tavares Peixoto <rafaela.peixoto@saude.gov.br>; Manuara Aparecida Alves de Souza <manuara.souza@saude.gov.br>; Aquisições via OPAS Dept.de Imunização e Doenças Transmissíveis <lista.aquisicoesopasdeidt@saude.gov.br>; AIDS - Gerson Fernando Mendes Pereira - UEPI <gerson.pereira@aids.gov.br>
Assunto: pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Senhores(as),

Referimo-nos ao seguinte processo:

25351.908110/2021-03 ******* IMPORTAÇÃO DE VACINA CONTRA COVID-19 ***** Vacina COVAXIN / BBV152 **** fabricante - BHARAT BIOTECH LIMITED INTERNATIONAL (India) ***** **** 20.000.000 de doses

---
A documentação enviada na solicitação em epígrafe está INCOMPLETA.

Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:

** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)

** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)

** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)

(gentileza confirmar o recebimento desta mensagem)

Atenciosamente,

Assessoria Técnica
Gabinete do Diretor-Presidente GADIP

Solicitamos que as informações complementares sejam anexadas diretamente no SEI-Anvisa, acessado pelo link: http://portal.anvisa.gov.br/sei.
A utilização do SEI-Anvisa é decorrente de acordo firmado entre a Agência e o Ministério da Saúde, conforme comunicado pelo Ofício nº 818/2020/SEI/GADIP-CG/ANVISA, internalizado no Ministério da Saúde pelo OFÍCIO CIRCULAR Nº 9/2020/SAA/DISTEC/SAA/SE/MS (processo SEI-MS nº 25351.909295/2018-60).
Orientações para realização do peticionamento no SEI-Anvisa podem ser consultadas no Manual do Usuário Externo SEI-Anvisa.
Eventuais dúvidas poderão ser encaminhadas para o e-mail sei@anvisa.gov.br .

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Regina Celia Silva Oliveira
Enviado em: segunda-feira, 22 de março de 2021 18:18
Para: Emanuela Medrades; William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Luis Ricardo Fernandes Miranda; Renata Marques Santana; Thiago Fernandes da Costa
Assunto: RE: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Prezada Emanuela,
Autorizamos a continuidade dos procedimentos de embarque da VACINA COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), objeto do contrato nº 29/2021 nas condições ora apresentadas. Aguardamos o envio da declaração para comprovação do item 2 informado abaixo.

Att.,

Regina Celia Silva Oliveira
FISCAL DO CONTRATO

Departamento de Imunização e Doenças Transmissíveis - DEIDT
Secretaria de Vigilância em Saúde - Ministério da Saúde - SVS/MS
SRTVN 701, Lote D, Ed. PO 700 - 6° Andar
CEP: 70.719-040-Brasília - DF
☎ (61) 3315-2414

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado: segunda-feira, 22 de março de 2021 16:26
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Regina, boa tarde.

Conforme falado, gostaria de solicitar autorização dos fiscais do contrato considerando os dois pontos a seguir:

1. **Quantidade de 3.000.000 (três milhões)**

   O CT contempla um embarque inicial de 4 milhões de doses, porém usaremos o primeiro embarque para realizar a validação da cadeia de transporte – o que é preconizado pela ANVISA. Entretanto, a seguradora e a regulamentação indiana não autorizada um risco maior que 50 milhões de dólares – o que nos limita a 3 milhões de doses no primeiro embarque. Temos o compromisso de compensar este volume nos próximos embarques.

2. **PFI Madison Biotech**

   A Madison Biotech – agente comercial responsável pela confecção da LI, possui o mesmo quadro societário e é encarregada de todas as exportações da BBIL. Estamos providenciando uma declaração

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 661

com este conteúdo, mas como representantes e signatários do contrato, informamos que estamos de acordo com a Proforma Invoices enviada.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Medicamentos

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: segunda-feira, 22 de março de 2021 15:32
Para: William Amorim Santana <william.santana@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Senhores, boa tarde.

Gostaríamos de informar que esse transporte será a primeira corrida de validação da cadeia de frio, sendo necessário incluir tal observação na LI.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: segunda-feira, 22 de março de 2021 10:21
Para: William Amorim Santana <william.santana@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Senhores, bom dia.

Conforme solicitado, estamos fracionando os documentos para abertura de LI em formato de autorização excepcional de importação conforme RDC 476/2.021.

Aguardo orientações,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: quinta-feira, 18 de março de 2021 16:39
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezada Regina Célia,

Boa tarde!

Conforme contato, recebemos essa mensagem da Empresa Precisa Medicamentos solicitando providências quanto a execução do contrato 29/2021 para importação da vacina COVAXIN, bem como as tratativas junto a ANVISA para liberação da mesma.
Tendo em vista tratar-se de aquisição via contrato, encaminho a área demanda para manifestação junto ao fornecedor quanto aos procedimentos necessários.
Caso julgue pertinente qualquer manifestação desta DIIMP, nos colamos à disposição.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: SEI <naoresponda_sei@anvisa.gov.br>
Enviado em: segunda-feira, 22 de março de 2021 18:20
Para: William Amorim Santana
Assunto: SEI - Confirmação de Peticionamento Eletrônico (Processo nº 25351.908110/2021-03)

:: Este é um e-mail automático ::

Prezado(a) William Amorim Santana,

Este e-mail confirma a realização do Peticionamento Eletrônico do tipo Intercorrente no SEI-ANVISA, no âmbito do processo nº 25351.908110/2021-03, conforme disposto no Recibo Eletrônico de Protocolo SEI nº 1380004.

Caso no futuro precise realizar novo peticionamento, sempre acesse a área destinada aos Usuários Externos no SEI-ANVISA destacada em seu Portal na Internet ou acesse diretamente o link a seguir:
https://sei.anvisa.gov.br/sei/controlador_externo.php?acao=usuario_externo_logar&id_orgao_acesso_externo=0

ANVISA
Agência Nacional de Vigilância Sanitária www.anvisa.gov.br

ATENÇÃO: As informações contidas neste e-mail, incluindo seus anexos, podem ser restritas apenas à pessoa ou entidade para a qual foi endereçada. Se você não é o destinatário ou a pessoa responsável por encaminhar esta mensagem ao destinatário, você está, por meio desta, notificado que não deverá rever, retransmitir, imprimir, copiar, usar ou distribuir esta mensagem ou quaisquer anexos. Caso você tenha recebido esta mensagem por engano, por favor, contate o remetente imediatamente e em seguida apague esta mensagem.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 22 de março de 2021 18:54
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa; Lenice Guimaraes Araujo
Assunto: Re: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

William, boa noite.

O segundo documento é o report integral do CDSCO já com a aprovação para uso emergencial – concordo que comparado as análises da ANVISA, ele não tenha tanta robustez. Mas não temos outro documento a ser apresentado no momento.

Sugiro que seja apresentado dessa forma, e caso seja necessário, a ANVISA aponte quais documentos servirão de complementação.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: segunda-feira, 22 de março de 2021 18:17
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>

Assunto: ENC: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Prezada Emanuela,

Boa tarde!

Confirmo receber o Certificado de análise (CoA), **com relação ao relatório BBV152,** esta já foi submetido a ANVISA, deseja que o mesmo seja novamente protocolado?

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 22 de março de 2021 17:57
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: Re: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

William, boa tarde.

1. Certificado de Análise;
2. Relatório de autorização CDSCO.

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: segunda-feira, 22 de março de 2021 17:01
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Prezada Emanuela,

Boa tarde!

Venho por meio deste informar que esta Divisão de Importação (DIIMP) submeteu a documentação, por vos enviada, a Agencia Nacional de Vigilância Sanitária (ANVISA) para autorização da importação da Vacina COVAXIN, objeto do Contrato 29/2021. Contudo, o referido regulador solicitou documentação complementar para análise do processo.

Segue abaixo:

> "A documentação enviada na solicitação em epígrafe está INCOMPLETA.
>
> Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:
>
> ** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)
>
> ** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)
>
> ** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)"

(**) Esta DIIMP já solicitou a despachante a confecção da Licença de Importação (LI) e estamos no aguardo para adita-lo ao dossiê ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

Pelo exposto, ficamos no aguardo dos documentos, acima elencados, afim de submete-os a ANVISA.
-----Mensagem original-----
De: ANVISA/Chefe de Gabinete - Gabinete do Diretor-Presidente [mailto:gabinete.presidencia@anvisa.gov.br]
Enviada em: segunda-feira, 22 de março de 2021 16:39
Para: Rafael Neves de Menezes Agostinho <rafael.agostinho@saude.gov.br>; hamilton.teixeira@saude.gov.br; Ariana Josélia Gonçalves Pereira <ariana.pereira@saude.gov.br>; Genivano Pinto de Araújo <genivano.araujo@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Lilian Almeida Araujo de Melo Sá <lilian.sa@saude.gov.br>; Ana Carolina Mendes de Carvalho <anac.carvalho@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Cristiano Fagundes da Rocha <cristiano.rocha@saude.gov.br>; Christiane Kukulka Maia <Christiane.Maia@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Soraya Machado de Jesus <soraya.jesus@saude.gov.br>; Carmelita Ribeiro Filha <carmelita.filha@saude.gov.br>; Rodrigo Ramos de Sena <rodrigo.sena@saude.gov.br>; Iara Martins Pereira <iara.martins@saude.gov.br>; willlian.santana@saude.gov.br; Camila Almeida de Melo Cirera <camila.cirera@saude.gov.br>; Sidney Richardson de Araújo Costa Roriz <sidney.roriz@saude.gov.br>; Patricia de Abreu Teixeira <patricia.teixeira@saude.gov.br>; Alexandro Ogliari <Alexandro.Ogliari@saude.gov.br>; Núcleo de Insumos DEIDT <insumos.deidt@saude.gov.br>; Lucinei Garces Bueno da Silva <lucinei.silva@saude.gov.br>; Gabriel Alves Trindade <gabriel.alves@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Guilherme Sheldon Rufino de Lima <guilherme.sheldon@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>; Thiago Ferreira Guedes <thiago.guedes@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rafaela Tavares Peixoto <rafaela.peixoto@saude.gov.br>; Manuara Aparecida Alves de Souza <manuara.souza@saude.gov.br>; Aquisições via OPAS Dept.de Imunização e Doenças Transmissíveis <lista.aquisicoesopasdeidt@saude.gov.br>; AIDS - Gerson Fernando Mendes Pereira - UEPI <gerson.pereira@aids.gov.br>
Assunto: pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Senhores(as),

Referimo-nos ao seguinte processo:

25351.908110/2021-03 ******* IMPORTAÇÃO DE VACINA CONTRA COVID-19 ***** Vacina COVAXIN / BBV152 **** fabricante - BHARAT BIOTECH LIMITED INTERNATIONAL (India) ***** **** 20.000.000 de doses

---
A documentação enviada na solicitação em epígrafe está INCOMPLETA.

Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:

** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)

** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)

** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)

(gentileza confirmar o recebimento desta mensagem)

Atenciosamente,

Assessoria Técnica
Gabinete do Diretor-Presidente GADIP

Solicitamos que as informações complementares sejam anexadas diretamente no SEI-Anvisa, acessado pelo link: http://portal.anvisa.gov.br/sei.
A utilização do SEI-Anvisa é decorrente de acordo firmado entre a Agência e o Ministério da Saúde, conforme comunicado pelo Ofício nº 818/2020/SEI/GADIP-CG/ANVISA, internalizado no Ministério da Saúde pelo OFÍCIO CIRCULAR Nº 9/2020/SAA/DISTEC/SAA/SE/MS (processo SEI-MS nº 25351.909295/2018-60).
Orientações para realização do peticionamento no SEI-Anvisa podem ser consultadas no Manual do Usuário Externo SEI-Anvisa.
Eventuais dúvidas poderão ser encaminhadas para o e-mail sei@anvisa.gov.br .

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: terça-feira, 23 de março de 2021 11:30
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa; Lenice Guimaraes Araujo
Assunto: Re: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

William, bom dia.

Temos algum retorno da ANVISA ?

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: segunda-feira, 22 de março de 2021 18:53
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: Re: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

William, boa noite.

O segundo documento é o report integral do CDSCO já com a aprovação para uso emergencial – concordo que comparado as análises da ANVISA, ele não tenha tanta robustez. Mas não temos outro documento a ser apresentado no momento.

Sugiro que seja apresentado dessa forma, e caso seja necessário, a ANVISA aponte quais documentos servirão de complementação.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: segunda-feira, 22 de março de 2021 18:17
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: ENC: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Prezada Emanuela,

Boa tarde!

Confirmo receber o Certificado de análise (CoA), **com relação ao relatório BBV152,** esta já foi submetido a ANVISA, deseja que o mesmo seja novamente protocolado?

Atenciosamente,

William Amorim Santana
Ministério da Saúde

DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 22 de março de 2021 17:57
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: Re: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

William, boa tarde.

1. Certificado de Análise;
2. Relatório de autorização CDSCO.

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: segunda-feira, 22 de março de 2021 17:01
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Prezada Emanuela,

Boa tarde!

Venho por meio deste informar que esta Divisão de Importação (DIIMP) submeteu a documentação, por vos enviada, a Agencia Nacional de Vigilância Sanitária (ANVISA) para autorização da importação da Vacina COVAXIN, objeto do Contrato 29/2021. Contudo, o referido regulador solicitou documentação complementar para análise do processo.

Segue abaixo:

> "A documentação enviada na solicitação em epígrafe está INCOMPLETA.
>
> Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:
>
> ** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)
>
> ** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)
>
> ** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)"

(**) Esta DIIMP já solicitou a despachante a confecção da Licença de Importação (LI) e estamos no aguardo para adita-lo ao dossiê ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

Pelo exposto, ficamos no aguardo dos documentos, acima elencados, afim de submete-os a ANVISA.
-----Mensagem original-----
De: ANVISA/Chefe de Gabinete - Gabinete do Diretor-Presidente [mailto:gabinete.presidencia@anvisa.gov.br]
Enviada em: segunda-feira, 22 de março de 2021 16:39
Para: Rafael Neves de Menezes Agostinho <rafael.agostinho@saude.gov.br>; hamilton.teixeira@saude.gov.br; Ariana Josélia Gonçalves Pereira <ariana.pereira@saude.gov.br>; Genivano Pinto de Araújo <genivano.araujo@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Lilian Almeida Araujo de Melo Sá <lilian.sa@saude.gov.br>; Ana Carolina Mendes de Carvalho <anac.carvalho@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Cristiano Fagundes da Rocha <cristiano.rocha@saude.gov.br>; Christiane Kukulka Maia <Christiane.Maia@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Soraya Machado de Jesus <soraya.jesus@saude.gov.br>; Carmelita Ribeiro Filha <carmelita.filha@saude.gov.br>; Rodrigo Ramos de Sena <rodrigo.sena@saude.gov.br>; Iara Martins Pereira <iara.martins@saude.gov.br>; willlian.santana@saude.gov.br; Camila Almeida de Melo Cirera <camila.cirera@saude.gov.br>; Sidney Richardson de

Araújo Costa Roriz <sidney.roriz@saude.gov.br>; Patricia de Abreu Teixeira <patricia.teixeira@saude.gov.br>; Alexandro Ogliari <Alexandro.Ogliari@saude.gov.br>; Núcleo de Insumos DEIDT <insumos.deidt@saude.gov.br>; Lucinei Garces Bueno da Silva <lucinei.silva@saude.gov.br>; Gabriel Alves Trindade <gabriel.alves@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Guilherme Sheldon Rufino de Lima <guilherme.sheldon@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>; Thiago Ferreira Guedes <thiago.guedes@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rafaela Tavares Peixoto <rafaela.peixoto@saude.gov.br>; Manuara Aparecida Alves de Souza <manuara.souza@saude.gov.br>; Aquisições via OPAS Dept.de Imunização e Doenças Transmissíveis <lista.aquisicoesopasdeidt@saude.gov.br>; AIDS - Gerson Fernando Mendes Pereira - UEPI <gerson.pereira@aids.gov.br>
Assunto: pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Senhores(as),

Referimo-nos ao seguinte processo:

25351.908110/2021-03 ******* IMPORTAÇÃO DE VACINA CONTRA COVID-19 ***** Vacina COVAXIN / BBV152 **** fabricante - BHARAT BIOTECH LIMITED INTERNATIONAL (India) ***** **** 20.000.000 de doses

---
A documentação enviada na solicitação em epígrafe está INCOMPLETA.

Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:

** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)

** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)

** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)

(gentileza confirmar o recebimento desta mensagem)

Atenciosamente,

Assessoria Técnica
Gabinete do Diretor-Presidente GADIP

Solicitamos que as informações complementares sejam anexadas diretamente no SEI-Anvisa, acessado pelo link: http://portal.anvisa.gov.br/sei.
A utilização do SEI-Anvisa é decorrente de acordo firmado entre a Agência e o Ministério da Saúde, conforme comunicado pelo Ofício nº 818/2020/SEI/GADIP-CG/ANVISA, internalizado no Ministério da Saúde pelo OFÍCIO CIRCULAR Nº 9/2020/SAA/DISTEC/SAA/SE/MS (processo SEI-MS nº 25351.909295/2018-60).
Orientações para realização do peticionamento no SEI-Anvisa podem ser consultadas no Manual do Usuário Externo SEI-Anvisa.
Eventuais dúvidas poderão ser encaminhadas para o e-mail sei@anvisa.gov.br .

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

BHARAT BIOTECH

Lead Innovation

LETTER OF DECLARATION

Our Company, **BHARAT BIOTECH INTERNATIONAL LIMITED**, incorporated under Company's Act, 1956 having its registered office situated at Genome Valley, Shameerpet, Hyderabad 500078, Telangana, India, bearing CIN: U24230TG1996PLC023232 (hereinafter "**BBIL**") which included its Directors, Officers and Employees who intend to conduct business transaction with various Channel Partners and entities hereby:

PLEDGES AND UNDERTAKES THAT:

BBIL AND MADISON BIOTECH PTE LIMITED, a company incorporated as per laws of Singapore having its registered office at 31 CANTONMENT ROAD, SINGAPORE-089747, (hereinafter "**MBPL**" which included its Directors, Officers and Employees, entered into a **Supply Agreement** authorizing MBPL to supply and distribute BBIL's Manufactured Products to various channel partners and entities in different regions and territories.

In, Lieu of the above declaration, all the Channel Partners and Entities are requested to accept the Invoice raised by MADISON BIOTECH PTE LTD, for every Product supplied or distributed.

For BBIL,

BHARAT BIOTECH INTERNATIONAL LIMITED
BHARAT BIOTECH
Hyderabad, TS, India

Mr. Venkatraman S.H.
Associate Vice President – International Business

BHARAT BIOTECH INTERNATIONAL LIMITED
Genome Valley, Shameerpet, Hyderabad - 500 078, Telangana, India
T:+91 40 2348 0567 / 4645 4545 M:+91 99480 80567 F:+91 40 2348 0560
email: info@bharatbiotech.com www.bharatbiotech.com
CIN: U24230TG1996PLC023232

Typbar TCV ROTAVAC

Mensagem Parte 03 (0021609977) SEI 25000.100536/2021-98 / pg. 681

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: terça-feira, 23 de março de 2021 11:31
Para: Regina Celia Silva Oliveira; William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Luis Ricardo Fernandes Miranda; Renata Marques Santana; Thiago Fernandes da Costa
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I
Anexos: Declaration for Madison Biotech[1].pdf

Cara Regina, bom dia.

Conforme combinado, segue declaração emitida pela fabricante.

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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De: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>
Data: segunda-feira, 22 de março de 2021 18:18
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RE: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Prezada Emanuela,
Autorizamos a continuidade dos procedimentos de embarque da VACINA COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), objeto do contrato nº 29/2021 nas condições ora apresentadas. Aguardamos o envio da declaração para comprovação do item 2 informado abaixo.

Att.,

Regina Celia Silva Oliveira
FISCAL DO CONTRATO

Departamento de Imunização e Doenças Transmissíveis - DEIDT
Secretaria de Vigilância em Saúde - Ministério da Saúde - SVS/MS
SRTVN 701, Lote D, Ed. PO 700 - 6° Andar
CEP: 70.719-040-Brasília - DF
☎ (61) 3315-2414

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado: segunda-feira, 22 de março de 2021 16:26
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Regina, boa tarde.

Conforme falado, gostaria de solicitar autorização dos fiscais do contrato considerando os dois pontos a seguir:

1. **Quantidade de 3.000.000 (três milhões)**

   O CT contempla um embarque inicial de 4 milhões de doses, porém usaremos o primeiro embarque para realizar a validação da cadeia de transporte – o que é preconizado pela ANVISA. Entretanto, a seguradora e a regulamentação indiana não autorizada um risco maior que 50 milhões de dólares – o que nos limita a 3 milhões de doses no primeiro embarque. Temos o compromisso de compensar este volume nos próximos embarques.

2. **PFI Madison Biotech**

   A Madison Biotech – agente comercial responsável pela confecção da LI, possui o mesmo quadro societário e é encarregada de todas as exportações da BBIL. Estamos providenciando uma declaração com este conteúdo, mas como representantes e signatários do contrato, informamos que estamos de acordo com a Proforma Invoices enviada.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: segunda-feira, 22 de março de 2021 15:32
Para: William Amorim Santana <william.santana@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Senhores, boa tarde.

Gostaríamos de informar que esse transporte será a primeira corrida de validação da cadeia de frio, sendo necessário incluir tal observação na LI.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: segunda-feira, 22 de março de 2021 10:21
Para: William Amorim Santana <william.santana@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Senhores, bom dia.

Conforme solicitado, estamos fracionando os documentos para abertura de LI em formato de autorização excepcional de importação conforme RDC 476/2.021.

Aguardo orientações,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA
Medicamentos

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permission is strictly prohibited. If you are not the intended recipiente of this message, please noti

Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: quinta-feira, 18 de março de 2021 16:39
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezada Regina Célia,

Boa tarde!

Conforme contato, recebemos essa mensagem da Empresa Precisa Medicamentos solicitando providências quanto a execução do contrato 29/2021 para importação da vacina COVAXIN, bem como as tratativas junto a ANVISA para liberação da mesma.
Tendo em vista tratar-se de aquisição via contrato, encaminho a área demanda para manifestação junto ao fornecedor quanto aos procedimentos necessários.
Caso julgue pertinente qualquer manifestação desta DIIMP, nos colamos à disposição.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA
Medicamentos

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

MADISON
Biotech PTE Ltd

PACKING LIST/ DELIVERY CHALLAN

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Buyer's Order No:

Other Reference(s): CT 29/2021 & PROFORMA INVOICE MAD/HM/2021/07

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

BUYER – Comprador/ Shipped to

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA
Airport of Discharge HYD Airport	Final Destination GRU Airport

Country of Origin Of Goods	Country of Final Destination
INDIA – AIRPORT OF HYDERABAR (HYD)	BRAZIL – AEROPORTO DE GUARULHOS (GRU)

Terms Payment : 100% Advance payment
Shipment Terms : CIF GRU Airport BR
Dispatch : TBD – First Week of April if LI Approval.

COVAXIN – WHOLE VIRION INACTIVATED CORONA VIRUS VACCINE – 5 ml vial doses in 300,00 boxes/secondary packages w/ 16 vials/bottles per box. Remark TBD.

BATCH NUMBER: 37F21004A
BATCH SIZE: 300,000 VIALS
MFG. 01/21.
EXP DATE. 01/23.

Accepetd
For, HEALTH'S MINISTRY

AUTHORISED SIGNTORY

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

For, MADISON BIOTECH PTE. LTD.

AUTHORISED SIGNATORY

MADISON
Biotech PTE Ltd

PROFORMA INVOICE

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Exporte's Ref

Buyer's Order No:
Other Reference(s): CT 29/2021

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

BUYER – Comprador

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD	Country of Origin Of Goods INDIA – AIRPORT OF HYDERABAR (HYD)	Country of Final Destination BRAZIL – AEROPORTO DE GUARULHOS (GRU)
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA		
Airport of Discharge HYD airpor	Final Destination GRU Airport	Terms Payment Shipment Terms Dispatch Currency USD	: 100% Advance payment : CIF GRU Airport BR : TBD – First Week of April if LI Approval.

NO	PRODUCT	PACK SIZE	Quantity *In doses*	Unit Prince *USD*	Amount *USD*
1	COVAXIN (Whole Virion Inactivated Corona Virus Vaccine) 5 ml vial doses in 300,000 boxes/secondary packages w/ 16 vials/bottles each box. Shelf life – 24 months. NCM 3002.20.29	5.0ml Per vial/bottle	3.000.000	15,00	45,000,000.00
Shipper Dimensions/Tertiary package with 512 bottles in 586 volumes. Gross Weight/box 28 kg Net Weight/box 16 kg			Air Freight		862,367.02
			Insurance		67,500.00
				Total: CIP	45,929,867.02

Amount in Words: USD FORTY-FIVE MILLION AND NINE HUNDRED AND TWENTY-NINE THOUSAND AND EIGHT HUNDRED AND SIXTY-SEVEN DOLLARS AND TWO CENTS.

MADISON
Biotech PTE Ltd

Bank name DBS Bank. **Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.** **Account number: 0720224590** **IFSC Code: DBSSDIN0811** **SWIFT Code: DBSSSGSG:**		
Declaration: **We deciare that this invoice shows the actual prince of the goods described and that ali particulars are true and correct**		
Accepetd **For, HEALTH'S MINISTRY** **AUTHORISED SIGNTORY**		MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E For, MADISON BIOTECH PTE. LTD. AUTHORISED SIGNATORY

RE: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>
Seg, 22/03/2021 18:17

Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; William Amorim Santana <william.santana@saude.gov.br>
Cc: **LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>;** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE **-** DLOG <dlog@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>

Prezada Emanuela,
Autorizamos a continuidade dos procedimentos de embarque da VACINA COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), objeto do contrato nº 29/2021 nas condições ora apresentadas. Aguardamos o envio da declaração para comprovação do item 2 informado abaixo.

Att.,

Regina Celia Silva Oliveira
FISCAL DO CONTRATO

Departamento de Imunização e Doenças Transmissíveis - DEIDT
Secretaria de Vigilância em Saúde - Ministério da Saúde - SVS/MS
SRTVN 701, Lote D, Ed. PO 700 - 6º Andar
CEP: 70.719-040-Brasília - DF
☎ (61) 3315-2414

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado: segunda-feira, 22 de março de 2021 16:26
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Regina, boa tarde.

Conforme falado, gostaria de solicitar autorização dos fiscais do contrato considerando os dois pontos a seguir:

1. **Quantidade de 3.000.000 (três milhões)**

   O CT contempla um embarque inicial de 4 milhões de doses, porém usaremos o primeiro embarque para realizar a validação da cadeia de transporte – o que é preconizado pela ANVISA. Entretanto, a seguradora e a regulamentação indiana não autorizada um risco maior que 50 milhões de dólares – o que nos limita a 3 milhões de doses no primeiro embarque. Temos o compromisso de compensar este volume nos próximos embarques.

2. **PFI Madison Biotech**

   A Madison Biotech – agente comercial responsável pela confecção da LI, possui o mesmo quadro societário e é encarregada de todas as exportações da BBIL. Estamos providenciando uma declaração com este conteúdo, mas como representantes e signatários do contrato, informamos que estamos de acordo com a Proforma Invoices enviada.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: segunda-feira, 22 de março de 2021 15:32
Para: William Amorim Santana <william.santana@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Senhores, boa tarde.

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 692

Gostaríamos de informar que esse transporte será a primeira corrida de validação da cadeia de frio, sendo necessário incluir tal observação na LI.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: segunda-feira, 22 de março de 2021 10:21
Para: William Amorim Santana <william.santana@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Assunto: Re: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID - Parte I

Senhores, bom dia.

Conforme solicitado, estamos fracionando os documentos para abertura de LI em formato de autorização excepcional de importação conforme RDC 476/2.021.

Aguardo orientações,

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: quinta-feira, 18 de março de 2021 16:39
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezada Regina Célia,

Boa tarde!

Conforme contato, recebemos essa mensagem da Empresa Precisa Medicamentos solicitando providências quanto a execução do contrato 29/2021 para importação da vacina COVAXIN, bem como as tratativas junto a ANVISA para liberação da mesma.
Tendo em vista tratar-se de aquisição via contrato, encaminho a área demanda para manifestação junto ao fornecedor quanto aos procedimentos necessários.
Caso julgue pertinente qualquer manifestação desta DIIMP, nos colamos à disposição.

Atenciosamente,

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 693

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Cassiana Perinazzo da Veiga Schio **Em nome de** DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,
Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaquí- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 694

ADMINISTRAÇÃO DA REDE MSNET

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 695

BHARAT
BIOTECH
Lead Innovation

LETTER OF DECLARATION

Our Company, **BHARAT BIOTECH INTERNATIONAL LIMITED**, incorporated under Company's Act, 1956 having its registered office situated at Genome Valley, Shameerpet, Hyderabad 500078, Telangana, India, bearing CIN: U24230TG1996PLC023232 (hereinafter "**BBIL**") which included its Directors, Officers and Employees who intend to conduct business transaction with various Channel Partners and entities hereby:

PLEDGES AND UNDERTAKES THAT:

BBIL AND MADISON BIOTECH PTE LIMITED, a company incorporated as per laws of Singapore having its registered office at 31 CANTONMENT ROAD, SINGAPORE-089747, (hereinafter "**MBPL**" which included its Directors, Officers and Employees, entered into a **Supply Agreement** authorizing MBPL to supply and distribute BBIL's Manufactured Products to various channel partners and entities in different regions and territories.

In, Lieu of the above declaration, all the Channel Partners and Entities are requested to accept the Invoice raised by MADISON BIOTECH PTE LTD, for every Product supplied or distributed.

For BBIL,

BHARAT BIOTECH INTERNATIONAL LIMITED
BHARAT BIOTECH
Hyderabad, TS, India

Mr. Venkatraman S.H.
Associate Vice President – International Business

BHARAT BIOTECH INTERNATIONAL LIMITED
Genome Valley, Shameerpet, Hyderabad - 500 078, Telangana, India
T:+91 40 2348 0567 / 4645 4545 M:+91 99480 80567 F:+91 40 2348 0560
email: info@bharatbiotech.com www.bharatbiotech.com
CIN: U24230TG1996PLC023232

Typbar TCV ROTAVAC

William Amorim Santana

De: Regina Celia Silva Oliveira
Enviado em: quarta-feira, 24 de março de 2021 16:04
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Renata Marques Santana; Thiago Fernandes da Costa
Assunto: ENC: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: PACKING LIST-2.pdf; PI ON LETTER HEAD-2.pdf; E-mail_Precisa.pdf; Declaration for Madison Biotech[1].pdf

Prezado William, boa tarde!

Relativo ao quantitativo ofertado estar a menor que o compromisso firmado em contrato, informamos que as justificativas foram apresentadas pela empresa e aprovadas pela fiscal, conforme e-mail anexo. Assim, ratificamos a autorização do prosseguimento dos procedimentos de embarque da 1ª parcela da vacina nas condições ora apresentadas.

Att.,

Regina Celia Silva Oliveira
FISCAL DO CONTRATO

Departamento de Imunização e Doenças Transmissíveis - DEIDT
Secretaria de Vigilância em Saúde - Ministério da Saúde - SVS/MS
SRTVN 701, Lote D, Ed. PO 700 - 6º Andar
CEP: 70.719-040-Brasília - DF
☎ (61) 3315-2414

De: William Amorim Santana <william.santana@saude.gov.br>
Enviado: quarta-feira, 24 de março de 2021 14:15
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Boa tarde!

Chegou a esta Divisão de Importação (DIIMP), na data de 23/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (COVAXIN/BBV152).

Considerando cronograma de entrega das parcelas devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se em atrasi de 8 (oito) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA	COMPRIMIDOS	ENTREGA	RECEBIMENTO
1ª	4.000.000	17/03/2021	EM TRAMITE
2ª	4.000.000	27/03/2021	
3ª	4.000.000	11/04/2021	
4ª	4.000.000	26/04/2021	
5ª	4.000.000	06/05/2021	
TOTAL	20.000.000		

Considerando que o valor unitário de US$ 15,00 apresentado na Proforma Invoice S/N encontra-se em **CONFORMIDADE** com o item "***1.CLÁUSULA PRIMEIRA – OBJETO***, ***Subitem 1.2. Discriminação do objeto do CONTRATO Nª 29/2021"***;

VALOR UNITÁRIO EM BRL			
Nª PROFORMA	QUANT. TOTAL	VALOR TOTAL	VALOR UNI.
S/N	3.000.000	45.000.000,00	USS 15,00

Considerando que o lote Nª 37F21004A presente na referida Proforma Invoice, encontra-se dentro do prazo de validade transcorrida que deve ser inferior a 30% conforme exposto abaixo, até a data de emissão do referido documento, **contudo faz-se resaslva que esta informação esta presente apenas na invoice, não havendo documento de carater técnico que ampare esta afirmativa;**

TABELA DE VARIABILIDADE DO PRAZO DE VENCIMENTO DO MEDICAMENTO (INFERIOR A 30%)								
UMO	FABRICANTE	LOTE	FATOR COCIENTE	QUANTIDADE	TOTAL	PRAZO	FABRI.	VENC.
	BHARAT BIOTECH INTERNACIONAL LIMITED	37F21004A	10	300.000	3.000.000	27	01/10/20	01/01/23
				300.000	3.000.000			

Considerando que o quantitativo apresentado na documentação apresentada é inferior ao descrito no item ***"2.CLÁUSULA SEGUNDA – OBJETO, Subitem 2.1. Cronograma de Entrega:"***, 1ª parcela. Na documentação apresentada consta 3.000.000 (três milhões) unidades do medicamento/Insumo em questão com uma **diferença de quantitativo a menor de 1.000.000 (um milhão);** e

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT).

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

OBS: Imoprtação esta condicionada a autorização por parte da Agencia Nacional de Vigilância Sanitária (ANVISA) que esta análissando o processo (SEI-ANVISA 25351.908110/2021-03).

Aguardo resposta.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 21:30
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa noite.

Em complementação a solicitação de LI, seguem:

1. Proforma Invoice;
2. Packing List.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;
- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;
- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;
- Informar localidade.

PAÍS DE DESTINO;
- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;
- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada. Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana

<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 704

2ª

4.000.000

27/03/2021

3ª

4.000.000

11/04/2021

4ª

4.000.000

26/04/2021

5ª

4.000.000

06/05/2021

TOTAL

20.000.000

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 705

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: quarta-feira, 24 de março de 2021 17:15
Para: Emanuela Medrades
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino; Alex Lial Marinho
Assunto: Solicitação de documentação complementar para envio a ANVISA

Prezada Emanuela,

Boa tarde!

Recebemos comunicado da ANVISA, no qual esta solicita complementação de documentos para continuidade do processo:

Faço uma observação quanto aos itens abaixo, com destaque para os em negrito:

> Após verificação da instrução processual, permanecem pendentes os seguintes documentos: Relatório técnico da avaliação da vacina emitido ou publicado pela autoridade sanitária da Índia, responsável pela concessão da autorização para uso emergencial (inciso II do art. 17 da RDC 476/2021). De acordo com a RDC, o relatório deve ser capaz de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s; e
>
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto ao enquadramento na RDC 476/2021. Solicita-se esclarecer quem será o importador, se o Ministério da Saúde ou a Precisa – Comercialização de Medicamentos Ltda;**
>
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto à adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância;**
>
> O prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. De acordo com as datas de fabricação dos lotes a serem importados, observa-se que o prazo de validade irá expirar nos meses de abril e maio/2021. Solicita-se esclarecer se é possível a utilização de todo o quantitativo previamente à data de expiração dos lotes.

Ficamos no aguardo do envio deste, com devida urgência que o caso requer, para encaminha-los a ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

William Amorim Santana

De: William Amorim Santana
Enviado em: quinta-feira, 25 de março de 2021 10:56
Para: Emanuela Medrades
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino; Alex Lial Marinho
Assunto: Solicitação de documentação complementar para envio a ANVISA

Prezada Emanuela, bom dia!

Em complemento a solicitação abaixo e afim de dinamizar o processo de libertação dos lotes junto ao Instituto Nacional de Controle de Qualidade em Saúde (INCQS), vimos por meio deste solicitar o envio do **Estudo de Estabilidade das Vacinas**.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: William Amorim Santana
Enviada em: quarta-feira, 24 de março de 2021 17:15
Para: 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: Solicitação de documentação complementar para envio a ANVISA

Prezada Emanuela,

Boa tarde!

Recebemos comunicado da ANVISA, no qual esta solicita complementação de documentos para continuidade do processo:

Faço uma observação quanto aos itens abaixo, com destaque para os em negrito:

> Após verificação da instrução processual, permanecem pendentes os seguintes documentos: Relatório técnico da avaliação da vacina emitido ou publicado pela autoridade sanitária da Índia, responsável pela concessão da autorização para uso emergencial (inciso II do art. 17 da RDC 476/2021). De acordo com a RDC, o relatório deve ser capaz de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s; e
>
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto ao enquadramento na RDC 476/2021. Solicita-se esclarecer quem será o importador, se o Ministério da Saúde ou a Precisa – Comercialização de Medicamentos Ltda;**

Declaração da Precisa – Comercialização de Medicamentos Ltda quanto à adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância;

O prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. De acordo com as datas de fabricação dos lotes a serem importados, observa-se que o prazo de validade irá expirar nos meses de abril e maio/2021. Solicita-se esclarecer se é possível a utilização de todo o quantitativo previamente à data de expiração dos lotes.

Ficamos no aguardo do envio deste, com devida urgência que o caso requer, para encaminha-los a ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

ANVISA
Agência Nacional de Vigilância Sanitária

Gabinete do Diretor-Presidente - Chefe de Gabinete
SIA Trecho 05, Área Especial 57, Brasília/DF, CEP 71.205.05
Telefone: 0800 642 9782 - www.anvisa.gov.br

Ofício nº 643/2021/SEI/GADIP-CG/ANVISA

Ao Senhor
Antônio Elcio Franco Filho
Secretário-Executivo
Secretaria-Executiva do Ministério da Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Com cópia
Ao Senhor
Roberto Ferreira Dias
Diretor do Departamento de Logística em Saúde
Departamento de Logística em Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Assunto: **Solicitação de autorização para importação em caráter Excepcional de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN**

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.908110/2021-03.

Senhor Secretário-Executivo,

1. Em atenção ao Ofício Nº 62/2021/DLOG/SE/MS, por meio do qual o Departamento de Logística em Saúde, da Secretaria-Executiva do Ministério da Saúde solicita autorização para importação em caráter excepcional de 20.000.000 (vinte milhões) de doses da vacina Covaxin / BBV152, informo que os documentos recebidos foram analisados à luz da RDC nº 476/2021, que "Estabelece os procedimentos e requisitos para submissão de pedido de autorização excepcional e temporária para importação e distribuição de medicamentos e vacinas contra Covid19 para o enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), nos termos da Lei nº 14.124, de 10 de março de 2021".

2. Após verificação da instrução processual, permanecem pendentes os seguintes documentos:

I - Certificados de liberação dos lotes a serem importados (inciso IV do art. 16 da RDC 476/2021). Foram enviados apenas os laudos analíticos dos lotes 37620001A, 37620002A e 37620003A, restando pendente os cerificados de liberação dos respectivos lotes emitidos pelo fabricante;

II - Relatório técnico da avaliação da vacina emitido ou publicado pela autoridade sanitária da Índia, responsável pela concessão da autorização para uso emergencial (inciso II do art. 17 da RDC 476/2021). De acordo com a RDC, o relatório deve ser capaz

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-987 pg. 713

de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s; e

III - Licenciamento de importação (LI) registrado no SISCOMEX (inciso VI do art. 17 da RDC 476/2021).

3. Quanto aos documentos apresentados, os seguintes esclarecimentos fazem-se necessários:

I - Declaração da Precisa – Comercialização de Medicamentos Ltda quanto ao enquadramento na RDC 476/2021. Solicita-se esclarecer quem será o importador, se o Ministério da Saúde ou a Precisa – Comercialização de Medicamentos Ltda;

II - Declaração da Precisa – Comercialização de Medicamentos Ltda quanto à adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância;

III - No *Invoice* apresentado, o quantitativo de doses (3 milhões) não corresponde ao requisitado no Ofício nº 62/2021/DLOG/SE/MS (20 milhões);

IV - O prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. De acordo com as datas de fabricação dos lotes a serem importados, observa-se que o prazo de validade irá expirar nos meses de abril e maio/2021. Solicita-se esclarecer se é possível a utilização de todo o quantitativo previamente à data de expiração dos lotes.

4. Esclareço que, conforme Lei nº 14.124, de 10 de março de 2021, os prazos para decisão da Anvisa estão vinculados com o conteúdo das informações apresentadas. Ademais, o § 3º do art. 17 da RDC 476/2021 estabelece que as solicitações de esclarecimentos feitas pela Anvisa suspendem a contagem do prazo até que sejam atendidas.

Atenciosamente,

Documento assinado eletronicamente por **Karin Schuck Hemesath Mendes**, **Chefe de Gabinete**, em 23/03/2021, às 21:10, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm.

A autenticidade deste documento pode ser conferida no site https://sei.anvisa.gov.br/autenticidade, informando o código verificador **1381784** e o código CRC **977A092D**.

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.908110/2021-03 SEI nº 1381784

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-987 pg. 714

Ofício Precisa Contrato_29/2021 nº 002/2021

Brasília/DF, 25 de março de 2021.

A Sua Senhoria
Karin Schuck Hemesath Mendes
Chefe de Gabinete
Presidência
Agência Nacional de Vigilância Sanitária
SAI Trecho 05, Área Especial 57
71205-005 Brasília/DF

Com cópia
A Sua Senhoria
Roberto Ferreira Dias
Departamento de Logística em Saúde
Secretaria Executiva
Ministério da Saúde
Esplanada dos Ministérios Bloco G
Anexo A - 4º Andar sala 464
70058-900 Brasília/DF

Ref. Processo 25351.908110/2021-03

Senhora Chefe de Gabinete,

1. Em atenção ao Ofício nº 643/2021/SEI/GADIP-CG/ANVISA, de 23/03/2021, relativo às pendências apontadas por vossa senhoria, vimos por meio deste esclarecer os seguintes pontos:

2. Em relação ao parágrafo 2, item I, certificados de liberação dos lotes a serem importados (inciso IV do art. 16 da RDC 476/2021), restando pendente os certificados de liberação dos respectivos lotes emitidos pelo fabricante, informamos que todos os lotes se encontram no CDL – *Central Drugs Laboratory* responsável pela emissão dos Certificados de Origem bem como indicação de qual lote será destinado as exportações. Os certificados já foram requisitados e estamos aguardando sua disponibilização em breve.

3. Sobre o parágrafo 2, item II, relativo ao relatório técnico de avaliação da vacina emitido ou publicado pela autoridade sanitária da Índia, responsável pela concessão da autorização para uso emergencial, apresentamos o relatório como forma de comprovação que o produto atende aos padrões de qualidade, eficácia e segurança emitido pelo CDSCO – *Central Drugs Standard Control Organization (Biological Division*), sendo este documento a liberação para uso emergencial e ao mesmo tempo o relatório técnico de avaliação contendo todas as ressalvas. Em complementação, fornecemos também o GMP – *Good Manufacturing Practice* emitido pela mesma autoridade para a produção da Covaxin e o GMP - *Good Manufacturing Practice* emitido pela OMS – Organização Mundial de Saúde para todas as linhas de produção.

4. Referente ao parágrafo 2, item III, relativo ao licenciamento de importação (LI) registrado no SICOMEX entendemos que tal item já fora atendido, sendo referido no Licenciamento de número 21/0796694-1 com situação atual para análise.

5. Já em referência ao parágrafo 3, sobre a necessidade de prestarmos os esclarecimentos devidos, assim os esclarecemos.

6. Sobre o parágrafo 3, item I, esclarecemos que o importador será o Ministério da Saúde, inclusive já sendo apresentado através do SISCOMEX com anuência do fiscal do contrato.

7. Relativo ao parágrafo 3, item II, esclarecemos que a adoção das estratégicas de monitoramento e cumprimento das diretrizes de farmacovigilância estão observando as regras definidas na RDC n° 406/2020 e também na IN n° 63/2020, além dos demais protocolos de vigilância epidemiológica e sanitária de eventos adversos pós vacinação. Toda estrutura de monitoramento, inclusive fluxos e plataformas de notificação, foi planejada e estarão ativas antes do primeiro embarque. E também já fora enviada a declaração de adoção e cumprimento de todas as diretrizes de Farmacovigilância.

8. No parágrafo 3, item III, a *in voice* apresentada, corresponde às entregas parceladas relativas ao cronograma do contrato 29/2021, conforme solicitado pelo Ministério da Saúde. Considerando que os embarques serão fracionados, e a impossibilidade de registrar mais de uma DI – Declaração de Importação através de somente um Licenciamento de Importação, informamos que iremos solicitar de forma contínua com anuência do Ministério da Saúde cada uma das Licenças de Importação até concluir o quantitativo contratado de 20.000.000 (vinte milhões) de doses.

9. Sobre o parágrafo 3, item IV, o prazo de validade aprovado pela autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8º, porém, os estudos de estabilidade acelerada já avançaram tal período. Dessa forma, a Precisa Medicamentos, apresenta a possibilidade de assinatura de um termo de compromisso assegurando que nenhum produto importado, terá percorrido mais que 30% de sua validade.

10. Certos de que as informações apresentadas e os esclarecimentos prestados, além de reapresentar todos os documentos aqui citados, sejam suficientemente capazes de ilidir as dúvidas suscitadas, solicitamos a continuidade na análise do Ofício nº 62/2021/DLOG/SE/MS para autorização da importação da vacina Covaxin.

Atenciosamente.

EMANUELA BATISTA DE SOUZA MEDRADES
Diretora Técnica

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: sexta-feira, 26 de março de 2021 10:12
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino; Alex Lial Marinho
Assunto: Re: Solicitação de documentação complementar para envio a ANVISA
Anexos: Ofício Covaxin.pdf; 2021_03_25_RESPOSTA_OFICIO_002_2021_resp_643_2021_GADIP_CG_ANVISA.pdf

William, bom dia.

Recebemos este ofício da SE com questionamentos semelhantes e que devem ser respondidos pelo MS.

Compartilho nosso ofício com as respostas enumeradas para que possam atuar por ai.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: quarta-feira, 24 de março de 2021 17:15
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: Solicitação de documentação complementar para envio a ANVISA

Prezada Emanuela,

Boa tarde!

Recebemos comunicado da ANVISA, no qual esta solicita complementação de documentos para continuidade do processo:

Faço uma observação quanto aos itens abaixo, com destaque para os em negrito:

> Após verificação da instrução processual, permanecem pendentes os seguintes documentos:
> Relatório técnico da avaliação da vacina emitido ou publicado pela autoridade sanitária da Índia, responsável pela concessão da autorização para uso emergencial (inciso II do art. 17 da RDC 476/2021). De acordo com a RDC, o relatório deve ser capaz de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s; e
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto ao enquadramento na RDC 476/2021. Solicita-se esclarecer quem será o importador, se o Ministério da Saúde ou a Precisa – Comercialização de Medicamentos Ltda;**
>
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto à adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância;**
>
> O prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. De acordo com as datas de fabricação dos lotes a serem importados, observa-se que o prazo de validade irá expirar nos meses de abril e maio/2021. Solicita-se esclarecer se é possível a utilização de todo o quantitativo previamente à data de expiração dos lotes.

Ficamos no aguardo do envio deste, com devida urgência que o caso requer, para encaminha-los a ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: SEI <naoresponda_sei@anvisa.gov.br>
Enviado em: sexta-feira, 26 de março de 2021 10:23
Para: William Amorim Santana
Assunto: SEI - Confirmação de Peticionamento Eletrônico (Processo nº 25351.908110/2021-03)

:: Este é um e-mail automático ::

Prezado(a) William Amorim Santana,

Este e-mail confirma a realização do Peticionamento Eletrônico do tipo Intercorrente no SEI-ANVISA, no âmbito do processo nº 25351.908110/2021-03, conforme disposto no Recibo Eletrônico de Protocolo SEI nº 1385904.

Caso no futuro precise realizar novo peticionamento, sempre acesse a área destinada aos Usuários Externos no SEI-ANVISA destacada em seu Portal na Internet ou acesse diretamente o link a seguir:
https://sei.anvisa.gov.br/sei/controlador_externo.php?acao=usuario_externo_logar&id_orgao_acesso_externo=0

ANVISA
Agência Nacional de Vigilância Sanitária www.anvisa.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

ANVISA
Agência Nacional de Vigilância Sanitária

Gabinete do Diretor-Presidente - Chefe de Gabinete
SIA Trecho 05, Área Especial 57, Brasília/DF, CEP 71.205.05
Telefone: 0800 642 9782 - www.anvisa.gov.br

Ofício nº 643/2021/SEI/GADIP-CG/ANVISA

Ao Senhor
Antônio Elcio Franco Filho
Secretário-Executivo
Secretaria-Executiva do Ministério da Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Com cópia
Ao Senhor
Roberto Ferreira Dias
Diretor do Departamento de Logística em Saúde
Departamento de Logística em Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Assunto: **Solicitação de autorização para importação em caráter Excepcional de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN**

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.908110/2021-03.

Senhor Secretário-Executivo,

1. Em atenção ao Ofício Nº 62/2021/DLOG/SE/MS, por meio do qual o Departamento de Logística em Saúde, da Secretaria-Executiva do Ministério da Saúde solicita autorização para importação em caráter excepcional de 20.000.000 (vinte milhões) de doses da vacina Covaxin / BBV152, informo que os documentos recebidos foram analisados à luz da RDC nº 476/2021, que "Estabelece os procedimentos e requisitos para submissão de pedido de autorização excepcional e temporária para importação e distribuição de medicamentos e vacinas contra Covid19 para o enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), nos termos da Lei nº 14.124, de 10 de março de 2021".

2. Após verificação da instrução processual, permanecem pendentes os seguintes documentos:

I - Certificados de liberação dos lotes a serem importados (inciso IV do art. 16 da RDC 476/2021). Foram enviados apenas os laudos analíticos dos lotes 37620001A, 37620002A e 37620003A, restando pendente os cerificados de liberação dos respectivos lotes emitidos pelo fabricante;

II - Relatório técnico da avaliação da vacina emitido ou publicado pela autoridade sanitária da Índia, responsável pela concessão da autorização para uso emergencial (inciso II do art. 17 da RDC 476/2021). De acordo com a RDC, o relatório deve ser capaz

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-987 pg. 722

de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s; e

III - Licenciamento de importação (LI) registrado no SISCOMEX (inciso VI do art. 17 da RDC 476/2021).

3. Quanto aos documentos apresentados, os seguintes esclarecimentos fazem-se necessários:

I - Declaração da Precisa – Comercialização de Medicamentos Ltda quanto ao enquadramento na RDC 476/2021. Solicita-se esclarecer quem será o importador, se o Ministério da Saúde ou a Precisa – Comercialização de Medicamentos Ltda;

II - Declaração da Precisa – Comercialização de Medicamentos Ltda quanto à adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância;

III - No *Invoice* apresentado, o quantitativo de doses (3 milhões) não corresponde ao requisitado no Ofício nº 62/2021/DLOG/SE/MS (20 milhões);

IV - O prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. De acordo com as datas de fabricação dos lotes a serem importados, observa-se que o prazo de validade irá expirar nos meses de abril e maio/2021. Solicita-se esclarecer se é possível a utilização de todo o quantitativo previamente à data de expiração dos lotes.

4. Esclareço que, conforme Lei nº 14.124, de 10 de março de 2021, os prazos para decisão da Anvisa estão vinculados com o conteúdo das informações apresentadas. Ademais, o § 3º do art. 17 da RDC 476/2021 estabelece que as solicitações de esclarecimentos feitas pela Anvisa suspendem a contagem do prazo até que sejam atendidas.

Atenciosamente,

Documento assinado eletronicamente por **Karin Schuck Hemesath Mendes**, **Chefe de Gabinete**, em 23/03/2021, às 21:10, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm.

A autenticidade deste documento pode ser conferida no site https://sei.anvisa.gov.br/autenticidade, informando o código verificador **1381784** e o código CRC **977A092D**.

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.908110/2021-03 SEI nº 1381784

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-987 pg. 723

Ofício Precisa Contrato_29/2021 nº 002/2021

Brasília/DF, 25 de março de 2021.

A Sua Senhoria
Karin Schuck Hemesath Mendes
Chefe de Gabinete
Presidência
Agência Nacional de Vigilância Sanitária
SAI Trecho 05, Área Especial 57
71205-005 Brasília/DF

Com cópia
A Sua Senhoria
Roberto Ferreira Dias
Departamento de Logística em Saúde
Secretaria Executiva
Ministério da Saúde
Esplanada dos Ministérios Bloco G
Anexo A - 4º Andar sala 464
70058-900 Brasília/DF

Ref. Processo 25351.908110/2021-03

Senhora Chefe de Gabinete,

1. Em atenção ao Ofício nº 643/2021/SEI/GADIP-CG/ANVISA, de 23/03/2021, relativo às pendências apontadas por vossa senhoria, vimos por meio deste esclarecer os seguintes pontos:

2. Em relação ao parágrafo 2, item I, certificados de liberação dos lotes a serem importados (inciso IV do art. 16 da RDC 476/2021), restando pendente os certificados de liberação dos respectivos lotes emitidos pelo fabricante, informamos que todos os lotes se encontram no CDL – *Central Drugs Laboratory* responsável pela emissão dos Certificados de Origem bem como indicação de qual lote será destinado as exportações. Os certificados já foram requisitados e estamos aguardando sua disponibilização em breve.

3. Sobre o parágrafo 2, item II, relativo ao relatório técnico de avaliação da vacina emitido ou publicado pela autoridade sanitária da Índia, responsável pela concessão da autorização para uso emergencial, apresentamos o relatório como forma de comprovação que o produto atende aos padrões de qualidade, eficácia e segurança emitido pelo CDSCO – *Central Drugs Standard Control Organization (Biological Division*), sendo este documento a liberação para uso emergencial e ao mesmo tempo o relatório técnico de avaliação contendo todas as ressalvas. Em complementação, fornecemos também o GMP – *Good Manufacturing Practice* emitido pela mesma autoridade para a produção da Covaxin e o GMP - *Good Manufacturing Practice* emitido pela OMS – Organização Mundial de Saúde para todas as linhas de produção.

4. Referente ao parágrafo 2, item III, relativo ao licenciamento de importação (LI) registrado no SICOMEX entendemos que tal item já fora atendido, sendo referido no Licenciamento de número 21/0796694-1 com situação atual para análise.

5. Já em referência ao parágrafo 3, sobre a necessidade de prestarmos os esclarecimentos devidos, assim os esclarecemos.

6. Sobre o parágrafo 3, item I, esclarecemos que o importador será o Ministério da Saúde, inclusive já sendo apresentado através do SISCOMEX com anuência do fiscal do contrato.

7. Relativo ao parágrafo 3, item II, esclarecemos que a adoção das estratégicas de monitoramento e cumprimento das diretrizes de farmacovigilância estão observando as regras definidas na RDC n° 406/2020 e também na IN n° 63/2020, além dos demais protocolos de vigilância epidemiológica e sanitária de eventos adversos pós vacinação. Toda estrutura de monitoramento, inclusive fluxos e plataformas de notificação, foi planejada e estarão ativas antes do primeiro embarque. E também já fora enviada a declaração de adoção e cumprimento de todas as diretrizes de Farmacovigilância.

8. No parágrafo 3, item III, a *in voice* apresentada, corresponde às entregas parceladas relativas ao cronograma do contrato 29/2021, conforme solicitado pelo Ministério da Saúde. Considerando que os embarques serão fracionados, e a impossibilidade de registrar mais de uma DI – Declaração de Importação através de somente um Licenciamento de Importação, informamos que iremos solicitar de forma contínua com anuência do Ministério da Saúde cada uma das Licenças de Importação até concluir o quantitativo contratado de 20.000.000 (vinte milhões) de doses.

9. Sobre o parágrafo 3, item IV, o prazo de validade aprovado pela autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8º, porém, os estudos de estabilidade acelerada já avançaram tal período. Dessa forma, a Precisa Medicamentos, apresenta a possibilidade de assinatura de um termo de compromisso assegurando que nenhum produto importado, terá percorrido mais que 30% de sua validade.

10. Certos de que as informações apresentadas e os esclarecimentos prestados, além de reapresentar todos os documentos aqui citados, sejam suficientemente capazes de ilidir as dúvidas suscitadas, solicitamos a continuidade na análise do Ofício nº 62/2021/DLOG/SE/MS para autorização da importação da vacina Covaxin.

Atenciosamente.

EMANUELA BATISTA DE SOUZA MEDRADES
Diretora Técnica

William Amorim Santana

De: William Amorim Santana
Enviado em: sexta-feira, 26 de março de 2021 10:37
Para: Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: Solicitação de documentação complementar para envio a ANVISA
Anexos: Ofício Covaxin.pdf; 2021_03_25_RESPOSTA_OFICIO_002_2021_resp_643_2021_GADIP_CG_ANVISA.pdf

Segue para conhecimento.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 26 de março de 2021 10:12
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: Re: Solicitação de documentação complementar para envio a ANVISA

William, bom dia.

Recebemos este ofício da SE com questionamentos semelhantes e que devem ser respondidos pelo MS.

Compartilho nosso ofício com as respostas enumeradas para que possam atuar por ai.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: quarta-feira, 24 de março de 2021 17:15
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: Solicitação de documentação complementar para envio a ANVISA

Prezada Emanuela,

Boa tarde!

Recebemos comunicado da ANVISA, no qual esta solicita complementação de documentos para continuidade do processo:

Faço uma observação quanto aos itens abaixo, com destaque para os em negrito:

> Após verificação da instrução processual, permanecem pendentes os seguintes documentos: Relatório técnico da avaliação da vacina emitido ou publicado pela autoridade sanitária da Índia, responsável pela concessão da autorização para uso emergencial (inciso II do art. 17 da RDC 476/2021). De acordo com a RDC, o relatório deve ser capaz de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s; e
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto ao enquadramento na RDC 476/2021. Solicita-se esclarecer quem será o importador, se o Ministério da Saúde ou a Precisa – Comercialização de Medicamentos Ltda;**
>
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto à adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância;**
>
> O prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. De acordo com as datas de fabricação dos lotes a serem importados, observa-se que o prazo de validade irá expirar nos meses de abril e maio/2021. Solicita-se esclarecer se é possível a utilização de todo o quantitativo previamente à data de expiração dos lotes.

Ficamos no aguardo do envio deste, com devida urgência que o caso requer, para encaminha-los a ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde

DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: sexta-feira, 26 de março de 2021 11:18
Para: Emanuela Medrades; William Amorim Santana; Marcelo Calado
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho
Assunto: RES: Solicitação de documentação complementar para envio a ANVISA

Emanuela, bom dia!

Reitero a solicitação do William quanto ao envio do estudo de estress/estabilidade.
Esse documento é importante para análise da Anvisa e do INCQS, além disso, também para caso haja excursões de temperatura durante a importação e a nível local (tem acontecido muito).

A fim de evitar excursões durante a importação, recomendamos fortemente que as vacinas sejam acondicionadas e enviadas em envirotainers.

Abraços,

Ariadne Bonvino
farmacêutica
DIIMP/CGLOG/DLOG/SE

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: sexta-feira, 26 de março de 2021 10:12
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino; Alex Lial Marinho
Assunto: Re: Solicitação de documentação complementar para envio a ANVISA

William, bom dia.

Recebemos este ofício da SE com questionamentos semelhantes e que devem ser respondidos pelo MS.

Compartilho nosso ofício com as respostas enumeradas para que possam atuar por ai.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: quarta-feira, 24 de março de 2021 17:15
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: Solicitação de documentação complementar para envio a ANVISA

Prezada Emanuela,

Boa tarde!

Recebemos comunicado da ANVISA, no qual esta solicita complementação de documentos para continuidade do processo:

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> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto ao enquadramento na RDC 476/2021. Solicita-se esclarecer quem será o importador, se o Ministério da Saúde ou a Precisa – Comercialização de Medicamentos Ltda;**
>
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto à adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância;**
>
> O prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. De acordo com as datas de fabricação dos lotes a serem importados, observa-se que o prazo de validade irá expirar nos meses de abril e maio/2021. Solicita-se esclarecer se é possível a utilização de todo o quantitativo previamente à data de expiração dos lotes.

Ficamos no aguardo do envio deste, com devida urgência que o caso requer, para encaminha-los a ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde

DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 29 de março de 2021 12:03
Para: Ariadne Gisele Muniz Bonvino; William Amorim Santana; Marcelo Calado
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho
Assunto: Re: Solicitação de documentação complementar para envio a ANVISA

Ariadne, bom dia.

Iremos enviar nas próximas horas os estudos de estabilidade. E de antemão informamos que as vacinas serão transportadas em envirotainers.

@William Amorim Santana, pode por gentileza me reiterar quais são os documentos faltantes da LI ?

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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PRECISA Medicamentos

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De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Data: sexta-feira, 26 de março de 2021 11:18
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Marcelo Calado <IMCEAEX-_O=SAUDE_OU=EXCHANGE+20ADMINISTRATIVE+20GROUP+20+28FYDIBOHF23SPDLT+29_CN=RECIPIENTS_CN=Marcelo+20Caladoae8@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RES: Solicitação de documentação complementar para envio a ANVISA

Emanuela, bom dia!

Reitero a solicitação do William quanto ao envio do estudo de estress/estabilidade.
Esse documento é importante para análise da Anvisa e do INCQS, além disso, também para caso haja excursões de temperatura durante a importação e a nível local (tem acontecido muito).

A fim de evitar excursões durante a importação, recomendamos fortemente que as vacinas sejam acondicionadas e enviadas em envirotainers.

Abraços,

Ariadne Bonvino
farmacêutica
DIIMP/CGLOG/DLOG/SE

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: sexta-feira, 26 de março de 2021 10:12
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino; Alex Lial Marinho
Assunto: Re: Solicitação de documentação complementar para envio a ANVISA

William, bom dia.

Recebemos este ofício da SE com questionamentos semelhantes e que devem ser respondidos pelo MS.

Compartilho nosso ofício com as respostas enumeradas para que possam atuar por ai.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: quarta-feira, 24 de março de 2021 17:15
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: Solicitação de documentação complementar para envio a ANVISA

Prezada Emanuela,

Boa tarde!

Recebemos comunicado da ANVISA, no qual esta solicita complementação de documentos para continuidade do processo:

Faço uma observação quanto aos itens abaixo, com destaque para os em negrito:

> Após verificação da instrução processual, permanecem pendentes os seguintes documentos: Relatório técnico da avaliação da vacina emitido ou publicado pela autoridade sanitária da Índia, responsável pela concessão da autorização para uso emergencial (inciso II do art. 17 da RDC 476/2021). De acordo com a RDC, o relatório deve ser capaz de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s; e
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto ao enquadramento na RDC 476/2021. Solicita-se esclarecer quem será o importador, se o Ministério da Saúde ou a Precisa – Comercialização de Medicamentos Ltda;**
>
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto à adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância;**
>
> O prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. De acordo com as datas de fabricação dos lotes a serem importados, observa-se que o prazo de validade irá expirar nos meses de abril e maio/2021. Solicita-se esclarecer se é possível a utilização de todo o quantitativo previamente à data de expiração dos lotes.

Ficamos no aguardo do envio deste, com devida urgência que o caso requer, para encaminha-los a ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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BHARAT
BIO TECH

Genome Valley, Turkapally- Shameerpet
Hyderabad- 500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : WHOLE VIRION, INACTIVATED CORONA VIRUS BULK

Batch Number : 37F21004A — A.R. **Number** : IP-37-21-415

Batch size : NLT 250 L x 60 — **Date of Receipt** : 19/03/2021

Mfg. Date : 02/21 — **Qty. Sampled** 102 mL

Exp. Date : To be established — Batch Release Date : 21/03/2021

Specification No. :37F21004A on CDL for Brazilian MoH. (3,000,000).

TESTS	SPECIFICATIONS	RESULTS ~
Identity test for vaccine virus (In-vitro)	ELISA test and SDS PAGE serve as an identity test	Complies
Description	Clear colourless, translucent liquid, free from particulate matter	Clear colourless, translucent liquid, free from particulate matter
pH	7.00 - 8.00	7.41
Sterility	No growth should be observed (Sterile)	No growth observed
Total Protein content (Lowry et al)	NLT 15.00 kg/mL	112.05 kg/mL
Corona virus amplification test	No residual live virus should be observed in Corona virus Amplification test	No residual live virus observed
qCorona virus inactivation test	No CPE should be observed	No CPE observed
Residual cellular DNA Content	NMT 10.00 ng/SHD	0.42 ng/SHD
Residual Bovine serum Albumin content	NMT 50.00 ng/SHD	12.36 ng/SHD
Antigenic purity by SDS-PAGE	Should show only Corona virus specific bands	Complies
Bacterial Endotoxin	Less than 25 international Units (IU) per mL	<12.5 IU per mL
Residual BPL Content	No Residual BPL Content should be present	No Residual BPL Content present
Residual trypsin content by ELISA method	For information only	0 ng/mL

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: 37F21004A

Prepared By:	Checked By:	Approved By:
21/03/2021.	21/03/2021	21/03/2021
		(Head — Quality Control)

Form No.: FMQCG/024/001.00

FOR RESTRICTED CIRCULATION

UNCONTROLLED COPY

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 737

F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 738

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 739

File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 742

4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

CDSCO CDSCO
CENTRAL DRUGS STANDARD CONTROL ORGANISATION
MINISTRY OF HEALTH, GOVERNMENT OF INDIA
सत्यमेव जयते

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=17fd0331d5d9c2d4f9e32179e1411bf4ee99b2bea54c83bfbee2154e199b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 743

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 22 de março de 2021 18:54
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa; Lenice Guimaraes Araujo
Assunto: Re: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

William, boa noite.

O segundo documento é o report integral do CDSCO já com a aprovação para uso emergencial – concordo que comparado as análises da ANVISA, ele não tenha tanta robustez. Mas não temos outro documento a ser apresentado no momento.

Sugiro que seja apresentado dessa forma, e caso seja necessário, a ANVISA aponte quais documentos servirão de complementação.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: segunda-feira, 22 de março de 2021 18:17
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>

Assunto: ENC: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Prezada Emanuela,

Boa tarde!

Confirmo receber o Certificado de análise (CoA), **com relação ao relatório BBV152,** esta já foi submetido a ANVISA, deseja que o mesmo seja novamente protocolado?

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 22 de março de 2021 17:57
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: Re: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

William, boa tarde.

1. Certificado de Análise;
2. Relatório de autorização CDSCO.

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: segunda-feira, 22 de março de 2021 17:01
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Prezada Emanuela,

Boa tarde!

Venho por meio deste informar que esta Divisão de Importação (DIIMP) submeteu a documentação, por vos enviada, a Agencia Nacional de Vigilância Sanitária (ANVISA) para autorização da importação da Vacina COVAXIN, objeto do Contrato 29/2021. Contudo, o referido regulador solicitou documentação complementar para análise do processo.

Segue abaixo:

> "A documentação enviada na solicitação em epígrafe está INCOMPLETA.
>
> Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:
>
> ** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)
>
> ** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)
>
> ** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)"

(**) Esta DIIMP já solicitou a despachante a confecção da Licença de Importação (LI) e estamos no aguardo para adita-lo ao dossiê ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

Pelo exposto, ficamos no aguardo dos documentos, acima elencados, afim de submete-os a ANVISA.
-----Mensagem original-----
De: ANVISA/Chefe de Gabinete - Gabinete do Diretor-Presidente [mailto:gabinete.presidencia@anvisa.gov.br]
Enviada em: segunda-feira, 22 de março de 2021 16:39
Para: Rafael Neves de Menezes Agostinho <rafael.agostinho@saude.gov.br>; hamilton.teixeira@saude.gov.br; Ariana Josélia Gonçalves Pereira <ariana.pereira@saude.gov.br>; Genivano Pinto de Araújo <genivano.araujo@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Lilian Almeida Araujo de Melo Sá <lilian.sa@saude.gov.br>; Ana Carolina Mendes de Carvalho <anac.carvalho@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Cristiano Fagundes da Rocha <cristiano.rocha@saude.gov.br>; Christiane Kukulka Maia <Christiane.Maia@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Soraya Machado de Jesus <soraya.jesus@saude.gov.br>; Carmelita Ribeiro Filha <carmelita.filha@saude.gov.br>; Rodrigo Ramos de Sena <rodrigo.sena@saude.gov.br>; Iara Martins Pereira <iara.martins@saude.gov.br>; willlian.santana@saude.gov.br; Camila Almeida de Melo Cirera <camila.cirera@saude.gov.br>; Sidney Richardson de Araújo Costa Roriz <sidney.roriz@saude.gov.br>; Patricia de Abreu Teixeira <patricia.teixeira@saude.gov.br>; Alexandro Ogliari <Alexandro.Ogliari@saude.gov.br>; Núcleo de Insumos DEIDT <insumos.deidt@saude.gov.br>; Lucinei Garces Bueno da Silva <lucinei.silva@saude.gov.br>; Gabriel Alves Trindade <gabriel.alves@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Guilherme Sheldon Rufino de Lima <guilherme.sheldon@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>; Thiago Ferreira Guedes <thiago.guedes@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rafaela Tavares Peixoto <rafaela.peixoto@saude.gov.br>; Manuara Aparecida Alves de Souza <manuara.souza@saude.gov.br>; Aquisições via OPAS Dept.de Imunização e Doenças Transmissíveis <lista.aquisicoesopasdeidt@saude.gov.br>; AIDS - Gerson Fernando Mendes Pereira - UEPI <gerson.pereira@aids.gov.br>
Assunto: pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Senhores(as),

Referimo-nos ao seguinte processo:

25351.908110/2021-03 ******* IMPORTAÇÃO DE VACINA CONTRA COVID-19 ***** Vacina COVAXIN / BBV152 **** fabricante - BHARAT BIOTECH LIMITED INTERNATIONAL (India) ***** **** 20.000.000 de doses

---
A documentação enviada na solicitação em epígrafe está INCOMPLETA.

Solicitamos, que enviem, com a urgência possível, complemento de documentação, a fim de atender à SEÇÃO II da Resolução- RDC nº 476/2021:

** Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante (conforme determinado no Art. 16, inc. IV)

** Licenciamento de importação (LI) registrado no SISCOMEX (conforme determinado no Art. 16, inc. VI)

** relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13 (conforme determinado no Art. 17, inc. II)

(gentileza confirmar o recebimento desta mensagem)

Atenciosamente,

Assessoria Técnica
Gabinete do Diretor-Presidente GADIP

Solicitamos que as informações complementares sejam anexadas diretamente no SEI-Anvisa, acessado pelo link: http://portal.anvisa.gov.br/sei.
A utilização do SEI-Anvisa é decorrente de acordo firmado entre a Agência e o Ministério da Saúde, conforme comunicado pelo Ofício nº 818/2020/SEI/GADIP-CG/ANVISA, internalizado no Ministério da Saúde pelo OFÍCIO CIRCULAR Nº 9/2020/SAA/DISTEC/SAA/SE/MS (processo SEI-MS nº 25351.909295/2018-60).
Orientações para realização do peticionamento no SEI-Anvisa podem ser consultadas no Manual do Usuário Externo SEI-Anvisa.
Eventuais dúvidas poderão ser encaminhadas para o e-mail sei@anvisa.gov.br .

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: quarta-feira, 24 de março de 2021 00:00
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Luiz Felipe Almeida Caram Guimarães; GABINETE DA SECRETARIA EXECUTIVA; Quinta Diretoria; Segunda Diretoria; Primeira Diretoria; DIRETORIA3@ANVISA.GOV.BR; DIRETORIA4 @ANVISA.GOV.BR; Luis Ricardo Fernandes Miranda; Antônio Elcio Franco Filho
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: Compliance Report_Jul 2020.pdf; Compliance Report_Nov 2020.pdf; BBV152-COVAXIN-EUL-12032021[1].pdf; Re: Pendência (dct incompleta) - 25351.908110/2021-03 - aquisição de Vacina COVAXIN / BBV152

Caros, boa noite.

Com o intuito de atendermos todas as demandas da ANVISA que estão em nosso alcance, e permanecermos com a atuação de forma transparente e colaborativa, informamos que com base no último *press release* emitido pela agência, temos as seguintes considerações:

https://www.gov.br/anvisa/pt-br/assuntos/noticias-anvisa/2021/anvisa-recebe-pedido-de-importacao-covaxin

1. **Relatório Técnico de Avaliação emitida pela autoridade sanitária Indiada:**

   O CDSCO emitiu um documento (anexo BBV152 – COVAXIN – EUL – 12032021) que transmite a autorização para uso emergencial com as suas ressalvas, bem como o relatório de avaliação técnica em um único documento. Tal documento foi transmitido ao Ministério da Saúde na quinta-feira dia 18/03 com essa observação.

   De maneira proativa, compartilho o CAPA Report emitido para a autoridade sanitária Indiana que apresenta os apontamentos do mesmo durante a inspeção para autorização de produção da Covaxin.

2. **Certificado de liberação dos lotes:**

   Enviamos os Certificados de Análise dos lotes liberados* e estamos providenciando os Certificados de Origem que serão emitidos pelas autoridades indianas. De acordo com a evolução dos estudos de estabilidade, estamos atualizando os CoA's para condizerem com os resultados obtidos e novos padrões de conservação – ampliando a *shelf life* de 6 para 24 meses.

3. **Licenciamento de Importação**

   Segundo anuência dos Fiscais do Contrato, formalizadas através de e-mail, o DIIMP tem atuado na emissão desta LI sendo o Ministério da Saúde através do seu despachante, responsável pela abertura do Licenciamento de Importação. Lembrando que, de acordo com a operacionalização do SICOMEX, iremos solicitar uma LI para cada embarque, não sendo possível solicitar para as 20 milhões de doses contratadas de uma só vez, já que os embarques – também com a anuência do fiscal do contrato – serão fracionados, e é impossível registrar mais de uma DI por LI.

Todas os passos têm sido realizados com o intuito de atender integralmente as demandas e complementar com mais informações sempre que necessário, e contamos com a solicitude que já vem sendo apresentada por todos desde o início.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: terça-feira, 23 de março de 2021 22:54
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William,

Já havia pedido essa retificação, e me enviaram.

Segue com ajustes,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

This message may contain stuff that is confidential, privileged and for exclusive use of the Intended permission is strictly prohibited. If you are not the intended recipiente of this message, please noti

Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 22:35
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Emanuela,

Após observar a documentação, observei que está com a informação 100% advanced payment (pagamento antecipado).
Informo que o contrato 29/2021 não prevê pagamento antecipado. A modalidade é “Póstecipado”.
Também foi observado que os valores de frete e seguro divergem do contrato.
Peço a gentileza que observe o valor unitário de 15.00 US$ do produto, bem como o valor do frete e seguro. Esse valor não pode ser alterado.
Feitas as ponderações, solicito a gentileza de providenciar a correção dos apontados acima.

No aguardo.

Atenciosamente,

William Amorim Santana
DIIMP

Enviado do meu iPhone

Em 23 de mar. de 2021, à(s) 21:29, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br> escreveu:

William, boa noite.

Em complementação a solicitação de LI, seguem:

1. Proforma Invoice;
2. Packing List.

Atenciosamente,
<image001.jpg>
<image002.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,

<image003.jpg>
<image004.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;

- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

- Informar localidade.

PAÍS DE DESTINO;

- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>

Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____

De: William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira
<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da
Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial
Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA
COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 757

EM TRAMITE

2ª

4.000.000

27/03/2021

3ª

4.000.000

11/04/2021

4ª

4.000.000

26/04/2021

5ª

4.000.000

06/05/2021

TOTAL

20.000.000

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 758

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

<PACKING LIST-2.pdf>
<PI ON LETTER HEAD-2.pdf>

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IMPORTANTE: **FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.**
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: quarta-feira, 24 de março de 2021 03:45
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Luiz Felipe Almeida Caram Guimarães; GABINETE DA SECRETARIA EXECUTIVA; Quinta Diretoria; Segunda Diretoria; Primeira Diretoria; DIRETORIA3@ANVISA.GOV.BR; DIRETORIA4 @ANVISA.GOV.BR; Luis Ricardo Fernandes Miranda; Antônio Elcio Franco Filho
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Caros, em tempo retifico o item 2.

A evolução dos estudos de estabilidade possibilitará a utilização até 28 dias depois de aberto. A Shelf-life está sendo evoluída com os estudos de estabilidade acelerada, e o prazo de 24 meses são para as apresentações comerciais.

No mais, permaneço a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: terça-feira, 23 de março de 2021 23:57
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago

Fernandes da Costa <thiago.fernandes@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, SES - GAB SVS <gab.svs@saude.mg.gov.br>, GABINETE DA SECRETARIA EXECUTIVA <gabinete.se@saude.gov.br>, Quinta Diretoria <diretoria5@anvisa.gov.br>, Segunda Diretoria <diretoria2@anvisa.gov.br>, Primeira Diretoria <diretoria1@anvisa.gov.br>, "DIRETORIA3@ANVISA.GOV.BR" <DIRETORIA3@ANVISA.GOV.BR>, "DIRETORIA4@ANVISA.GOV.BR" <DIRETORIA4@ANVISA.GOV.BR>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, "elcio.franco@saude.gov.br" <elcio.franco@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Caros, boa noite.

Com o intuito de atendermos todas as demandas da ANVISA que estão em nosso alcance, e permanecermos com a atuação de forma transparente e colaborativa, informamos que com base no último *press release* emitido pela agência, temos as seguintes considerações:

https://www.gov.br/anvisa/pt-br/assuntos/noticias-anvisa/2021/anvisa-recebe-pedido-de-importacao-covaxin

1. **Relatório Técnico de Avaliação emitida pela autoridade sanitária Indiada:**

   O CDSCO emitiu um documento (anexo BBV152 – COVAXIN – EUL – 12032021) que transmite a autorização para uso emergencial com as suas ressalvas, bem como o relatório de avaliação técnica em um único documento. Tal documento foi transmitido ao Ministério da Saúde na quinta-feira dia 18/03 com essa observação.

   De maneira proativa, compartilho o CAPA Report emitido para a autoridade sanitária Indiana que apresenta os apontamentos do mesmo durante a inspeção para autorização de produção da Covaxin.

2. **Certificado de liberação dos lotes:**

   Enviamos os Certificados de Análise dos lotes liberados* e estamos providenciando os Certificados de Origem que serão emitidos pelas autoridades indianas. De acordo com a evolução dos estudos de estabilidade, estamos atualizando os CoA's para condizerem com os resultados obtidos e novos padrões de conservação – ampliando a *shelf life* de 6 para 24 meses.

3. **Licenciamento de Importação**

   Segundo anuência dos Fiscais do Contrato, formalizadas através de e-mail, o DIIMP tem atuado na emissão desta LI sendo o Ministério da Saúde através do seu despachante, responsável pela abertura do Licenciamento de Importação. Lembrando que, de acordo com a operacionalização do SICOMEX, iremos solicitar uma LI para cada embarque, não sendo possível solicitar para as 20 milhões de doses contratadas de uma só vez, já que os embarques – também com a anuência do fiscal do contrato – serão fracionados, e é impossível registrar mais de uma DI por LI.

Todas os passos têm sido realizados com o intuito de atender integralmente as demandas e complementar com mais informações sempre que necessário, e contamos com a solicitude que já vem sendo apresentada por todos desde o início.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: terça-feira, 23 de março de 2021 22:54
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William,

Já havia pedido essa retificação, e me enviaram.

Segue com ajustes,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 22:35
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Emanuela,

Após observar a documentação, observei que está com a informação 100% advanced payment (pagamento antecipado).
Informo que o contrato 29/2021 não prevê pagamento antecipado. A modalidade é “Póstecipado”.
Também foi observado que os valores de frete e seguro divergem do contrato.
Peço a gentileza que observe o valor unitário de 15.00 US$ do produto, bem como o valor do frete e seguro. Esse valor não pode ser alterado.
Feitas as ponderações, solicito a gentileza de providenciar a correção dos apontados acima.

No aguardo.

Atenciosamente,

William Amorim Santana
DIIMP

Enviado do meu iPhone

> Em 23 de mar. de 2021, à(s) 21:29, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br> escreveu:
>
> William, boa noite.
>
> Em complementação a solicitação de LI, seguem:
>
> 1. Proforma Invoice;
> 2. Packing List.

Atenciosamente,
<image001.jpg>
<image002.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,
<image003.jpg>
<image004.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03

Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;

- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

- Informar localidade.

PAÍS DE DESTINO;

- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760

william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____

De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 772

4.000.000

27/03/2021

3ª

4.000.000

11/04/2021

4ª

4.000.000

26/04/2021

5ª

4.000.000

06/05/2021

TOTAL

20.000.000

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Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

<PACKING LIST-2.pdf>
<PI ON LETTER HEAD-2.pdf>

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS

DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 778

Número: 21/0796694-1 **Data de Registro:** 24/03/2021 **Impresso em:** 24/03/2021 10:09
Situação: PARA ANALISE

SISCOMEX - Sistema Licenciamento de Importação

Extrato de Licença de Importação

Informações da LI

Licenciamento:	21/0796694-1
Data e Hora do Registro:	24/03/2021 - 10:09
Data e Hora da Situação:	24/03/2021 - 10:09:18
Situação:	PARA ANALISE

Básicas

Importador

Tipo do Importador:	Pessoa Jurídica
Nome do Importador:	
CNPJ:	00.394.544/0008-51
Razão Social:	MINISTERIO DA SAUDE
País:	
Atividade Econômica:	
Natureza Jurídica:	PODER EXECUTIVO FEDERAL
Logradouro:	ESP DOS MINISTERIOS BL. G
Complemento:	ANEXO A SALA 420A
Número:	11
Bairro:	ESPL. DOS MINISTERI
Cidade/Distrito:	BRASILIA
CEP:	70310500
UF:	DF
Telefone:	061 - 3152425

Outras Informações

País de Procedência:	INDIA
URF de Despacho:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS
URF de Entrada:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS

Informações Complementares

REF: MADISON BIOTECH . NR MAD/HM/2021/07 . CT 29/2021 - 1 PARCELA .

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 779

Fornecedor

Exportador

Nome: MADISON BIOTECH PTE LIMITED
E-Mail:
Responsavel:
País de Aquisição: CINGAPURA

Logradouro: CANTONMENT ROAD
Número: 31
Complemento: 089747
Cidade: CINGAPURA
Estado: CINGAPURA

Fabricante/Produtor

Nome: BHARAT BIOTECH INTERNATIONA LIMITED
E-Mail:
Responsavel:
País de Origem: INDIA
Logradouro: GENOME VALLEY, SHAMEERPET
Número: 0
Complemento: 500 078
Cidade: HYDERABAD
Estado: TELANGANA

Mercadoria

Dados Gerais

NCM: 3002.20.29
Descrição da NCM: Outras
Destaque NCM:
Unidade da Medida Estatística: QUILOGRAMA LIQUIDO
NALADI/SH:
Moeda Negociada: DOLAR DOS EUA
INCOTERM: CIP - CARRIAGE AND INSURANCE PAID TO

Condição da Mercadoria

Tipo da Condição da Mercadoria: Nenhuma
Enquadramento Material Usado: Nenhuma
Tipo de Operação: Nenhuma

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 780

Detalhes da Mercadoria

Produto 1

Unidade Comercializada:	DOSE
Peso Líquido Kg:	16,00000
Qtde. na Unidade Comercializada:	3.000.000,00000
Qtde. na Medida Estatística:	16,00000
Valor do Produto no Local de Embarque:	44.070.132,9800000
Valor Unitário na Condição de Venda:	15,0000000
Valor do Produto na Condição de Venda:	45.000.000,0000000

Especificação:
VACINA COVAXIN (WHOLE VIRION INACTIVATED CORONA VIRUS VACCINE - 5ml VIAL DOSES IN 300.000 BOXES) - VACINA DE CORONA VIRUS INATIVADA VIRION INTEIRA - DOSES DE 5ml EM FRASCO EM 300.000 CAIXAS) . TOTAL DE 3.000.000 DE DOSES . LOTE: 37F21004A . EXP: 01/2023

Totalizadores

Qtde.Total na Medida Estatística:	16,00000
Peso Líquido Total em Kg:	16,00000
Valor Total no Local do Embarque:	44.070.132,9800000
Valor Total na Condição de Venda:	45.000.000,0000000

Negociação

Modalidade Drawback:	
Acordo Tarifário:	
Acordo Aladi:	
Regime de Tributação:	IMUNIDADE
Fundamentação:	UNIãO,ESTADOS,DF E MUNICíPIOS;AUTARQUIAS E FUNDS.INSTITUíDAS
Cobertura Cambial:	COM COBERTURA CAMBIAL E PAGAMENTO FINAL A PRAZO DE ATE' 180
Modalidade de pagamento:	FINANCIAMENTO DO FORNECEDOR (SUPPLIER'S CREDIT) - OUTROS
Qtde. Dias Limite pagto:	
Instituição Financeira:	
Motivo:	

LI / Anuências

Informações da LI Vinculada a DI

Declaração Vinculada:
Adição Vinculada:
Retificação:

Informações do Cancelamento/Vencimento da LI

Motivo:
CPF do Imp. que efetuou o cancelamento da LI:
Data do Cancelamento/Vencimento:
Hora do Cancelamento/Vencimento:

Andamento das Anuências

Anuência 1

Órgão Anuente:	ANVISA
Tratam. Administrativo:	MERCADORIA
Situação:	PARA ANALISE
Data da Situação:	24/03/2021
Hora da Situação:	10:09
Validade da Anuência para Embarque:	
Validade da Anuência para Despacho:	
Diagnóstico do Anuente:	

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 782

William Amorim Santana

De: Everton <everton@wegh.com.br>
Enviado em: quarta-feira, 24 de março de 2021 10:14
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: LI 21-0796694-1.pdf

Bom dia, Prezados

William

Em anexo a LI. Por gentileza verificar se está de acordo e informar.

Obs.:
Repare que o valor da carga 44.070.133,98 está errado. O certo é 44.070.132,98 (45.000.000 - 67.500 - 862.367,02 = 44.070.132,98), por gentileza solicitar a correção. Na LI já está correto.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, March 24, 2021 7:44 AM
To: everton@wegh.com.br
Subject: Fwd: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Enviado do meu iPhone

Início da mensagem encaminhada:

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: 23 de março de 2021 22:54:41 BRT
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William,

Já havia pedido essa retificação, e me enviaram.

Segue com ajustes,

Atenciosamente,

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 22:35
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Emanuela,

Após observar a documentação, observei que está com a informação 100% advanced payment (pagamento antecipado).
Informo que o contrato 29/2021 não prevê pagamento antecipado. A modalidade é “Póstecipado”.
Também foi observado que os valores de frete e seguro divergem do contrato.
Peço a gentileza que observe o valor unitário de 15.00 US$ do produto, bem como o valor do frete e seguro. Esse valor não pode ser alterado.
Feitas as ponderações, solicito a gentileza de providenciar a correção dos apontados acima.

No aguardo.

Atenciosamente,

William Amorim Santana
DIIMP
Enviado do meu iPhone

Em 23 de mar. de 2021, à(s) 21:29, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br> escreveu:
William, boa noite.

Em complementação a solicitação de LI, seguem:

1. Proforma Invoice;
2. Packing List.

Atenciosamente,
<image001.jpg>
<image002.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>

Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,
<image003.jpg>
<image004.jpg>

De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

URGENTE

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:

Ministério da Saúde/Departamento de Logística em Saúde - DLOG

CNPJ: 00.394.544/0008-51

Esplanada dos Ministérios, bloco “G” anexo A, 4ª andar, sala 431

Brasília- DF

CEP: 70.310-500

BRASIL

DADOS COMPLETOS DO FABRICANTE;

* Nome do Fabricante.
* Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

* Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
* Informar o peso liquido e o peso bruto.
* Identificar como o quantitativo vira (caixa, Frasco, etc...).
* Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

* Informar localidade.

PAÍS DE DESTINO;

* Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

* Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)

- Informar aeroporto de destino - GRU

- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)

- Qual a NCM do produto ?

- Informar o peso liquido e o peso bruto

- A quantidade está em frascos, caixas... ?

- Nome e endereço completo do Fabricante

- Informar o Lote e validade do lote

- Este produto tem registro na ANVISA ? Se sim, informar o numero

- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, March 22, 2021 12:19 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>

Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Thiago Fernandes da Costa

Enviada em: segunda-feira, 22 de março de 2021 11:54

Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br<mailto:francieli.fantinato@saude.gov.br>>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br<mailto:lauricio.cruz@saude.gov.br>>

Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.

Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____

De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Enviado: segunda-feira, 22 de março de 2021 10:27

Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>

Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 792

3ª	4.000.000	11/04/2021
4ª	4.000.000	26/04/2021

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 793

5ª	4.000.000	06/05/2021
TOTAL	20.000.000	

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 794

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 795

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39

Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>

Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.

com.br>>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br<mailto:dlog@saude.gov.br%3cmailto:dlog@saude.gov.br>>>

Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Enviada em: quinta-feira, 18 de março de 2021 09:20

Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br<mailto:dlog@saude.gov.br%3cmailto:dlog@saude.gov.br>>>

Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>

Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 798

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____
<PACKING LIST-2.pdf>
<PI ON LETTER HEAD-2.pdf>

_____

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_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

DRUGS CONTROL ADMINISTRATION
GOVERNMENT OF TELANGANA

L.Dis.No. : 35698/TS/2020 **Dated : 4.06.2020**

GMP CERTIFICATE

This is to certify that M/s. Bharat Biotech International Limited, situated at Sy. No. 230, 231 & 235, Genome Valley, Turkapally, Shamirpet Mandal, Medchal-Malkajgiri District - 500 078, Telangana State, India are holding Drug Licence in Form-28D bearing No. **03/HD/AP/98/V/R, Dated:14.10.1998 valid up to 31.12.2021** for the manufacture for sale or distribution of the drugs approved by this Department. The firm is subject to periodical inspection by this Department.

The firm is following **GOOD MANUFACTURING PRACTICES** as stipulated under the provisions of Schedule "M" of Drugs and Cosmetics Rules, 1945.

The firm should however carry out self-inspection from time to time to ensure that the requirements of Good Manufacturing Practices are complied with.

This certificate is valid for one year from the date of issue.

Yours faithfully,

Deputy Director Drugs Control Administration Government Of Telangana HYDERABAD

Dr. B.VENKATESWARLU
Deputy Director

To,
M/s. Bharat Biotech International Limited,
Sy. No. 230, 231 & 235, Genome Valley,
Turkapally, Shamirpet Mandal,
Medchal-Malkajgiri District – 500 078,
Telangana State, India.

DRUGS CONTROL ADMINISTRATION
GOVERNMENT OF TELANGANA

L. Dis.No. 1646/STORES/2020 **Date: 28/11/2020**

To
M/s. Bharat Biotech International Limited,
Sy. No. 230, 231 & 235, Genome Valley,
Turkapally, Shamirpet Mandal,
Medchal - Malkajgiri District-500078,
Telangana State, India.

Sir,

Sub: Drugs and Cosmetics Act, 1940 and Rules made thereunder-Issue of World Health Organization G.M.P Certificate - Regarding.

Ref: 1. Your letter dated: 17/03/2020
2. Joint Inspection report dt: 04/03/2020 to 06/03/2020 and further on 08/07/2020 to 10/07/2020.

-x-x-x-x-

With reference to your application cited, I forward herewith **WORLD HEALTH ORGANISATION GOOD MANUFACTURING PRACTICE** Certificate for the products mentioned in the joint Inspection Report of the officers of Drugs Control Administration, Telangana State and CDSCO, ZONAL Office, Hyderabad vide reference 2nd cited.

This Certificate is valid for a period of Three years from the date of issue.

DRUGS CONTROL ADMINISTRATION * HYDERABAD JD(FAC) * GOVERNMENT OF TELANGANA

Yours faithfully,

28/11/2020

Dr.Y.Naveen Kumar
Joint Director (FAC) & Licensing Authority

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LIST OF PRODUCTS APPROVED UNDER WHO-GMP CERTIFICATION SCHEME FOR EXPORT PURPOSE

1.	**Purified Rabies Final Bulk Vaccine BP** **(For Export Purpose)**	
	Presentation : 10 L & 20 L Bottles	
	Composition: Each 1 mL contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	NLT 4.0 I.U.
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	up to 1 immunizing dose
	Human Albumin BP	up to 1 immunizing dose
2.	**Typhoid Polysaccharide Final Bulk Vaccine BP** **(For Export Purpose)**	
	Presentation : 1 L, 5 L, & 10 L, 20 L Bottles	
	Composition: Each 1 mL contains:	
	Purified Vi Capsular Polysaccharide of *Salmonella typhi Ty2*	50 µg
	Phenol BP	NMT 0.25% w/v
	Phosphate Buffered Saline	q.s to 1.0 mL
3.	**Poliomyelitis Vaccine, Live (Oral) BP** **(For Export Purpose)**	
	Brand Name: BIOPOLIO	
	Presentation: 1.0 mL (10-dose) vial & 2.0 mL (20-dose) vial	
	Route of Administration: Oral	
	Composition: 1 dose = 0.1mL (2 Drops) contains:	
	Primary Monkey Kidney Cell Culture-derived	
	Poliovirus Type 1 (Sabin)	NLT $10^{6.0}$ $CCID_{50}$
	Poliovirus Type 2 (Sabin)	NLT $10^{5.0}$ $CCID_{50}$
	Poliovirus Type 3 (Sabin)	NLT $10^{5.5}$ $CCID_{50}$
	Stabilized with Magnesium Chloride ($MgCl_2$ 1M)	
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid Sulphate BP	15 µg
4.	**Monovalent Poliomyelitis Vaccine Type 1 Live (Oral)** **(For Export Purpose)**	
	Brand Name : BIOPOLIO M1	
	Presentation: 1.0 mL (10- dose) vial & 2.0 mL (20- dose) vial	
	Route of Administration: Oral	
	Composition: 1 dose = 0.1 mL (2 Drops) contains:	
	Primary Monkey Kidney Cell Culture-derived	
	Poliovirus Type 1 (Sabin)	NLT $10^{6.0}$ $CCID_{50}$
	Stabilized with Magnesium Chloride ($MgCl_2$ 1M)	
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid Sulphate BP	15 µg
	Water for Injections BP	q.s to 0.1 mL

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5.	**Poliomyelitis Vaccine Live (ORAL) BP** **(For Export Purpose)**	
	Brand Name : BIOPOLIO	
	Presentation: 1.0 mL (10-dose) vial & 2.0 mL (20-dose) vial	
	Route of Administration: Oral	
	Composition: 1 dose = 0.1mL (2 Drops) contains:	
	MRC-5 Cell Line -derived	
	Poliovirus Type 1 (Sabin)	NLT $10^{6.0}$ $CCID_{50}$
	Poliovirus Type 2 (Sabin)	NLT $10^{5.0}$ $CCID_{50}$
	Poliovirus Type 3 (Sabin)	NLT $10^{5.5}$ $CCID_{50}$
	Stabilized with Magnesium Chloride ($MgCl_2$ 1M)	
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid Sulphate BP	15 µg
	Water for Injections BP	q.s. to 0.1 mL
6.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Brand Names : INDIRAB & CELLRAB	
	Presentation: Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration: Intramuscular	
	Composition: Each dose (0.5mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5mg
	Water for Injections IP/BP	q.s to 0.5mL
7.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Brand Names : INDIRAB & CELLRAB	
	Presentation : Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration : Intradermal Injection of 0.1 mL per site & Intramuscular Injection of 0.5 mL	
	Composition: Each dose (0.5mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5 mg
	Water for Injections IP/BP	q.s to 0.5 mL

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8.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Presentation : Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration : Intradermal Injection of 0.1 mL per site & Intramuscular Injection of 0.5 mL	
	Composition: Each dose (0.5mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5 mg
	Water for Injections IP/BP	q.s to 0.5 mL
9.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Brand Names : INDIRAB & CELLRAB	
	Presentation : Lyophilized Vaccine vial supplied along with 1.0 mL diluent ampoule	
	Route of Administration : Intradermal Injection of 0.1 mL per site	
	Composition: Each dose (1.0 mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 1.0 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	3 mg
	Water for Injections IP/BP	q.s to 1.0 mL
10.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Brand Names : INDIRAB & CELLRAB	
	Presentation: Lyophilized Vaccine vial supplied along with 1.0 mL diluent ampoule	
	Route of administration: Intramuscular Injection of 1.0 mL per dose or Intradermal Injection of 0.1 mL per site	
	Composition: Each dose (1.0 mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 1.0 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	3 mg
	Water for Injections IP/BP	q.s to 1.0 mL

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11.	**Rabies Vaccine BP** **(For Export Purpose)**	
	Brand Name : INDIRAB & CELLRAB	
	Presentation: Lyophilized Vaccine vial supplied along with 1.0 mL diluent ampoule	
	Route of administration: Intramuscular	
	Composition: Each dose (1.0 mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 1.0 mL diluent ampoule contains:	
	Sodium Chloride IP/BP	3 mg
	Water for Injections IP/BP	q.s to 1.0 mL
12.	**Rabies Vaccine BP (Thiomersal-free)** **(For Export Purpose)**	
	Brand Name : INDIRAB	
	Presentation : Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration: Intramuscular	
	Composition: Each dose (0.5 mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5 mg
	Water for Injections IP/BP	q.s to 0.5 mL
13.	**Rabies Vaccine BP (Thiomersal-free)** **(For Export Purpose)**	
	Presentation : Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration : Intramuscular	
	Composition: Each dose (0.5 mL) of reconstituted vaccine contains:	
	Vero Cell derived Purified BPL Inactivated Pitman Moore strain of Rabies Virus	
	Potency	≥ 2.5 IU
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5 mg
	Water for Injections IP/BP	q.s to 0.5 mL

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14.	**(TEN) HUMAN RABIES VACCINE BP (INDIRAB) LYOPHILIZED VIAL + (TEN) 0.5ML DILUENT + (TEN) 2 ML DISPOSABLE SYRINGE: (MULTICARTON) FOR INTRAMUSCULAR USE (For Export Purpose)**	
	(a) (Ten) Human Rabies Vaccine BP	
	Composition: On Reconstitution each Vial (0.5mL) contains:	
	Purified BPL Inactivated Rabies Virus	
	Potency	≥2.5 IU
	(Prepared on Vero Cells Pitman Moore strain of Rabies Virus)	
	Thiomersal BP	NMT 0.01% w/v
	Maltose NF	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Dosage: 0.5mL (Intramuscular Injection)	
	(b) (Ten) Diluent for Reconstitution	
	Composition: Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	1.5mg
	Water for Injections IP/BP	0.5 mL
	(c) (Ten) 2 mL disposable syringe with 25 gauge needle	
15.	**(TEN) HUMAN RABIES VACCINE BP (INDIRAB) LYOPHILIZED VIAL + (TEN) 1 ML DILUENT + (HUNDRED) 1 ML INSULIN SYRINGE WITH 30 GAUGE NEEDLE: (MULTICARTON) FOR INTRADERMAL USE (For Export Purpose)**	
	(a) (Ten) Human Rabies Vaccine BP	
	Composition: On Reconstitution each Vial (0.5mL) contains:	
	Purified BPL Inactivated Rabies Virus	
	Potency	≥2.5 IU
	(Prepared on Vero Cells Pitman Moore strain of Rabies Virus)	
	Thiomersal BP	NMT 0.01% w/v
	Maltose	upto 1 immunizing dose
	Human Albumin BP	upto 1 immunizing dose
	Dosage: 0.1 mL (Intradermal Injection)	
	(b) (Ten) Diluent for Reconstitution	
	Composition: Each 1 mL Diluent ampoule contains:	
	Sodium Chloride IP/BP	3.0mg
	Water for Injections IP/BP	1 mL
	(c) Hundred 1 ML Insulin Syringe with 30 Gauge Needle	

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16.	**ADJUVANTED H1N1 VACCINE** **(For Export Purpose)**	
	Brand Name : HN-VAC	
	Presentation: 0.5 mL (Single dose) vial & 5.0 mL (Multi dose) vial	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	MDCK Cell-derived Hemagglutinin Antigen (HA) equivalent of Purified,Inactivated Influenza A (H1N1) Pandemic Virus Bulk [A/California/7/2009/NYMCX-179-A(H1N1) virus]	
	Potency	≥15 µg
	Aluminium Hydroxide Gel equivalent to Aluminium (Al^{+++})	0.25 mg
	Thiomersal BP	0.025 mg
	Phosphate Buffered Saline	q.s to 0.5 mL
17.	**Typhoid Polysaccharide Vaccine BP** **(For Export Purpose)**	
	Brand Name : TYPBAR-PFS	
	Presentation : 0.5mL (Single dose) in PFS	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	Purified Vi Capsular Polysaccharide of *Salmonella typhi Ty2*	25 µg
	Phenol BP	NMT 0.25% w/v
	Phosphate Buffered Saline	q.s. to 0.5 mL
18.	**Typhoid Vi Conjugate Vaccine** **(For Export Purpose)**	
	Brand Name : Typbar TCV	
	Presentation: 0.5 mL (Single dose) vial, 2.5 mL (Multi dose) vial & 0.5 mL (Single dose) in PFS	
	Route of Administration: Intramuscular	
	a) Composition for Single dose presentation in Vial and PFS:	
	Each dose of 0.5 mL contains	
	Purified Vi Capsular Polysaccharide of *Salmonella typhi Ty2* conjugated to Tetanus Toxoid	25 µg
	Sodium Chloride BP	4.5 mg
	Water for Injections BP	q.s. to 0.5 mL
	b) Composition for Multi dose presentation in Vial:	
	Each dose of 0.5 mL contains	
	Purified Vi Capsular Polysaccharide of *Salmonella typhi Ty2* conjugated to Tetanus Toxoid	25 µg
	Sodium Chloride BP	4.5 mg
	2-Phenoxyethanol BP	5.0 mg
	Water for Injections BP	q.s. to 0.5 mL

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19.	***Haemophilus Type b* Conjugate Vaccine BP** **(For Export Purpose)**	
	Brand Name : BioHib	
	Presentation : Lyophilized Vaccine vial supplied along with 0.5 mL diluent ampoule	
	Route of Administration : Intramuscular	
	Composition :On reconstitution each dose of 0.5mL reconstituted Vaccine contains:	
	Purified Capsular polysaccharide of Hib [Covalently bound to 20-40 µg Tetanus Toxoid (PRP-TT)]	10 µg
	Each 0.5 mL Diluent ampoule contains:	
	Sodium Chloride IP	4.5 mg (0.9% w/v)
	Water for Injections IP	q.s. to 0.5 mL
20.	**Hepatitis B Vaccine (rDNA) BP (Pediatric dose)** **(For Export Purpose)**	
	Brand Names : Revac-B+ / Revac-B / Hepliv / Heptec-B / Unihep-B*	
	Presentation : 0.5mL (Single dose) Vial, 2.5 mL (Multi dose) vial & 5.0 mL (Multi dose) Vial	
	Route of Administration : Intramuscular	
	Composition: Each pediatric dose of 0.5 mL contains:	
	Hepatitis B surface Antigen (HBsAg)	≥ 10 µg
	Aluminium Hydroxide Gel equivalent to Aluminium (Al^{+++})	0.25 mg
	Thiomersal BP	0.025 mg
	Phosphate Buffered Saline	q.s. to 0.5 mL
21.	**Hepatitis B Vaccine (rDNA) BP (Adult dose)** **(For Export Purpose)**	
	Brand Names : Revac-B+ / Revac-B / Hepliv / Heptec-B / Unihep-B*	
	Presentation : 1.0 mL (Single dose) vial & 10.0 mL (Multi dose) vial	
	Route of Administration : Intramuscular	
	Composition : Each adult dose of 1.0 mL contains:	
	Hepatitis B surface Antigen (HBsAg)	≥ 20 µg
	Aluminium Hydroxide Gel equivalent to Aluminium (Al^{+++})	0.5 mg
	Thiomersal BP	0.05 mg
	Phosphate Buffered Saline	q.s to 1.0 mL
22.	**Hepatitis B Vaccine (rDNA) BP (Pediatric Dose) (Thiomersal-Free)** **(For Export Purpose)**	
	Brand Name : Revac-B *mcf*	
	Presentation: 0.5 mL (Single dose) vial, 0.5 mL PFS	
	Route of Administration : Intramuscular	
	Composition: Each Pediatric dose of 0.5 mL contains:	
	Hepatitis B surface Antigen (HBsAg)	≥10 µg
	Aluminium Hydroxide Gel equivalent to Aluminium (Al^{+++})	0.25 mg
	Phosphate Buffered Saline	q.s. to 0.5 mL

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23.	**Hepatitis B Vaccine (rDNA) BP (Adult Dose) (Thiomersal-Free)** **(For Export Purpose)**	
	Brand Name : Revac-B *mcf*	
	Presentation : 1.0 mL (Single dose) vial	
	Route of Administration : Intramuscular	
	Composition: Each adult dose of 1.0 mL contains:	
	Hepatitis B surface Antigen (HBsAg)	≥ 20 µg
	Aluminium Hydroxide Gel equivalent to Aluminium (Al^{+++})	0.5 mg
	Phosphate Buffered Saline	q.s. to 1.0 mL
24.	**Diphtheria, Tetanus and Pertussis (Whole Cell) Vaccine (Adsorbed) BP (For Export Purpose)**	
	Brand Name : ComVac3	
	Presentation : 0.5 mL (Single dose) vial, 0.5 mL PFS (Single dose), 2.5 mL (Multi dose) vial & 5.0 mL (Multi dose) vial	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	Diphtheria Toxoid	≥ 20 Lf to ≤ 30 Lf (≥30 IU)
	Tetanus Toxoid	≥ 5Lf to ≤ 25Lf (≥ 60 IU)
	B. pertussis (Whole Cell Inactivated)	≥ 4 IU
	Aluminium Phosphate Gel equivalent to Aluminium (Al^{+++})	0. 3 mg
	Thiomersal BP	NMT 0.029 mg
25.	**Adsorbed Diphtheria, Tetanus, Pertussis (whole Cell) and Hepatitis B(rDNA) Vaccine (For Export Purpose)**	
	Brand Name : ComVac-4 HB	
	Presentation : 0.5 mL (Single dose) vial, 2.5 mL (Multi dose) vial & 5.0 mL (Multi dose) vial	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	Diphtheria Toxoid	≥ 20 Lf to ≤ 30 Lf (≥ 30 IU)
	Tetanus Toxoid	≥ 5Lf to ≤25 Lf (≥ 60 IU)
	B. pertussis (Whole Cell Inactivated)	≥ 4 IU
	Hepatitis B surface Antigen (HBsAg)	≥ 10 µg
	Aluminium Phosphate Gel equivalent to Aluminium (Al^{+++})	0.3 mg
	Thiomersal BP	NMT 0.029 mg

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26.	**Diphtheria, Tetanus, Pertussis (Whole cell), Hepatitis B (rDNA) and *Haemophilus influenzae Type b* Conjugate vaccine (Adsorbed) (For Export Purpose)**	
	Brand Name : Comvac 5	
	Presentation : 0.5 mL (Single dose) vial, 0.5 mL PFS (Single dose), 2.5 mL (Multi dose) vial & 5.0 mL (Multi dose) vial	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	Diphtheria Toxoid	≥ 20 Lf to ≤ 30 Lf (≥30 IU)
	Tetanus Toxoid	≥ 5 Lf to ≤ 25 Lf (≥ 60 IU)
	B. Pertussis (Whole Cell Inactivated)	≥ 4 IU
	Hepatitis B surface Antigen (HBsAg)	≥10 µg
	Hib PRP- TT Conjugate	≥10µg
	Aluminium Phosphate Gel equivalent to Aluminium (Al^{+++})	0. 3 mg
	Thiomersal BP	NMT 0.029 mg
27.	**Recombinant Human Epidermal Growth Factor Gel (For Export Purpose)**	
	Brand Name : REGEN-D 10	
	Presentation : 7.5 gm, 15 gm, 30 gm, 60 gm & 150 gm	
	Route of Administration : For External Use only	
	Composition: Each gram contains:	
	Purified Bulk of rh-Epidermal Growth Factor	10 µg
	Sodium Methylparaben BP	1.8 mg
	Sodium Propylparaben BP	0.2 mg
	Excipients	q.s
28.	**Japanese Encephalitis Vaccine, Inactivated (Adsorbed, Human) (For Export Purpose)**	
	Brand Name: JENVAC	
	Presentation : 0.5 mL (Single dose) Vial, 2.5 mL (Multi Dose) Vial and 0.5 mL in Pre-Filled Syringe (PFS)	
	Route of Administration : Intramuscular	
	Composition: Each dose of 0.5 mL contains:	
	Vero Cell derived Purified, Inactivated Japanese Encephalitis Virus (JEV strain 821564-XY) Protein	
	Potency	NLT 5µg
	Aluminium Hydroxide Gel equivalent to Aluminium($A1^{+++}$)	0.25 mg
	Thiomersal BP	0.025 mg
	Phosphate Buffered Saline	q.s. to 0.5 mL

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29.	**Japanese Encephalitis Vaccine Inactivated (Adsorbed, Human) (For Export Purpose)**	
	Brand Name : JENVAC	
	Presentation : 0.5 mL in Pre-Filled Syringe	
	Route of Administration : Intramuscular	
	Composition :Each dose of 0.5 mL contains:	
	Vero Cell derived Purified, Inactivated Japanese Encephalitis Virus (821564-XY) Protein	
	Potency	NLT 5.0 µg
	Aluminium Hydroxide Gel equivalent to Aluminium(Al^{+++})	0.25 mg
	2-Phenoxyethanol BP	2.0mg to 3.0mg
	Phosphate Buffered Saline	q.s. to 0.5 mL
30.	**DTP+Hib (Combopack) (For Export Purpose)**	
	DTP- Liquid suspension (0.5mL)	
	Hib- Lyophilized Powder Reconstitute Hib component with DTP Vaccine (0.5 mL)	
	Brand Name : ComVac 3+ BioHib	
	Composition: Each reconstituted dose of 0.5 mL contains:	
	a)Diphtheria Toxoid	≥20 Lf to ≤30 Lf (≥30IU)
	Tetanus Toxoid	≥ 5 Lf to ≤ 25 Lf (≥ 60 IU)
	Inactivated *B. pertussis* (w)	≥4 IU
	Aluminium Phosphate Gel equivalent to Aluminium (Al^{+++})	0. 3 mg
	Thiomersal BP	NMT 0.029 mg
	b)Lyophilized dose of 0.5mL	
	Purified Capsular polysaccharide of Hib	10 µg
	[Covalently bound to 20-40 µg Tetanus Toxoid PRP-TT)]	
31.	**Typhoid Vi Conjugate Vaccine (For Export Purpose)**	
	Brand Name : Typbar TCV	
	Presentation : 5.0 mL Vial (Multi Dose)	
	Route of Administration : Intramuscular (IM)	
	Composition : Each dose of 0.5 mL contains:	
	Purified Vi Capsular Polysaccharide of S.typhi Ty2 conjugated to Tetanus Toxoid	25.0 µg
	Sodium Chloride BP	4.5 mg
	2-Phenoxyethanol BP (as preservative)	5.0 mg
	Water for Injections BP	q.s. to 0.5 mL

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32.	**SILVER SULFADIAZINE, CHLORHEXIDINE GLUCONATE AND RECOMBINANT HUMAN EPIDERMAL GROWTH FACTOR CREAM (For Export Purpose)**	
	Brand Names: SLVRGEN & SIMGEN	
	Pack Size : 50 gms & 100 gms	
	Composition : Each gram of cream contains	
	Recombinant Human Epidermal Growth Factor	10 µg
	Silver Sulfadiazine USP	1% w/w
	Chlorhexidine Gluconate USP	0.2% w/w
	Sodium Methylparaben USP	0.18% w/w
	Sodium Propylparaben USP	0.02% w/w
	Purified Water USP	q.s
33.	**Rotavirus Vaccine (Live , Oral) BP** **(For Export Purpose)**	
	Brand Name: ROTAVAC 5D ®	
	Presentation : 0.5 mL (Single dose) vial and 2.5 mL (Multi dose) vial	
	Route of Administration : Oral	
	Composition: Each Dose of 0.5 mL (5drops) contains:	
	Vero Cell derived Rotavirus 116E Bulk, Live Attenuated	NLT $10^{5.0}$ FFU
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid sulphate BP	15 µg
	Sucrose BP	0.25 gms
	Trehalose BP	2.5 mg
	Lactalbumin Hydrolysate (LAH)	2.5 mg
	Human Albumin BP	0.35 %
	Potassium Di hydrogen orthophosphate BP	1.65 mg
	Di Potassium hydrogen orthophosphate BP	10 mg
	Tri Sodium Citrate Dihydrate BP	7.75 mg
	Water for Injections BP	q.s
34.	**Rotavirus Vaccine (Live , Oral) BP** **(For Export Purpose)**	
	Brand Name: ROTAVAC 5D ®	
	Presentation : 0.5 mL (Single dose) PFS	
	Route of Administration : Oral	
	Composition: Each Dose of 0.5 mL contains:	
	Vero Cell derived Rotavirus 116E Bulk, Live Attenuated	NLT $10^{5.0}$ FFU
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid sulphate BP	15 µg
	Sucrose BP	0.25 gms
	Trehalose BP	2.5 mg
	Lactalbumin Hydrolysate (LAH)	2.5 mg
	Human Albumin BP	0.35 %
	Potassium Di hydrogen orthophosphate BP	1.65 mg
	Di Potassium hydrogen orthophosphate BP	10 mg
	Tri Sodium Citrate Dihydrate BP	7.75 mg
	Water for Injections BP	q.s

DRUGS CONTROL ADMINISTRATION HYDERABAD JD(FAC) GOVERNMENT OF TELANGANA

28/11/2020

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 814

L. Dis.No. 1646/STORES/2020 **Date: 28/11/2020**

35.	**Bivalent Poliomyelitis Vaccine Type 1& 3 Live (Oral) (For Export Purpose)**	
	Brand Name: BIOPOLIO B1/3	
	Presentation: 1.0 mL (10-dose) vial & 2.0 mL (20-dose) vial	
	Route of Administration: Oral	
	Composition: 1 dose = 0.1 mL (2 Drops) contains:	
	Primary Monkey Kidney Cell Culture-derived	
	Poliovirus Type 1 (Sabin)	NLT $10^{6.0}$ $CCID_{50}$
	Poliovirus Type 3 (Sabin)	NLT $10^{5.8}$ $CCID_{50}$
	Stabilized with Magnesium Chloride ($MgCl_2$ 1M)	
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid Sulphate BP	15 µg
	Water for Injections BP	q.s to 0.1 mL
36.	**Monovalent Poliomyelitis Vaccine Type 3 Live (Oral) (For Export Purpose)**	
	Brand Name: BIOPOLIO M3	
	Presentation: 1.0 mL (10-dose) vial & 2.0 mL (20-dose) vial	
	Route of Administration : Oral	
	Composition: 1 dose = 0.1 mL (2 Drops) contains:	
	Primary Monkey Kidney Cell Culture-derived	
	Poliovirus Type 3 (Sabin)	NLT $10^{5.8}$ $CCID_{50}$
	Stabilized with Magnesium Chloride ($MgCl_2$ 1M)	
	Neomycin Sulphate BP	15 µg
	Kanamycin Acid Sulphate BP	15 µg
	Water for Injections BP	q.s to 0.1 mL

Manufacturer : M/s. Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Turkapally, Shamirpet Mandal, Medchal-Malkajgiri District-500078, Telangana State, India.

When applicable : Placing the product on the market as detailed above

It is certified that the above products had been authorized to be placed on the market for use in the Country and exporting countries.

Drug Licence No. : 03/HD/AP/98/V/R, dated: 14/10/1998 under Form 28D valid up to 31/12/2021.

It is also certified that (a) the manufacturing plant in which the product is produced is subject to inspection at suitable intervals.

DRUGS CONTROL ADMINISTRATION HYDERABAD JD(FAC) GOVERNMENT OF TELANGANA

28/11/2020

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 815

L. Dis.No. 1646/STORES/2020 **Date: 28/11/2020**

The Unit M/s. Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Turkapally, Shamirpet Mandal, Medchal-Malkajgiri District-500078, Telangana State, India was inspected jointly by Mrs. L. Suganthi, DI, CDSCO Zonal office, Hyderabad and Mr. G. Prasad, DI, DCA, Hyderabad on 04/03/2020 to 06/03/2020 and further on 08/07/2020 to 10/07/2020.

(b) The manufacturer conforms to requirements for Good Manufacturing Practices in the manufacturer and Quality Control (As recommended by the World Health Organization) in respect of 36 (Thirty-Six) products to be sold or distributed with in the Country or origin (or to be exported).

This Certificate is valid for Three years from the date of issue.

DRUGS CONTROL ADMINISTRATION ★ HYDERABAD JD(FAC) ★ GOVERNMENT OF TELANGANA

28/11/2020

Dr.Y.Naveen Kumar
Joint Director (FAC) & Licensing Authority

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 816

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: quarta-feira, 24 de março de 2021 10:21
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa; Antônio Elcio Franco Filho
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: GMP for Vaccines valid till June 2021.pdf; WHO-GMP Certificate Vaccines 2020.pdf

William, bom dia.

Reitero também as boas práticas de fabricação da OMS e do CDSCO.

Aguardo informações sobre a LI.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: quarta-feira, 24 de março de 2021 03:44
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, SES - GAB SVS <gab.svs@saude.mg.gov.br>, GABINETE DA SECRETARIA EXECUTIVA <gabinete.se@saude.gov.br>, Quinta Diretoria <diretoria5@anvisa.gov.br>, Segunda Diretoria

<diretoria2@anvisa.gov.br>, Primeira Diretoria <diretoria1@anvisa.gov.br>, "DIRETORIA3@ANVISA.GOV.BR" <DIRETORIA3@ANVISA.GOV.BR>, "DIRETORIA4@ANVISA.GOV.BR" <DIRETORIA4@ANVISA.GOV.BR>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, "elcio.franco@saude.gov.br" <elcio.franco@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Caros, em tempo retifico o item 2.

A evolução dos estudos de estabilidade possibilitará a utilização até 28 dias depois de aberto. A Shelf-life está sendo evoluída com os estudos de estabilidade acelerada, e o prazo de 24 meses são para as apresentações comerciais.

No mais, permaneço a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: terça-feira, 23 de março de 2021 23:57
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>, SES - GAB SVS <gab.svs@saude.mg.gov.br>, GABINETE DA SECRETARIA EXECUTIVA <gabinete.se@saude.gov.br>, Quinta Diretoria <diretoria5@anvisa.gov.br>, Segunda Diretoria <diretoria2@anvisa.gov.br>, Primeira Diretoria <diretoria1@anvisa.gov.br>, "DIRETORIA3@ANVISA.GOV.BR" <DIRETORIA3@ANVISA.GOV.BR>, "DIRETORIA4@ANVISA.GOV.BR" <DIRETORIA4@ANVISA.GOV.BR>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, "elcio.franco@saude.gov.br" <elcio.franco@saude.gov.br>

Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Caros, boa noite.

Com o intuito de atendermos todas as demandas da ANVISA que estão em nosso alcance, e permanecermos com a atuação de forma transparente e colaborativa, informamos que com base no último *press release* emitido pela agência, temos as seguintes considerações:

https://www.gov.br/anvisa/pt-br/assuntos/noticias-anvisa/2021/anvisa-recebe-pedido-de-importacao-covaxin

1. **Relatório Técnico de Avaliação emitida pela autoridade sanitária Indiada:**

   O CDSCO emitiu um documento (anexo BBV152 – COVAXIN – EUL – 12032021) que transmite a autorização para uso emergencial com as suas ressalvas, bem como o relatório de avaliação técnica em um único documento. Tal documento foi transmitido ao Ministério da Saúde na quinta-feira dia 18/03 com essa observação.

   De maneira proativa, compartilho o CAPA Report emitido para a autoridade sanitária Indiana que apresenta os apontamentos do mesmo durante a inspeção para autorização de produção da Covaxin.

2. **Certificado de liberação dos lotes:**

   Enviamos os Certificados de Análise dos lotes liberados* e estamos providenciando os Certificados de Origem que serão emitidos pelas autoridades indianas. De acordo com a evolução dos estudos de estabilidade, estamos atualizando os CoA's para condizerem com os resultados obtidos e novos padrões de conservação – ampliando a *shelf life* de 6 para 24 meses.

3. **Licenciamento de Importação**

   Segundo anuência dos Fiscais do Contrato, formalizadas através de e-mail, o DIIMP tem atuado na emissão desta LI sendo o Ministério da Saúde através do seu despachante, responsável pela abertura do Licenciamento de Importação. Lembrando que, de acordo com a operacionalização do SICOMEX, iremos solicitar uma LI para cada embarque, não sendo possível solicitar para as 20 milhões de doses contratadas de uma só vez, já que os embarques – também com a anuência do fiscal do contrato – serão fracionados, e é impossível registrar mais de uma DI por LI.

Todas os passos têm sido realizados com o intuito de atender integralmente as demandas e complementar com mais informações sempre que necessário, e contamos com a solicitude que já vem sendo apresentada por todos desde o início.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: terça-feira, 23 de março de 2021 22:54
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William,

Já havia pedido essa retificação, e me enviaram.

Segue com ajustes,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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permission is strictly prohibited. If you are not the intended recipiente of this message, please noti

Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 22:35
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Emanuela,

Após observar a documentação, observei que está com a informação 100% advanced payment (pagamento antecipado).
Informo que o contrato 29/2021 não prevê pagamento antecipado. A modalidade é "Póstecipado".
Também foi observado que os valores de frete e seguro divergem do contrato.
Peço a gentileza que observe o valor unitário de 15.00 US$ do produto, bem como o valor do frete e seguro. Esse valor não pode ser alterado.
Feitas as ponderações, solicito a gentileza de providenciar a correção dos apontados acima.

No aguardo.

Atenciosamente,

William Amorim Santana
DIIMP

Enviado do meu iPhone

> Em 23 de mar. de 2021, à(s) 21:29, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br> escreveu:
>
> William, boa noite.
>
> Em complementação a solicitação de LI, seguem:
>
> 1. Proforma Invoice;
> 2. Packing List.
>
> Atenciosamente,
> <image001.jpg>
> <image002.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana

<renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,
<image003.jpg>
<image004.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;

- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

- Informar localidade.

PAÍS DE DESTINO;

- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____
De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

3ª

4.000.000

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11/04/2021

4ª

4.000.000

26/04/2021

5ª

4.000.000

06/05/2021

TOTAL

20.000.000

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

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Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

<PACKING LIST-2.pdf>
<PI ON LETTER HEAD-2.pdf>

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Número: 21/0796694-1 **Data de Registro:** 24/03/2021 **Impresso em:** 24/03/2021 10:09
Situação: PARA ANALISE

SISCOMEX - Sistema Licenciamento de Importação

Extrato de Licença de Importação

Informações da LI

Licenciamento:	21/0796694-1
Data e Hora do Registro:	24/03/2021 - 10:09
Data e Hora da Situação:	24/03/2021 - 10:09:18
Situação:	PARA ANALISE

Básicas

Importador

Tipo do Importador:	Pessoa Jurídica
Nome do Importador:	
CNPJ:	00.394.544/0008-51
Razão Social:	MINISTERIO DA SAUDE
País:	
Atividade Econômica:	
Natureza Jurídica:	PODER EXECUTIVO FEDERAL
Logradouro:	ESP DOS MINISTERIOS BL. G
Complemento:	ANEXO A SALA 420A
Número:	11
Bairro:	ESPL. DOS MINISTERI
Cidade/Distrito:	BRASILIA
CEP:	70310500
UF:	DF
Telefone:	061 - 3152425

Outras Informações

País de Procedência:	INDIA
URF de Despacho:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS
URF de Entrada:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS

Informações Complementares

REF: MADISON BIOTECH . NR MAD/HM/2021/07 . CT 29/2021 - 1 PARCELA .

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 832

Fornecedor

Exportador

Nome: MADISON BIOTECH PTE LIMITED
E-Mail:
Responsavel:
País de Aquisição: CINGAPURA

Logradouro: CANTONMENT ROAD
Número: 31
Complemento: 089747
Cidade: CINGAPURA
Estado: CINGAPURA

Fabricante/Produtor

Nome: BHARAT BIOTECH INTERNATIONA LIMITED
E-Mail:
Responsavel:
País de Origem: INDIA
Logradouro: GENOME VALLEY, SHAMEERPET
Número: 0
Complemento: 500 078
Cidade: HYDERABAD
Estado: TELANGANA

Mercadoria

Dados Gerais

NCM: 3002.20.29
Descrição da NCM: Outras
Destaque NCM:
Unidade da Medida Estatística: QUILOGRAMA LIQUIDO
NALADI/SH:
Moeda Negociada: DOLAR DOS EUA
INCOTERM: CIP - CARRIAGE AND INSURANCE PAID TO

Condição da Mercadoria

Tipo da Condição da Mercadoria: Nenhuma
Enquadramento Material Usado: Nenhuma
Tipo de Operação: Nenhuma

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Detalhes da Mercadoria

Produto 1

Unidade Comercializada:	DOSE
Peso Líquido Kg:	16,00000
Qtde. na Unidade Comercializada:	3.000.000,00000
Qtde. na Medida Estatística:	16,00000
Valor do Produto no Local de Embarque:	44.070.132,9800000
Valor Unitário na Condição de Venda:	15,0000000
Valor do Produto na Condição de Venda:	45.000.000,0000000

Especificação:

VACINA COVAXIN (WHOLE VIRION INACTIVATED CORONA VIRUS VACCINE - 5ml VIAL DOSES IN 300.000 BOXES) - VACINA DE CORONA VIRUS INATIVADA VIRION INTEIRA - DOSES DE 5ml EM FRASCO EM 300.000 CAIXAS) . TOTAL DE 3.000.000 DE DOSES . LOTE: 37F21004A . EXP: 01/2023

Totalizadores

Qtde.Total na Medida Estatística:	16,00000
Peso Líquido Total em Kg:	16,00000
Valor Total no Local do Embarque:	44.070.132,9800000
Valor Total na Condição de Venda:	45.000.000,0000000

Negociação

Modalidade Drawback:	
Acordo Tarifário:	
Acordo Aladi:	
Regime de Tributação:	IMUNIDADE
Fundamentação:	UNIãO,ESTADOS,DF E MUNICíPIOS;AUTARQUIAS E FUNDS.INSTITUíDAS
Cobertura Cambial:	COM COBERTURA CAMBIAL E PAGAMENTO FINAL A PRAZO DE ATE' 180
Modalidade de pagamento:	FINANCIAMENTO DO FORNECEDOR (SUPPLIER'S CREDIT) - OUTROS
Qtde. Dias Limite pagto:	
Instituição Financeira:	
Motivo:	

LI / Anuências

Informações da LI Vinculada a DI

Declaração Vinculada:
Adição Vinculada:
Retificação:

Informações do Cancelamento/Vencimento da LI

Motivo:
CPF do Imp. que efetuou o cancelamento da LI:
Data do Cancelamento/Vencimento:
Hora do Cancelamento/Vencimento:

Andamento das Anuências

Anuência 1

Órgão Anuente:	ANVISA
Tratam. Administrativo:	MERCADORIA
Situação:	PARA ANALISE
Data da Situação:	24/03/2021
Hora da Situação:	10:09
Validade da Anuência para Embarque:	
Validade da Anuência para Despacho:	
Diagnóstico do Anuente:	

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 835

William Amorim Santana

De: William Amorim Santana
Enviado em: quarta-feira, 24 de março de 2021 10:37
Para: Emanuela Medrades
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: LI 21-0796694-1.pdf

Prezada Emanuela,

Bom dia!

Conforme observado por nosso despachante, o valor total continua em equívoco.
Segue observação:

Repare que o valor da carga 44.070.133,98 está errado. O certo é 44.070.132,98 (45.000.000 - 67.500 - 862.367,02 = 44.070.132,98), por gentileza solicitar a correção.

Gentileza providenciar.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: quarta-feira, 24 de março de 2021 10:14
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Bom dia, Prezados

William

Em anexo a LI. Por gentileza verificar se está de acordo e informar.

Obs.:
Repare que o valor da carga 44.070.133,98 está errado. O certo é 44.070.132,98 (45.000.000 - 67.500 - 862.367,02 = 44.070.132,98), por gentileza solicitar a correção. Na LI já está correto.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, March 24, 2021 7:44 AM
To: everton@wegh.com.br
Subject: Fwd: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Enviado do meu iPhone

Início da mensagem encaminhada:

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: 23 de março de 2021 22:54:41 BRT
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William,

Já havia pedido essa retificação, e me enviaram.

Segue com ajustes,

Atenciosamente,

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 22:35
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Emanuela,

Após observar a documentação, observei que está com a informação 100% advanced payment (pagamento antecipado).
Informo que o contrato 29/2021 não prevê pagamento antecipado. A modalidade é “Póstecipado”.

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Também foi observado que os valores de frete e seguro divergem do contrato.
Peço a gentileza que observe o valor unitário de 15.00 US$ do produto, bem como o valor do frete e seguro. Esse valor não pode ser alterado.
Feitas as ponderações, solicito a gentileza de providenciar a correção dos apontados acima.

No aguardo.

Atenciosamente,

William Amorim Santana
DIIMP
Enviado do meu iPhone

Em 23 de mar. de 2021, à(s) 21:29, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br> escreveu:
William, boa noite.

Em complementação a solicitação de LI, seguem:

1. Proforma Invoice;
2. Packing List.

Atenciosamente,
<image001.jpg>
<image002.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,
<image003.jpg>
<image004.jpg>

De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

URGENTE

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:

Ministério da Saúde/Departamento de Logística em Saúde - DLOG

CNPJ: 00.394.544/0008-51

Esplanada dos Ministérios, bloco “G” anexo A, 4ª andar, sala 431

Brasília- DF

CEP: 70.310-500

BRASIL

DADOS COMPLETOS DO FABRICANTE;

* Nome do Fabricante.
* Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

* Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
* Informar o peso liquido e o peso bruto.
* Identificar como o quantitativo vira (caixa, Frasco, etc...).
* Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

* Informar localidade.

PAÍS DE DESTINO;

* Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

* Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)

- Informar aeroporto de destino - GRU

- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)

- Qual a NCM do produto ?

- Informar o peso liquido e o peso bruto

- A quantidade está em frascos, caixas... ?

- Nome e endereço completo do Fabricante

- Informar o Lote e validade do lote

- Este produto tem registro na ANVISA ? Se sim, informar o numero

- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, March 22, 2021 12:19 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>

Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Thiago Fernandes da Costa

Enviada em: segunda-feira, 22 de março de 2021 11:54

Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br<mailto:francieli.fantinato@saude.gov.br>>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br<mailto:lauricio.cruz@saude.gov.br>>

Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.

Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____

De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Enviado: segunda-feira, 22 de março de 2021 10:27

Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>

Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

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17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

3ª

4.000.000

11/04/2021

4ª	4.000.000	26/04/2021
5ª	4.000.000	06/05/2021

TOTAL

20.000.000

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

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Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39

Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>

Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br<mailto:dlog@saude.gov.br%3cmailto:dlog@saude.gov.br>>>

Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Enviada em: quinta-feira, 18 de março de 2021 09:20

Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br<mailto:dlog@saude.gov.br%3cmailto:dlog@saude.gov.br>>>

Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>

Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 852

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____
<PACKING LIST-2.pdf>
<PI ON LETTER HEAD-2.pdf>
_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 855

Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
1.	**Media fill:** The media fill activity as per protocol in the month of May 2020 in PA 1 facility. Firm raised a planned deviation (No. PR/SAS/20002) as the Media fill was postponed for the COVID-19 pandemic situation and it will be performed as per the load evaluation due to incorporation of the SARS-CoV-2 vaccine and target date is 31.10.2020. However, media fill is not performed before starting the formulation & filling of Whole Virion, Inactivated Corona Virus vaccine.	As stated in the previous compliance, BBIL would like to confirm that, process of SARS-CoV-2 vaccine aseptic process simulation shall be carried out.	Aseptic Process Simulation Summary report (No: ASR/PS2/002/20/00 dated 07.12.2020) of SARS COY -2 Inactivated purified Whole Virion Viral Vaccine Bulk (Sterilized Media Hold time study for 250 L Bio Reactor & Inactivation Vessels (lx300 L & 2x150 L MVL) is verified.Firm had simulated each stage of the manufacturing process by using SCDM media (B. no: MS220001A). At media preparation stage water quality is tested, Sterility test is verified at Bioprocess stage, Inactivation clarification stage and Sterile filtration. The sterility results comply for all the samples at all the stages. Records verified. Aseptic Process Simulation Interim Summary report (No: **ASR/PA1/007/20/00** dated 07.12.2020) of SARS COV-2 Inactivated purified Whole Virion Viral Vaccine was verified. Firm had performed the study by adapting bracketing approach (Minimum and Maximum container closure combination for 0.5 ml single dose and 10 ml multiple dose). Firm has simulated each stage of the manufacturing process by using SCDM media (B. no: MA120001A- 50 L Batch Size & MA120002A- 250 L Batch Size) At excipient preparation stage water quality is tested, Sterility test is verified at Excipient solution preparation stage, Formulation stage, Filling and Sealing stage. The samples are under testing. Reports to be submitted by the firm.	Samples of aseptic process simulation of SARS COV-2 inactivated purified Whole virion viral vaccine for minimum and maximum container closure combination for 0.5 ml single dose and 10 ml multiple dose are under analysis. The results are yet to received.

Mensagem Parte 04 (00216099990) SEI 25000.100536/2021-98 / pg. 856

Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks

BBIL Response :

BBIL would like to confirm that aseptic process simulation (Media fill) batches for manufacturing & filling process of Whole Virion, Inactivated Corona Virus Vaccine with minimum and maximum container closure of 0.5 mL single dose and 10 mL multiple dose are successfully completed vide Media simulation protocol No. **ASP/PA1/007/20/00 .** The Aseptic process simulation summary report no.**ASR/PA1/007/21/00** dated 16/01/2021 is attached for your reference as **Annexure-01.**

Status:Closed

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Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
4.	Firm verbally stated that TLR 7/8 agonist (used as an adjuvant) is received from Mr. Ramalingaswami fellow (DBT), Assistant Professor, Punjab University, Chandigarh. Molecular weight: 512.33 Daltons. Firm has shown the spectrum of LC-MS/MS which is having only molecular weight of the material without any report. Upon request, firm not shown the purchase order invoice copy, quantity received & certificate of analysis from vendor for TLR 7/8 agonist.	BBIL would like to confirm that, we are procuring the agonist from 3 different vendors, i.e. Virovax (Innovator), Indian Institute of Chemical Technology (IICT) - Hyderabad and Punjab University. Details about these 3 vendors have been provided earlier, in terms of these organizations, professional experience etc. Material received from all the 3 vendors have been characterized by high resolution NMR and LC-MS. The details of the individual Purchase Orders, Proforma Invoice, Goods Receipt Note and CoA (LC-MS data report) are enclosed for each vendor and the same is attached as **Annexure-XVIII.**	Earlier firm purchased TLR 7/8 agonist from Dr. Deepak Salunke, Asst. Professor, Mr. Ramalingaswami fellow DBT, Punjab University, Chandigarh and he was the student of Dr. Sunil David original inventor of the molecule) is the CEO of Virovax LLC, 4940 Research Parkway KS 66047. During initial stage, firm not maintained Inventory and reconciliation records. After initial purchase, firm not procured from Dr. Deepak Salunke, Asst. Professor, Mr. Ramalingaswami fellow DBT Punjab University Chandigarh. After observation raised by the inspection team dated 8.7.2020 to 10.7.2020 the purchased details, Quantity received, COA, Utilization details are maintained by the firm for the purchased lots from Virovax LLC. Subsequently, firm purchased 3 lots of TLR 7/8 agonist from The Indian Institute of Chemical Technology, Hyderabad on 27.11.2020, 30.11.2020 and 13.12.2020. Materials received from the three vendors have been characterized by using high resolution NMR and LCMS and its details were submitted by the firm to the Authority as a part of Annexure-XVIII dated 02/11/2020. The inventory details and its reconciliation are maintained for the received lots in SAP. The verified details are tabulated in page no: 3 of this report.	Firm is under the process of making Quality Technical agreement with IICT, Hyderabad for supply of TLR 7/8 agonist after testing. The agreement is not submitted by the firm and also SOP QAS/021 "Vendor Qualification" needs to be updated on handling procedures in case the source material is from Government Organization.

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Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
			Details about TLR 718 agonist vendor used in manufactured batches and batch utilization details are tabulated in page no: 3 & 4 of this inspection report. Based on the CAP A verification comments for inspection dated 18.11.2020, firm ensured the availability of the vendor COA along ", the consignment and upon receipt of the consignment, the inventory has been maintained by the stores department in SAP. All the received consignments had been tested by IICT Hyderabad and also as per SOP QAS/021 "Vendor Qualification" Viro Vax vendor is evaluated and approved by the firm based on Questionnaire and Virtual Audit. As per SOP, Vendor Questionnaire from Viro Vax LLC, 2029 Becker Drive, Lwrence, KS 66047 in Form no: FMQAS/021/014.04 and Vendor Audit checklist Form no: FMQAS/0211019.02 received by the firm on 21.12.2020. Virtual Audit was carried by the firm on 22.12.2020. Paper audit and virtual audit carried by the firm found satisfactory which is declared by the firm in their cover letter. The second vendor, Indian Institute of Chemical Technology, Hyderabad is a Government organization. Firm is under the process of making the Quality Technical agreement with IICT for supply of TLR 7/8 agonist after testing.	

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Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks

BBIL Response :

- BBIL would like to confirm that quality technical agreement between Bharat Biotech & IICT, Hyderabad is placed with effective from 07th Jan 2021. The copy of Quality Technical agreement No. CTL/CSIR-IICT/2021 is attached as **Annexure-02.**
- BBIL would like to confirm that change control No. CC/QAS/20019 has been initiated on 10/09/2020 for the revision of SOP QAS/025 (i.e. "Approval of Contract Testing Laboratories") to include the below specified instruction applicability in case of qualification & approval of Government Organizations for testing of Quality Control samples.
    1. BBIL team shall request to the Government Bodies/Ministry Organizations to provide for their minimal Accredited certificates to further Considerations and approval as part of qualification.
    2. BBIL shall request & ensure that government bodies / Ministry Organizations has laid QTA between BBIL for continuity in business, Quality and GLP Systems for the testing of starting material, Intermediate & finished Products which shall not be carried out at site.
    3. The Government Bodies/Ministry Organizations shall not be considered for execution of Paper Evaluation and On-site Lab Audit Evaluation.

TCD:31-Mar-2021

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Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
5	As of now, firm prepared four batches of Algel 2(Adjuvant) by using aluminium hydroxide gel and TLR 7/8 agonist in PA1 facility which is used for formulation of drug product. After preparation, it is kept on hold more than 48 hrs before usage for formulation of drug product. After preparation, Algel - 2 adjuvant is not tested before usage for manufacturing of drug product. Moreover, firm has not done the hold time study for the prepared algel 2.	BBIL has conducted binding studies of agonist to the Algel and results confirm that there is insignificant amount of the unbound agonist in the supernatant. The results from 1 batch i.e. 40A20006A shows insignificant unbound agonist in the supernatant. The supernatant of the Algel-2 as well as the bound Algel are enclosed to confirm the absence of the agonist in the supernatant. Analytical test reports are attached as Annexure-**XIX**. Study for Algel- 2 Hold time is under progress and shall be submitted by end of **November 2020**	After observation raised, the manufactured Algel-2 preparation B. No. 40A20009A and 40A20010A were collected for complete analysis as per Specification no: IPS058. Description, pH and Sterility are tested In-house and rest of the test (Identification, Total Sulphate, Free Sulphate, Fe (Total), Ash residue, AL(OH)3 Al/ml EDTA Titration, Protein Adsorption capacity are out sourced. The test reports are yet to be received. Algel-2 (B. No: 40A20008A) hold time study was executed from 15.11.2020. As per protocol 0 day, 7th day, 15th day and 30th day samples were sent to CSIR-IICT, Hyderabad for test/analysis of Algel-2 as per protocol No. SP/37/AGH/20/01 dated 15.10.2020. Report is yet to be received.	Identification, Total Sulphate, Free Sulphate, Fe (Total), Ash residue, AL(OH)3 Al/ml EDTA Titration, Protein Adsorption capacity are outsourced for Algel-2 preparation B.No. 40A20009A and 40A20010A and reports are yet to be received. Hold time study is done with only 1 batch. Algel-2 (B. No: 40A20008A) hold time study 0 day, 7th day, 15th day and 30th day samples were sent to CSIR- IICT, Hyderabad for test/analysis and the reports are not received yet.

BBIL Response :

BBIL would like to confirm that manufactured Algel -2 B.No.s 40A20009A and 40A20010A are completed testing as per specification No. IPS058. Refer CoA of batches attached as **Annexure-03**

BBIL would like to confirm that, as per study protocol no. SP/37/AGH/20/01, Algel-2 hold time study has been executed for one batch (B. No.40A20008A). accordingly the study report no. SR/37/AGH/21/01, dated 27/02/2021 has been prepared.The same is attached as **Annexure-04.**

Status: Closed

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Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
12	**Analytical method validation:** The method validation of the drug substance & drug product has been carried out by using rabies vaccine. The firm has not performed method validation using Covid-19 vaccine.	As mentioned in the previous compliance, Method Validation by using Covid-19 Vaccine protocol is under preparation, subject to the completion of the study method validation report would be submitted.	Analytical method validation protocol (No: AMVP/37/04 dated 24.11.2020)for Testing of Protein Adsorption by Spectrophotometer method (Lowry's Method) in Inactivated SARSCOV-2 samples is prepared by the firm and method validation is under process. Tentative date of completion is mentioned by the firm as 15.01.2021. Analytical method validation protocol (No: AMVP/37/06 dated 08.12.2020)for Testing of Protein content in purified Inactivated bulk of SARCOV -2 by Lowry method is prepared by the firm and method validation is under process. Tentative date of completion is mentioned by the firm as 15.01.2021 Analytical method validation protocol (No: AMVP/37/05 dated 24.11.2020)for detection and identification of SARS-COV-2 virus by Elisa method is prepared by the firm and method validation is under process. Tentative date of completion is mentioned by the firm as 15.01.2021 Sterility test: Drug substance protocol number AMVP/37/02 dated 23.11.2020 and Drug product protocol number AMVP/37/03 dated 9.12.2020 prepared and analytical method validation is under execution. BET test: Drug substance and Drug product protocol number AMVP/37/01 dated 09.09.2020 prepared and analytical method validation is under execution.	Not complied

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Sl. No.	Deficiency reported by joint inspection team dated 8.7.2020 to 10.7.2020	BBIL Compliance	Observations of Joint Inspection dated 22.12.2020	Remarks

BBIL Compliance:

As per the protocol No.: AMVP/37/04 dated 24/11/2020 the Protein Adsorption by Spectrophotometer (Lowry's Method) analytical method validation in Inactivated SARS COV-2 is carried out accordingly a summary report no AMVR/VP/37/04 dated 22/01/2021 has been prepared and is attached as **Annexure-05.**

As per the protocol No.: AMVP/37/06 dated 08/12/2020 the Protein content analytical method validation is carried out for purified Inactivated bulk of SARCOV -2 accordingly a summary report no AMVR/VP/37/06 dated 22/01/2021 has been prepared and is attached as **Annexure-06.**

As per the protocol No.: AMVP/37/05 dated 24/11/2020 the detection and identification of SARS-COV-2 virus by ELISA analytical method validation is carried out accordingly a summary report no AMVR/VP/37/05 dated 23/01/2021 has been prepared and is attached as **Annexure-07.**

Drug substance protocol number AMVP/37/02 dated 23/11/2020 and Drug product protocol number AMVP/37/03 dated 09/12/2020 prepared and Sterility test method validation is executed accordingly the summary reports AMVR/VP/37/02 and AMVR/VP/37/03 dated 23/01/2021 and 21/01/2021 has been prepared and is attached as **Annexure-08.**

Drug substance and Drug product protocol no. AMVP/37/01 dated 09/09/2020 prepared and analytical method validation for BET test is executed accordingly the summary reports no. AMVR/VP/37/01 dated 01/01/2021 has been prepared and is attached as **Annexure-09.**

Status:Closed

Prepared By: Dy. Manager - QAS		Approved By: AGM-QAS	
Sign & Date	01/03/2021 M.KISHORE	Sign & Date	02/03/2021 (MANOJ KSATHU)

BHARAT BIOTECH INTERNATIONAL LIMITED Genome Valley, Shameerpet Mandal, Medchal Dist. QUALITY ASSURANCE Hyderabad, T.S. India.

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
5.	Firm has performed process validation for manufacturing of SARS-COV-2 Inactivated Purified whole virion viral vaccine bulk at PS2 facility" Batch Size: NLT 1.5 L. However, firm has not performed the process validation for manufacturing of SARS - COV - 2 Inactivated Purified whole virion viral vaccine bulk at proposed commercial scale batch size (output ~ 10 L & ~ 22 L). Firm has not performed the process validation of Whole Virion, Inactivated Corona Virus Vaccine.	BBIL acknowledges the observations. A) **Drug substance:** As per change control CC/PS2/20009, three Process validation batches of SARS-COV-2 Inactivated Purified whole virion viral vaccine commercial scale with the final output of NLT 10 L has been executed as per Process validation Protocol No. **PVP/376/20/03** with batch no. **37620001A, 37620002A & 37620003A.** The Process Validation batches are under analysis and the compiled report shall be submitted by **End of December 2020.** B) **Drug product:** As per change control nos. CC/PA1/20044 & CC/PA1/20045 Process validation of Whole Virion, Inactivated Corona Virus Vaccine batches have been executed with the formulation Batch size of **50 L & 250 L** in different presentations [single dose & multi dose(20 dose)], sequentially under vide Protocol no. **PVP/37G/20/01.** PV report shall be compiled & submitted to the authority.	PS2 facility: At the present scenario, the manufacturing capacity is NLT 10 L. Firm manufactured 3 batches (batch nos. 37620001A, 37620002A & 37620003A, Batch size: NLT 10 L) vide Protocol No.*PVP/376/20/03* dated 19.10.2020. Interim report dated 22.12.2020 submitted is verified. The tests namely Description, pH, Sterility,Total Protein content, Residual cellular DNA content, Residual BSA content, Antigenic purity by SDS - PAGE, BET, Residual BPL content and Residual Trypsin content by Elisa method is completed and the limit comply the specification limit. The other tests namely Identity test for Vaccine Virus, Corona Virus amplification test and Corona Virus Inactivation test is under process in-house. Firm manufactured Whole Virion, Inactivated Corona Virus Bulk 4 batches(37520010A, 37520011A & 37520013A & 37520014A of Batch Size : NLT 1.5 Its between June-July 2020. By using 4 stated batches, 3 formulation of Whole Virion, Inactivated Corona Virus of batch no: 37G20001A, 37G20002A & 37G20003A, Batch Size: 50 L were manufactured by the firm in the month of	As raised by joint inspection team dated 18.11.2020 and firm 19.11.2020, manufactured 3 batches (batch nos. 37620001A,37620002A & 3762000-3A, batch size:NLT 10 L) for which Identity test for Vaccine Virus, Corona Virus amplification test and Corona Virus In activity on test are under process and results yet to be received. 3 formulation of Whole virion, Inactivated Corona Virus of batch no: 37G20001A, 37G20002A & 37G20003A, Batch Size: 50L were manufactured by the firm and

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
			December 2020 vide protocol no: *PVP/37G/20/0*1 dated 27.11.2020. Finished product 3 batches were tested and completed the test parameters Description, pH, 2-PE content and BET test and the results comply the specification limit. The remaining test namely Protein adsorption test, Residual Bovine Serum Albumin content, Sterility,Residual cellular DNA content Identification, Aluminum content and Extractable volume are under process. Interim report no: *IR/PV/37G/20/01* dated 22.12.2020 submitted is verified. Protocol no: *PVP/37G/20/02* for batch size of 250 litre (multidose-20 doses) was initiated on 19.12.2020 and the formulation (3 batches) is under execution.	Protein adsorption test, Residual Bovine Serum Albumin content, Sterility, Residual cellular DNA content, Identification, Aluminum content and Extractable volume are under process and the results are yet to be received. Protocol no: *PVP/37G/20/02* for batch size of 250 litre (multidose-20 doses) was initiated on 19.12.2020 and the formulation (3 batches) is under execution.

BBIL Response:

BBIL would like to clarify that, as per process validation protocol no. **PVP/376/20/03** the process validation is executed for Whole Virion, Inactivated Corona Virus Bulk Batch nos. 37620001A, 37620002A & 37620003A batch size NLT 10L. The analysis was completed and results are meeting the acceptance criteria. Accordingly the process validation summary report no. **PVR/376/21/03** was prepared and approved on dated 05/01/2021.
The same is attached as **Annexure- 01.**

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
BBIL would like to clarify that, as per process validation protocol no. **PVP/37G/20/01** the process validation is executed for Whole Virion, Inactivated Corona Virus Vaccine Batch nos. 37G20001A, 37G20002A & 37G20003A formulation batch size size NLT 50L. The analysis was completed and results are meeting the acceptance criteria. Accordingly the process validation report no. **PVR/37G/21/01** was prepared and approved on dated 07/01/2021.The same is attached as **Annexure- 02** BBIL would like to clarify that, as per process validation protocol no.**PVP/37G/20/02** the process validation is executed for Whole Virion, Inactivated Corona Virus Vaccine Batch nos. 37G20004A, 37G20005A & 37G20006A formulation batch size size NLT 250L. The analysis was completed and results are meeting the acceptance criteria. Accordingly the process validation report no. **PVR/37G/21/02** was prepared and approved on dated 12/01/2021.The same is attached as **Annexure- 03** **Status : Closed.**				
6.	Firm has used PS2 facility for manufacturing of Whole virion, inactivated corona virus Drug substance and this facility comprises two separate containment facilities for manufacturing of Type-1, Type-2 and Type-3 Polio Bulks and Whole Virion, Inactivated Corona Virus Vaccine on campaign basis. Cleaning validation not performed for manufacturing of drug substance. Firm has used PA1 facility (multi product facility) for formulation and filling of Whole virion, inactivated corona virus vaccine. Firm has performed cleaning verification of small-scale batches for shared equipment (filling and sealing machine) used in the campaign changeover. Firm has not performed cleaning validation for formulation & filling of commercial scale batches.	BBIL acknowledges the observations. A) **Drug substance:** BBIL would like to clarify that, PS2 facility was never used for Type II Polio virus. However, for development of sIPV, BBIL used Type I and Type III viruses for product development activity till virus expansion stage only. Post the development campaign following activities in chronological sequence was performed: **i.** Process containers (disposable), support containers, vessels and glassware were decontaminated. **ii.** Cleaning of facility and equipment with qualified disinfectants. **iii.** Fogging of Facility (with equipment) using hydrogen peroxide. **iv.** Activity (ii & iii) was repeated three consecutive times as per campaign change procedure followed by testing	Whole Virion, Inactivated Corona Virus vaccine of batch nos: 37G20001A, 37G20002A & 37G20003A, Batch Size: 50 L were manufactured by the firm in the month of December 2020 and cleaning validation was carried for the stated 3 batches vide protocol no: *CVP/37G/20/01* dated 27.11.2020 in PA1 facility. The product residue was estimated by rinse water samples and swab samples. For rinse water the test performed by the firm are namely pH, Conductivity, TOC, Absorbance at 280 nm, BET, Bio-burden and Detection of SARS-CoV-2 spike protein by Elisa method S1 protein of SARS-CoV-2 virus. For swab samples the test performed by the firm are namely Absorbance at 280 nm, Detection ofSARS-CoV-2 spike protein by Elisa method S1 protein of SARS-CoV-2 virus and Bioburden. Results are awaited for	Cleaning validation protocol No: *CVP/376/20/01* dated 17 .12. 2020 was prepared for Whole virion, Inactivated Corona Virus bulk and not executed yet Test results for Bio-burden, Detection of SARS-CoV-2 spike protein by Elisa method is yet to be received for cleaning validation carried out for Whole Virion Inactivated Corona

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
		of residual virus in the facility, equipment and kill tank. The study for residual virus testing concluded satisfactory cleaning and virus was not detected. v. However, BBIL is also considering to perform the Cleaning validation in PS2 facility for the current product i.e. SARS-CoV-2 as per Protocol No. **CVP/376/20/01**. B) **Drug Product:** BBIL shall perform the Cleaning validation for the Whole Virion, Inactivated Corona Virus Vaccine for commercial Batch size of 50L as per protocol No. **CVP/37G/20/01**.	Bioburden, Detection of SARS-CoV -2 spike protein by Elisa method and rest all other test results comply the specification parameters.	Virus vaccine of batch nos: 37G20001A, 37G20002A & 37G20003A, Batch Size: 50 L

BBIL Response:

Drug substance: As per the cleaning validation protocol no. **CVP/376/20/01**, the cleaning validation is executed for Whole Virion, Inactivated Corona Virus Bulk B. No.s 37620007A, 37620008A & 37621001A in PS2 facility. Accordingly the cleaning validation report no. **CVR/376/21/01** dated 27/02/2021 is prepared.The same is attached as **Annexure- 04**

Drug product: As per the cleaning validation protocol no. **CVP/37G/20/01**, the cleaning validation is executed for Whole Virion, Inactivated Corona Virus Vaccine B. No.s 37G20001A, 37G20002A & 37G20003A for formulation batch size 50L is executed. Accordingly the cleaning validation report no. **CVR/37G/20/01** dated 04/01/2021 is prepared.The same is attached as **Annexure- 05**

As per the cleaning validation protocol no. **CVP/37G/20/02**, the cleaning validation is executed for Whole Virion, Inactivated Corona Virus Vaccine B. No.s 37G20004A, 37G20005A & 37G20006A for formulation batch size 250L is executed. Accordingly the cleaning validation report no. **CVR/37G/21/01** dated 12/01/2021 is prepared.The same is attached as **Annexure- 06**

Status: Closed

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
7.	Firm has performed aseptic process simulation (Media fill) of Whole Virion, Inactivated viral vaccine bulk on 16.10.2020 to 17.10.2020. The testing of samples is in process. Firm has not performed aseptic process simulation (Media fill) for formulation and filling process of Whole virion, inactivated corona virus vaccine.	BBIL acknowledges the observations. Aseptic process simulation (Media fill) for Whole Virion, Inactivated Corona Virus Vaccine batches is under execution vide Media simulation protocol No. **ASP/PA1/007/20/00** for **50 Lts** and **250 Lts**. Final report shall be compiled.	Aseptic Process Simulation Summary report (No: ASR/PS2/002/20/00 dated 07.12.2020) of SARS COV -2 Inactivated purified Whole Virion Viral Vaccine Bulk (Sterilized Media Hold time study for 250 L Bio Reactor & Inactivation Vessels (lx300 L & 2x150 L MVL) is verified. Finn has simulated each stage of the manufacturing process by using SCDM media (B. no: MS220001A) At media preparation stage water quality is tested, Sterility test is verified at Bioprocess stage, Ir_activation clarification stage and Sterile filtration. The sterility results comply for all the samples at all the stages. Records verified. Aseptic Process report (No:07.12.2020) of Simulation Interim Summary ASR/PAl /007/20/00 dated SARS COV -2 Inactivated purified Whole Virion Viral Vaccine was verified. Firm had performed the study by adapting bracketing approach (Minimum and Maximum container closure combination for 0.5 ml single dose and 10 ml multiple dose). Finn has simulated each stage of the manufacturing process by using SCDM media (B. no:MA120001A- 50 L Batch Size & MA120002A-250 L Batch Size). At excipient preparation stage water quality is	**Complied.** In-process and Finished samples for sterility test is under process and result is yet to be submitted by the firm for Aseptic Process Simulation study of SARS COV-2 Inactivated purified Whole Virion Viral Vaccine

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
			tested, Sterility test is verified at Excipient solution preparation stage, Formulation stage, Filling and Sealing stage. The samples are under testing. Reports are yet to be submitted by the firm.	Formulation.
BBIL Response: Aseptic process simulation (Media fill) for Whole Virion, Inactivated Corona Virus Vaccine batches is executed vide Media simulation protocol No. **ASP/PA1/007/20/00** for **50 Lts** and **250 Lts**. Final Aseptic process simulation summary report no.**ASR/PA1/007/21/00** dated 16/01/2021 has been prepared. The same is attached as **Annexure-07.** **Status : Closed.**				
8.	Firm has not performed analytical method validation for testing of drug substance. The firm has not done assay validation/ verification for quality control tests carried out at final bulk / lot e.g. protein adsorption test, total protein content. The firm has submitted that assay validation for these tests are done on J.E. Vaccine and are applicable to Whole Virion, Inactivated Corona virus Vaccine as well. The firm has not documented the evidence of suitability of these assays under actual conditions of use for the Whole Virion, Inactivated Corona virus Vaccine. (USP <1226>)	As per change control CC/QCC/20070 the method validation is in progress vide method validation protocol numbers **AMVP/37/04** "Protein adsorption by Spectrophotometry method", **AMVP/37/05** "Detection and identification of SARS-COV-2 virus by ELISA method" and **AMVP/37/06** for "Protein content" in drug substance.	Analytical method validation protocol (No: AMVP/37/04 dated 24.11.2020)for Testing of Protein Adsorption by spectrophotometer method (Lowry's Method) in Inactivated SARSCOV-2 samples is prepared by the firm and method validation is under process. Tentative date of completion is mentioned by the firm as 15.01.2021. Analytical method validation protocol (No: AMVP/37/06 dated 08.12.2020)for Testing of Protein content in purified Inactivated bulk of SARCOV -2 by Lowry method is prepared by the firm and method validation is under process. Tentative date of completion is mentioned by the firm as 15.01.2021 Analytical method validation protocol (No: AMVP/37/05 dated 24.11.2020)for detection and identification of SARS-COV-2 virus by Elisa method is prepared by the firm and method validation is under process.	Not complied

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
			Tentative date of completion is mentioned by the firm as 15.01.2021.	
BBIL Response: As per the protocol No.: AMVP/37/04 dated 24/11/2020 the Protein Adsorption by spectrophotometer (Lowry's Method) analytical method validation is carried out accordingly a summary report no AMVR/VP/37/04, dated 22/01/2021 has been prepared and the same is attached as **Annexure-08.** As per the protocol No.: AMVP/37/06 dated 08/12/2020 the Protein content analytical method validation is carried out accordingly a summary report no AMVR/VP/37/06 dated 22/01/2021 has been prepared and the same is attached as **Annexure-09.** As per the protocol No.: AMVP/37/05 dated 24/11/2020 the detection and identification of SARS-COV-2 virus by ELISA analytical method validation is carried out accordingly a summary report no AMVR/VP/37/05 dated23/01/2021 has been prepared and the same is attached as **Annexure-10.** **Status : Closed.**				
9.	Firm has initiated one batch of Whole Virion, Inactivated Corona Virus Vaccine for the stability study which is manufactured under test license and also not initiated three batches of Whole Virion, Inactivated Corona Virus Vaccine for the stability study. Firm has not initiated stability study which are intended to be used for phase III clinical trial (batches).	BBIL acknowledges the observation, Stability studies have been initiated for batch numbers 37B20003A, 37B20004A, 37B20005A vide stability protocol number **37/B/PV/SP/20/001** for real time and accelerated stability temperatures. The data will be available for 3rd month real time and 3rd Month accelerated stability by March 1st week. The stability protocol is attached as **Annexure-02**.	Stability protocol (Doc no: 37/B/PV/SP/20/001) for Whole Virion Inactivated Corona Virus Vaccine (Human, Adsorbed) *6µg/SHD)* (BBVI52B) dated 25/11/2020 is prepared by the firm to carry out stability studies for B. nos. 37B20003A, 37B20004A and 37B20005A manufactured in the month of September 2020.Stability study was initiated at 3 different conditions clinical 5±3°C for 36 months at testing frequency 0 day, 3- 6, 9, 12,24 and 36 months. Stability was initiated on 28.11.2020. The study is under process. (Real time stability) 25±2°C for 6 months at testing frequency 0day,l, 3 & 6 months. Stability was initiated on 28.11.2020. The study is under process. (Accelerated stability) 37±2°C for 14 days at testing frequency 0 day,2 ,7 & 14 days. Stability was initiated on 28.11.2020. The	Not Complied.

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
			study is under process. (Stress stability).	
BBIL Response: As per stability study protocol (Doc no: 37/B/PV/SP/20/001) for Whole Virion Inactivated Corona Virus Vaccine (Human, Adsorbed) *6µg/SHD) (*BBVI52B) Stress stability at 37±2°C for B.Nos. 37B20003A, 37B20004A and 37B20005A have been completed on 17/12/2020. The stability study time points and results are attached as **Annexure-11.** The real time stability at 5±3°C for B.Nos. 37B20003A, 37B20004A and 37B20005A the initial 0 day analysis was completed. The 3rd month stability sample analysis scheduled on 28/02/2021. The stability study time points and scheduled dates are attached as **Annexure-12.** The accelerated stability at 25±2°C for B.Nos. 37B20003A, 37B20004A and 37B20005A the initial 0 day analysis and 1st month analysis was completed on 09/01/2021 as per stability schedule. The 3rd and 6th month stability sample analysis scheduled on 28/02/2021 & 28/05/2021. A copy of stability schedule & 1st Month results were appended as **Annexure- 13. (Data shall be shared upon completion of stability analysis)**				
10.	On reviewing of specification (FPS312, Rev. No. 01 dated 28.07.2020) for Whole Virion, Inactivated Corona Virus Vaccine (Algel-2 formulation-6µg/SHD), it is observed that specification for total protein content is kept as Not Less Than (NLT) 4.2µg/SHD of label claim. However, label claim mentioned for the applied drug product on the application of Form 27 D is NLT 6µg/SHD.	BBIL would like to clarify that, the specification is based on considering cumulative variation of analytical method and manufacturing process (considering 15% for each) for the product. Targeting 6µg/SHD as per BMR will be impacted by number of parameters including manufacturing process variability and drug product analysis variability as mentioned above. Considering these factors the limits have been set at NLT 4.2 µg/SHD. However, same shall be revisited after completion of method validation of relevant parameters and based on trends evaluation & sufficient manufactured batches.	Analytical method validation for protein content estimation is under process. Document proof and also Justification submitted by the firm is not satisfactory.	Not Complied
BBIL Response: As per the auditor recommendation, the specification FPS312 for Whole Virion, Inactivated Corona Virus Vaccine has been revised through change control CC/QCC/21002 and made effective on 18/02/2021. The specification for total protein content is revised as Not Less Than (NLT) 6µg/SHD to inline with the label claim. The revised Specification is attached as **Annexure-14.**				

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
The analytical method validation for protein content estimation is completed. accordingly a summary report no. AMVR/37/06 dated 22/01/2021 has been prepared and the same is attached as **Annexure-09.** **Status: Closed**				
11.	For protein adsorption, a specification at final lot is kept as NLT 75% of the stated label claim of protein. The firm shall establish the specifications based on the adsorption percentage obtained in clinical trial batches.	The limits for degree of adsorption have been derived from pharmacopoeial limit as per Indian Pharmacopoeia. The monograph reference is from Japanese Encephalitis vaccine Inactivated (adsorbed, Human). However, as suggested in future, the limits shall be revised based on trends for percentage adsorption for additional batches in addition to clinical trial batches data. The reference IP document is attached as **Annexure-03.**	Firm is licensed to manufacture Japanese Encephalitis Vaccine Inactivated (Adsorbed Human). Firm state that they are using Aluminium Hydroxide gel as an Adjuvant and For Whole Virion Inactivated Corona Virus vaccine they are using Aluminium Hydroxide gel with Agonist molecule. It is stated that Adjuvant -Aluminium Hydroxide gel concentration used in both the formulation is the same and the manufacturing process is also similar for the both formulation. Hence the Degree of Adsorption limit (NLT 75%) mentioned for Japanese Encephalitis Vaccine Inactivated (Adsorbed Human) in the Indian Pharmacopoeia is adapted by the firm.	May be considered at this stage. However, Firm may be directed to compile the data on the adsorption Percentage obtained Clinical trial batches and revise the specification and submit the report.
BBIL Response: BBIL clarified that the specifications are as per pharmacopoeial requirement of similar kind of formulation such as Adjuvant -Aluminium Hydroxide gel concentration of Japanese Encephalitis Vaccine Inactivated (Adsorbed Human). Trend report was prepared by compiling the date available for batches manufacrtured at BBIL for Whole Virion Inactivated Corona Vaccine. Based on the evaluation it is decided to goahed with the pharmacopoeial limit as mentioned in Japanese Encephalitis monograph which is been suggested by WHO to be followed in absence of TRS for SARS-CoV-2 vaccine. The protein adsorption test results Trend report is attached as **Annexure-21** **Status:Closed**				

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
12.	For Aluminum content, an acceptance criterion is 0.38mg/ml to 0.58mg/ml (targeted conc. 0.50mg/ml). This variation is 0.12 mg/ml in case of lower side and 0.08 mg/ml towards upper side. Firm stated that these limits are assigned based on the limits followed for J.E. Vaccine manufactured by them. The firm shall assign the specifications for proposed drug product based on the data obtained during assay validation for Aluminium content.	Maximum (almost all) vaccine formulations have the assigned limit of NMT 2.50 mg/ml as per the Pharmacopoeias which signifies that the vaccine formulations with adjuvant concentration. of 2.50 mg/ml are non toxic and safe for usage. Considering the concept of quality by design these specifications are internal control limits for aluminium content to maintain the consistency of the manufactured product based on existing approved products. Hence the observation does not have any impact on the product quality. However, as suggested based on batch trend data the limits shall be revised.	Firm followed 2.3.9. Aluminium in Absorbed Vaccines- Method A as mentioned in Indian Pharmacopoeia 2018. Firm stated that till most of the Adsorbed the limit 0.38mg/ml to 0.58mg/ml which is less Vaccines. The limit for Aluminium content is mentioned as NMT 2.50 mg/ml. Firm had fixed than the limit specified in the Indian Pharmacopoeia for Adsorbed vaccines.	Firm had followed Indian Pharmacopoeia method and the limits mentioned are justified. Hence, May be considered. However, may be directed to perform method verification for the used method of Indian Pharmacopoeia - 2.3.9. Aluminium in Absorbed Vaccines-Method A.
BBIL Response: As per the auditors recommendation, BBIL has prepared a analytical method verification protocol no.: AMVP/37/13 dated 01/02/2021 for testing of Aluminium content by titration method for Inactivated SARS-CoV-2 Vaccines. The method verification shall be carried out. The analytical method verification protocol is attached as **Annexure-15.** **TCD:31-Mar-2021**				
13.	For Antigenic purity by SDS-PAGE specifications are mentioned as "Should show only Corona Virus specific bands". The firm shall specify that bands of which molecular weight should be present in the SDS-PAGE test.	BBIL would like to clarify that, for antigenic purity the specification as, "should show only corona virus specific bands". The presence of spike protein band confirms the SARS-CoV-2 virus and absence of other non specific bands other than spike, nucleocapsid, membrane and envelope protein ensures the purity of the	The change control CC/QCC/20074 dated 7.12.2020 was initiated by the firm for revision of STP Doc no: *STP/QCC/056* Determination of Antigenic Purity by SDS-Page for Inactivated SARS-COV2 Bulk. Draft STP prepared by incorporating the molecular weight of protein bands of	Partly complied.

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
		product. This information is available in various literature. Therefore the specifications are mentioned as "SDS-PAGE should show only corona virus specific bands". However as a compliance the details for molecular weights for different protein bands shall be included in Standard testing procedure for antigenic purity of SARS-CoV-2 (STP/QCC/056). The change control **CC/QCC/20074** is initiated for the same.	SARS- CoV2. The draft is under finalization.	
BBIL Response: BBIL would like to update that, as per the change control CC/QCC/20074, STP/QCC/056 dated has been revised to include the molecular weights of different corona virus specific bands and STP is effective from 24/02/2021. The revised STP is attached as **Annexure-16.** **Status: Closed**				
14.	Firm is used 2-Phenoxyethanol (2-PE) as preservative in the formulation of Whole Virion, Inactivated Corona Virus Vaccine and as 2-PE is light sensitive material, it needs to be dispensed & handled under Sodium lamp. However, firm has not provided Sodium lamp in dispensing area at ware house and formulation area.	BBIL would like to clarify that, 2 Phenoxy ethanol is received from vendor M/S Sigma Aldrich. As per MSDS from the manufacturer & Pub-chem of NCBI https://pubchem.ncbi.nlm.nih.gov/compound/2-Phenoxyethanol there are no special requirement for handling and storage of 2-Phenoxy ethanol. The MSDS is attached as **Annexure-04.**	Firm has not provided Sodium vapour lamp in the dispensing area at ware house and formulation area.	Not complied.
BBIL Response: BBIL would like to update that, CC/STD/21004 dated 23/02/2021 has been initiated for installation of Sodium Vapour lamp in Dispensing area. **TCD:31-Mar-2021**				

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
15.	After Algel-2 preparation, firm is testing description, pH in their QC Lab. Firm is sending sample to IICT, Hyderabad for Identification test. However, no quality agreement is available between firm (Bharat Biotech) & IICT, Hyderabad.	BBIL commits that, Algel 2 samples are tested by IICT, Hyderabad considering NABL accreditation and evaluated by BBIL prior to batch release. However, BBIL is in the process of making the QTA with IICT for testing of Algel 2 samples.	Quality Technical Agreement (Ref no.CTLICSIR-IICTI2020) is under preparation.	Not complied.
BBIL Response: BBIL would like to update that, the quality technical agreement between Bharat Biotech & IICT, Hyderabad, Ref. No. CTL/CSIR-IICT/2021 is placed. A copy of QTA between BBIL & IICT is attached as **Annexure-17.** **Status:Closed**				
16.	On verification of Certificate of Analysis (CoA) of Algel-2 preparation B.No: 40A20007A, B.Size: 1500ml, it is observed that firm has not done the test for total sulphate, free sulphate, Fe(total), Ash residue, Al(OH)3, Al/ml (EDTA Titration) and protein adsorption capacity and mentioning, reported value of Aluminium hydroxide Gel 2% on the CoA of Algel-2. Firm has not tested prepared Algel-2, as per Specification No: IPS058 dated 01.08.2020.	Very minimal quantities of the agonist molecule is added to the 2% aluminium hydroxide gel moiety for preparation of Algel-2. Hence there is no scientific anticipation that addition of this chemical can change the chemical properties of aluminium hydroxide gel. Therefore to prevent the repeat testing of similar kind of parameters which are not anticipated to be chemically altered same results from the source aluminium hydroxide gel are reported. However, as suggested BBIL shall test all parameters as per the specification so as to comply with the observation. **CAPA/QCC/20018** is initiated for the same.	After observation raised, the manufactured Algel-2 preparation B.No, 40A20009A and 40A20010A were collected for complete analysis as per Specification no: IPS058, Description, PH and Sterility are tested In -house and rest of the test (Identification Total Su1phate, free Su1phate, F e (T o t a1), Ash residue, AL(OH)3 Al/ml EDTA Titration, Protein Adsorption capacity are outsourced. The test reports are yet to be received.	Identification, Total Sulphate, Free Sulphate, Fe Total), Ash residue, AL(OH-B Al/ml EDTA Titration, Protein Adsorption capacity outsourced are outsourced Algel-2 preparation B.No. 40A20009A and 40A20010A and reports are yet to be received.

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
BBIL Response: BBIL would like to update that, the manufactured Algel-2 B.No, 40A20009A and 40A20010A analysis was completed as per Specification no: IPS058, Description, pH and Sterility are tested In -house and rest of the test (Identification Total Su1phate, free Su1ph ate, F e (Total), Ash residue, AL(OH)3 Al/ml EDTA Titration, Protein Adsorption capacity are outsourced. The batch COAs are attached as **Annexure-18.** **Status:Closed**				
18.	Filter validation not performed for TLR 7/8 agonist in IPA solution, Whole Virion, Inactivated Corona Virus Vaccine drug substance & 2 PE in PBS solution.	The filter validation for Whole Virion, Inactivated corona virus vaccine drug substance and 2 PE in PBS solution used for formulated bulk shall be performed. A change control **CC/SAS/20061** has been initiated for execution.	Filter validation not performed for TLR *7/8* agonist in IP A solution, Whole Virion, Inactivated Corona Virus Vaccine drug substance & 2 PE in PBS solution.	Not Complied.
BBIL Response: BBIL would like to confirm that as per the change control **CC/SAS/20061**, Bacterial retention test for Whole Virion, Inactivated corona virus vaccine drug substance and filter compatibility test for 2 PE in PBS solution is executed vide filter validation protocol no. **FIV/PA1/CVV/001/20/00** & **FIV/PA1/CVV/002/20/00** respectively. Accordingly the summary reports were prepared, Report numbers: **FIR/PA1/CVV/001/21/00** dated 04/02/2021 & **FIR/PA1/CVV/002/21/00** dated 04/02/2021. The Protocol & summary reports are attached as **Annexure 19**. BIIL would like to clarify that, the vendor has been finalized for Filter leachability study which shall be carried out by external source from vendor (Sartorious). **TCD: 30-Apr-2021**				
22.	Firm did not obtain Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine for sale or for distribution	BBIL would like to clarify that, For public health interest and to meet the emergency requirement arisen due to COVID-19 pandemic, Firm has submitted an application in Form 27 D, dated, 10/11/2020 to obtain Form 28 D, in reference to Ministry of Health and Family Welfare, Notification no. S.O. 1511(E) dated 18/05/2020, to manufacture and stock the vaccine subject to the condition that BBIL shall sale and distribute the vaccine only after obtaining	Firm had not applied to obtain Permission in form CT-23 to manufacture Pharmaceutical formulation - Whole Virion, Inactivated Corona Virus Vaccine for sale or for distribution	Not complied

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S. No.	Inspection findings/ observations 18.11.2020 and 19.11.2020	BBIL compliance	Observations of Joint Inspection dated 22.12.2020	Remarks
		Form CT-23 (from the central licensing authority). Refer **Annexure-06.** BBIL will further apply to obtain the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine for sale or for distribution.		

BBIL Response:

Bharat Biotech applied for permission to manufacture for sale or for Distribution in Form CT-21 on SUGAM Application No. BIO/CT21/FF/2020/22922 dated: 07.12.2020. Hence Bharat Biotech received permission to manufacture "Whole Virion, Inactivated Corona Virus Vaccine" for sale or for distribution in Form CT-23 under Emergency Use Authorization (EUA) vide Permission No. MF/BIO/21/000002, Dated: 03.01.2021.

The form CT - 23 is attached as **Annexure-20.**

Status:Closed

Prepared By: Dy. Manager - QAS	Approved By: AGM-QAS
Sign & Date 01/03/2021 M. KISHORE	Sign & Date 02/03/2021 (RAMOJI N SAHU)

BHARAT BIOTECH INTERNATIONAL LIMITED Genome Valley, Shameerpet Mandal, Medchal Dist. QUALITY ASSURANCE Hyderabad, T.S. India.

Mensagem Parte 04 (00216099990)

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F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

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Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

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File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

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4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=17d0331d5d9c2d4f9e32179e1411bf, serialNumber=2bea54c83bfbfee2154e199b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

CDSCO CDSCO
DRUGS STANDARD CONTROL ORGANISATION
सत्यमेव जयते
MINISTRY OF HEALTH, GOVERNMENT OF INDIA

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 883

MADISON
Biotech PTE Ltd

PROFORMA INVOICE

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Exporte's Ref

Buyer's Order No:
Other Reference(s): CT 29/2021

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A,
4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 -
BRASIL

BUYER – Comprador

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª
ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD	Country of Origin Of Goods INDIA – AIRPORT OF HYDERABAR (HYD)	Country of Final Destination BRAZIL – AEROPORTO DE GUARULHOS (GRU)
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA		
Airport of Discharge HYD airpor	Final Destination GRU Airport	Terms Payment Shipment Terms Dispatch Currency USD	:According the agreement. : CIF GRU Airport BR : TBD – First Week of April if LI Approval.

NO	PRODUCT	PACK SIZE	Quantity *In doses*	Unit Prince *USD*	Amount *USD*
1	COVAXIN (Whole Virion Inactivated Corona Virus Vaccine) 5 ml vial doses in 300,000 boxes/secondary packages w/ 16 vials/bottles each box. Shelf life – 24 months. NCM 3002.20.29	5.0ml Per vial/bottle	3.000.000	15,00	44,070,133.98
Shipper Dimensions/Tertiary package with 512 bottles in 586 volumes. Gross Weight/box 28 kg Net Weight/box 16 kg			Air Freight		862,367.02
			Insurance		67,500.00
				Total: CIP	45,000,000.00
Amount in Words: USD FORTY-FIVE MILLION..					

MADISON
Biotech PTE Ltd

Bank name DBS Bank. **Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.** **Account number: 0720224590** **IFSC Code: DBSSDIN0811** **SWIFT Code: DBSSSGSG:**		
Declaration: **We deciare that this invoice shows the actual prince of the goods described and that ali particulars are true and correct**		
Accepetd **For, HEALTH'S MINISTRY** **AUTHORISED SIGNTORY**		MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E For, MADISON BIOTECH PTE. LTD. AUTHORISED SIGNATORY

William Amorim Santana

De: William Amorim Santana
Enviado em: quarta-feira, 24 de março de 2021 11:33
Para: Emanuela Medrades
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: Compliance Report_Jul 2020.pdf; Compliance Report_Nov 2020.pdf; BBV152-COVAXIN-EUL-12032021[1].pdf; PI ON LETTER HEAD Rev3.pdf

Prezada Emanuela,

Bom dia!

Conforme contato telefônico, apenas para registro, solicitamos a gentileza de apresentar declaração explicativa quanto ao Relatório Técnico de Avaliação da Vacina emitido ou publicado pela autoridade sanitária local, (anexo), bem como ajuste no valor da Invoice.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: quarta-feira, 24 de março de 2021 10:14
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Bom dia, Prezados

William

Em anexo a LI. Por gentileza verificar se está de acordo e informar.

Obs.:
Repare que o valor da carga 44.070.133,98 está errado. O certo é 44.070.132,98 (45.000.000 - 67.500 - 862.367,02 = 44.070.132,98), por gentileza solicitar a correção. Na LI já está correto.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, March 24, 2021 7:44 AM
To: everton@wegh.com.br
Subject: Fwd: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Enviado do meu iPhone

Início da mensagem encaminhada:

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: 23 de março de 2021 22:54:41 BRT
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William,

Já havia pedido essa retificação, e me enviaram.

Segue com ajustes,

Atenciosamente,

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 22:35
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Emanuela,

Após observar a documentação, observei que está com a informação 100% advanced payment (pagamento antecipado).
Informo que o contrato 29/2021 não prevê pagamento antecipado. A modalidade é “Póstecipado”.
Também foi observado que os valores de frete e seguro divergem do contrato.

Peço a gentileza que observe o valor unitário de 15.00 US$ do produto, bem como o valor do frete e seguro. Esse valor não pode ser alterado.
Feitas as ponderações, solicito a gentileza de providenciar a correção dos apontados acima.

No aguardo.

Atenciosamente,

William Amorim Santana
DIIMP
Enviado do meu iPhone

Em 23 de mar. de 2021, à(s) 21:29, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br> escreveu:
William, boa noite.

Em complementação a solicitação de LI, seguem:

1. Proforma Invoice;
2. Packing List.

Atenciosamente,
<image001.jpg>
<image002.jpg>

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>

Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,
<image003.jpg>
<image004.jpg>

De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

URGENTE

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:

Ministério da Saúde/Departamento de Logística em Saúde - DLOG

CNPJ: 00.394.544/0008-51

Esplanada dos Ministérios, bloco “G” anexo A, 4ª andar, sala 431

Brasília- DF

CEP: 70.310-500

BRASIL

DADOS COMPLETOS DO FABRICANTE;

* Nome do Fabricante.
* Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

* Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
* Informar o peso liquido e o peso bruto.
* Identificar como o quantitativo vira (caixa, Frasco, etc...).
* Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

* Informar localidade.

PAÍS DE DESTINO;

* Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

* Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>

Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)

- Informar aeroporto de destino - GRU

- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)

- Qual a NCM do produto ?

- Informar o peso liquido e o peso bruto

- A quantidade está em frascos, caixas... ?

- Nome e endereço completo do Fabricante

- Informar o Lote e validade do lote

- Este produto tem registro na ANVISA ? Se sim, informar o numero

- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, March 22, 2021 12:19 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>

Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Thiago Fernandes da Costa

Enviada em: segunda-feira, 22 de março de 2021 11:54

Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br<mailto:francieli.fantinato@saude.gov.br>>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br<mailto:lauricio.cruz@saude.gov.br>>

Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.

Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____

De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Enviado: segunda-feira, 22 de março de 2021 10:27

Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>

Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 895

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

3ª

4.000.000

11/04/2021

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 896

4ª	4.000.000	26/04/2021
5ª	4.000.000	06/05/2021
TOTAL		

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 897

20.000.000

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 898

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39

Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>

Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br<mailto:dlog@saude.gov.br%3cmailto:dlog@saude.gov.br>>>

Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Enviada em: quinta-feira, 18 de março de 2021 09:20

Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
<dlog@saude.gov.br<mailto:dlog@saude.gov.br<mailto:dlog@saude.gov.br%3cmailto:dlog@saude.gov.br>>>

Cc: Lenice Guimaraes Araujo
<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>

Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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_____
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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____
<PACKING LIST-2.pdf>
<PI ON LETTER HEAD-2.pdf>
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_____
_____

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 905

MADISON
Biotech PTE Ltd

PACKING LIST/ DELIVERY CHALLAN

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Buyer's Order No:

Other Reference(s): CT 29/2021 & PROFORMA INVOICE MAD/HM/2021/07

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

BUYER – Comprador/ Shipped to

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA
Airport of Discharge HYD Airport	Final Destination GRU Airport

Country of Origin Of Goods	Country of Final Destination
INDIA – AIRPORT OF HYDERABAR (HYD)	BRAZIL – AEROPORTO DE GUARULHOS (GRU)

Terms Payment : 100% Advance payment
Shipment Terms : CIF GRU Airport BR
Dispatch : TBD – First Week of April if LI Approval.

COVAXIN – WHOLE VIRION INACTIVATED CORONA VIRUS VACCINE – 5 ml vial doses in 300,00 boxes/secondary packages w/ 16 vials/bottles per box. Remark TBD.

BATCH NUMBER: 37F21004A
BATCH SIZE: 300,000 VIALS
MFG. 01/21.
EXP DATE. 01/23.

Accepetd
For, HEALTH'S MINISTRY

AUTHORISED SIGNTORY

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

For, MADISON BIOTECH PTE. LTD.

AUTHORISED SIGNATORY

MADISON
Biotech PTE Ltd

PROFORMA INVOICE

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Exporte's Ref

Buyer's Order No:
Other Reference(s): CT 29/2021

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

BUYER – Comprador

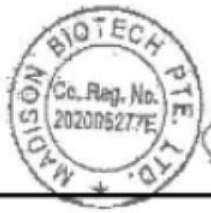
MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD	Country of Origin Of Goods INDIA – AIRPORT OF HYDERABAR (HYD)	Country of Final Destination BRAZIL – AEROPORTO DE GUARULHOS (GRU)
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA		
Airport of Discharge HYD airpor	Final Destination GRU Airport	Terms Payment Shipment Terms Dispatch Currency USD	: 100% Advance payment : CIF GRU Airport BR : TBD – First Week of April if LI Approval.

NO	PRODUCT	PACK SIZE	Quantity *In doses*	Unit Prince *USD*	Amount *USD*
1	COVAXIN (Whole Virion Inactivated Corona Virus Vaccine) 5 ml vial doses in 300,000 boxes/secondary packages w/ 16 vials/bottles each box. Shelf life – 24 months. NCM 3002.20.29	5.0ml Per vial/bottle	3.000.000	15,00	45,000,000.00
Shipper Dimensions/Tertiary package with 512 bottles in 586 volumes. Gross Weight/box 28 kg Net Weight/box 16 kg			Air Freight		862,367.02
			Insurance		67,500.00
				Total: CIP	45,929,867.02

Amount in Words: USD FORTY-FIVE MILLION AND NINE HUNDRED AND TWENTY-NINE THOUSAND AND EIGHT HUNDRED AND SIXTY-SEVEN DOLLARS AND TWO CENTS.

MADISON
Biotech PTE Ltd

Bank name DBS Bank. **Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.** **Account number: 0720224590** **IFSC Code: DBSSDIN0811** **SWIFT Code: DBSSSGSG:**		
Declaration: **We deciare that this invoice shows the actual prince of the goods described and that ali particulars are true and correct**		
Accepetd **For, HEALTH'S MINISTRY** **AUTHORISED SIGNTORY**		 For, MADISON BIOTECH PTE. LTD. AUTHORISED SIGNATORY

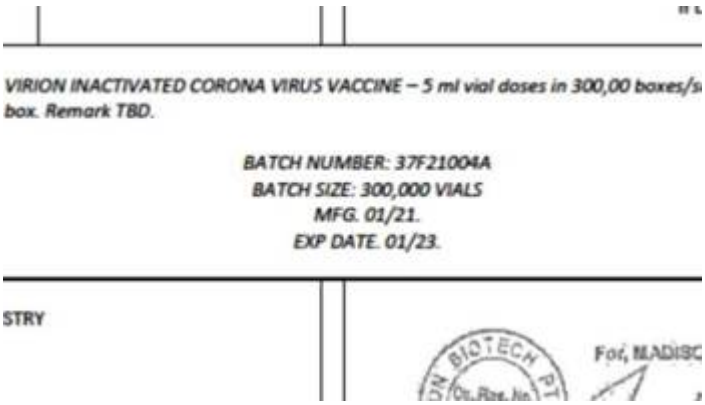
William Amorim Santana

De: William Amorim Santana
Enviado em: quarta-feira, 24 de março de 2021 13:58
Para: Emanuela Medrades
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino; Alex Lial Marinho
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: PACKING LIST-2.pdf; PI ON LETTER HEAD-2.pdf

Prezada Emanuela,

Boa tarde!

Ao observar a Comercial Invoice, bem como o Paking LIst, ambos citam o lote nª 37F11004A com data de fabricação 01/2021 e vencimento 01/2023.


VIRION INACTIVATED CORONA VIRUS VACCINE – 5 ml vial doses in 300,00 boxes/s
box. Remark TBD.

BATCH NUMBER: 37F21004A
BATCH SIZE: 300,000 VIALS
MFG. 01/21.
EXP DATE. 01/23.

STRY

No entanto, os documento técnicos recebidos até a presente data não contemplam este lote.
Elenco abaixo os referidos:

- 37620001A;
- 37620002A;
- 37620003A

Considerando que este processo encontra-se em análise junta a Agencia Nacional de Vigilância Sanitária (ANVISA), solicito a gentileza verificar quais os lotes seriam efetivamente enviados para este Ministério da Saúde (MS), estando este na Invoice, gentileza proceder com o devido envio da documentação técnica referente ao lote citado, caso contrário, providência a correção na INVOICE.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 21:30
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa noite.

Em complementação a solicitação de LI, seguem:

1. Proforma Invoice;
2. Packing List.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana

Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira

<Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500
BRASIL

DADOS COMPLETOS DO FABRICANTE;
- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;
- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;
- Informar localidade.

PAÍS DE DESTINO;
- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;
- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?
- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana

Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____
De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

3ª	4.000.000	11/04/2021
4ª	4.000.000	26/04/2021
5ª	4.000.000	06/05/2021
TOTAL	20.000.000	

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 916

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>

Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

MADISON
Biotech PTE Ltd

PACKING LIST/ DELIVERY CHALLAN

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Buyer's Order No:

Other Reference(s): CT 29/2021 & PROFORMA INVOICE MAD/HM/2021/07

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

BUYER – Comprador/ Shipped to

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA
Airport of Discharge HYD Airport	Final Destination GRU Airport

Country of Origin Of Goods	Country of Final Destination
INDIA – AIRPORT OF HYDERABAR (HYD)	BRAZIL – AEROPORTO DE GUARULHOS (GRU)

Terms Payment : 100% Advance payment
Shipment Terms : CIF GRU Airport BR
Dispatch : TBD – First Week of April if LI Approval.

COVAXIN – WHOLE VIRION INACTIVATED CORONA VIRUS VACCINE – 5 ml vial doses in 300,00 boxes/secondary packages w/ 16 vials/bottles per box. Remark TBD.

BATCH NUMBER: 37F21004A
BATCH SIZE: 300,000 VIALS
MFG. 01/21.
EXP DATE. 01/23.

Accepetd
For, HEALTH'S MINISTRY

AUTHORISED SIGNTORY

For, MADISON BIOTECH PTE. LTD.

AUTHORISED SIGNATORY

MADISON
Biotech PTE Ltd

PROFORMA INVOICE

EXPORTER - EXPORTADOR
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore-089747 Cia Registration No 202005277E

MANUFACTURER – PRODUTOR
BHARAT BIOTECH INTERNACIONAL LIMITED
ADDRESS: GENOME VALLEY, SHAMEERPET,
HYDERABAD, 500 078,
TELANGANA, INDIA

NONo&Date
No: MAD/HM/2021/07
19 MARCH 2021

Exporte's Ref

Buyer's Order No:
Other Reference(s): CT 29/2021

CONSIGNEE – Consignatário

MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

BUYER – Comprador

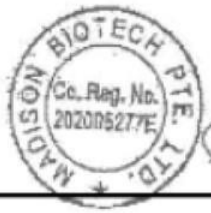
MINISTÉRIO DA SAÚDE
DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO "G" ANEXO A, 4ª ANDAR, SALA 431 - BRASÍLIA- DF - CEP: 70.310-500 - BRASIL

Pre Carriage By TBD	Place of Receipt By Pre-Carrier TBD	Country of Origin Of Goods INDIA – AIRPORT OF HYDERABAR (HYD)	Country of Final Destination BRAZIL – AEROPORTO DE GUARULHOS (GRU)
Vessel / Flight TBD.	Port of.Loading HYDERABAD, INDIA		
Airport of Discharge HYD airpor	Final Destination GRU Airport	Terms Payment Shipment Terms Dispatch Currency USD	: 100% Advance payment : CIF GRU Airport BR : TBD – First Week of April if LI Approval.

NO	PRODUCT	PACK SIZE	Quantity *In doses*	Unit Prince *USD*	Amount *USD*
1	COVAXIN (Whole Virion Inactivated Corona Virus Vaccine) 5 ml vial doses in 300,000 boxes/secondary packages w/ 16 vials/bottles each box. Shelf life – 24 months. NCM 3002.20.29	5.0ml Per vial/bottle	3.000.000	15,00	45,000,000.00
Shipper Dimensions/Tertiary package with 512 bottles in 586 volumes. Gross Weight/box 28 kg Net Weight/box 16 kg			Air Freight		862,367.02
			Insurance		67,500.00
				Total: CIP	45,929,867.02

Amount in Words: USD FORTY-FIVE MILLION AND NINE HUNDRED AND TWENTY-NINE THOUSAND AND EIGHT HUNDRED AND SIXTY-SEVEN DOLLARS AND TWO CENTS.

MADISON
Biotech PTE Ltd

Bank name DBS Bank. **Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.** **Account number: 0720224590** **IFSC Code: DBSSDIN0811** **SWIFT Code: DBSSSGSG:**		
Declaration: **We deciare that this invoice shows the actual prince of the goods described and that ali particulars are true and correct**		
Accepetd **For, HEALTH'S MINISTRY** **AUTHORISED SIGNTORY**		 For, MADISON BIOTECH PTE. LTD. AUTHORISED SIGNATORY

William Amorim Santana

De: William Amorim Santana
Enviado em: quarta-feira, 24 de março de 2021 14:15
Para: Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152
Anexos: PACKING LIST-2.pdf; PI ON LETTER HEAD-2.pdf

Prezado Fiscal Contrato 29/2021

Boa tarde!

Chegou a esta Divisão de Importação (DIIMP), na data de 23/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (COVAXIN/BBV152).

Considerando cronograma de entrega das parcelas devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se em atrasi de 8 (oito) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL			
PARCELA	COMPRIMIDOS	ENTREGA	RECEBIMENTO
1ª	4.000.000	17/03/2021	EM TRAMITE
2ª	4.000.000	27/03/2021	
3ª	4.000.000	11/04/2021	
4ª	4.000.000	26/04/2021	
5ª	4.000.000	06/05/2021	
TOTAL	20.000.000		

Considerando que o valor unitário de US$ 15,00 apresentado na Proforma Invoice S/N encontra-se em **CONFORMIDADE** com o item "***1.CLÁUSULA PRIMEIRA – OBJETO***, ***Subitem 1.2. Discriminação do objeto do CONTRATO Nº 29/2021"***;

VALOR UNITÁRIO EM BRL			
Nª PROFORMA	QUANT. TOTAL	VALOR TOTAL	VALOR UNI.
S/N	3.000.000	45.000.000,00	USS 15,00

Considerando que o lote Nª 37F21004A presente na referida Proforma Invoice, encontra-se dentro do prazo de validade transcorrida que deve ser inferior a 30% conforme exposto abaixo, até a data de emissão do referido documento, **contudo faz-se resaslva que esta informação esta presente apenas na invoice, não havendo documento de carater técnico que ampare esta afirmativa;**

TABELA DE VARIABILIDADE DO PRAZO DE VENCIMENTO DO MEDICAMENTO (INFERIOR A 30%)								
MO	FABRICANTE	LOTE	FATOR COCIENTE	QUANTIDADE	TOTAL	PRAZO	FABRI.	VENC.
	BHARAT BIOTECH INTERNACIONAL LIMITED	37F21004A	10	300.000	3.000.000	27	01/10/20	01/01/23
				300.000	3.000.000			

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 924

Considerando que o quantitativo apresentado na documentação apresentada é inferior ao descrito no item ***"2.CLÁUSULA SEGUNDA – OBJETO, Subitem 2.1. Cronograma de Entrega:"***, 1ª parcela. Na documentação apresentada consta 3.000.000 (três milhões) unidades do medicamento/Insumo em questão com uma **diferença de quantitativo a menor de 1.000.000 (um milhão);** e

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT).

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

OBS: Imoprtação esta condicionada a autorização por parte da Agencia Nacional de Vigilância Sanitária (ANVISA) que esta análissando o processo (SEI-ANVISA 25351.908110/2021-03).

Aguardo resposta.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 21:30
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa noite.

Em complementação a solicitação de LI, seguem:

1. Proforma Invoice;
2. Packing List.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 16:57
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: RES: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Ok Manuela, ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 23 de março de 2021 16:34
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: Re: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

William, boa tarde.

Enviamos a demanda ao fabricante e agente comercial. Entretanto, devido ao fuso, teremos este retorno somente amanhã.

Conto com a sua compreensão.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: terça-feira, 23 de março de 2021 14:03
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Assunto: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

*****URGENTE*****

Prezado Fornecedor, após análise de nosso despachante na INVOICE apresentada, faz-se necessário a adequação da documentação bem como prestar, na INVOIVE, os dados listados abaixo:

CONSIGNATÁRIO:
Ministério da Saúde/Departamento de Logística em Saúde - DLOG
CNPJ: 00.394.544/0008-51
Esplanada dos Ministérios, bloco "G" anexo A, 4ª andar, sala 431
Brasília- DF
CEP: 70.310-500

BRASIL

DADOS COMPLETOS DO FABRICANTE;

- Nome do Fabricante.
- Endereço.

DESCRIÇÃO COMPLETA DA MERCADORIA;

- Informar Código de Harmonização NCM (nomenclatura Comum Mercosul).
- Informar o peso liquido e o peso bruto.
- Identificar como o quantitativo vira (caixa, Frasco, etc...).
- Identificar a validade do produto (data de fabricação e vencimento).

PAÍS DE ORIGEM;

- Informar localidade.

PAÍS DE DESTINO;

- Informar o aeroporto Internacional de Guarulhos (GRU).

INCOTERMS;

- Informar CIP e acrescentar os valores de frete e seguro.

ENVIAR PAKING LIST.

Ficamos no aguardo da correção da INVOICE e envio de packing List para abertura da Licença de Importação.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: terça-feira, 23 de março de 2021 13:33
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta' <roberta@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RE: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Boa tarde Prezados

William

Por gentileza solicitar as devidas correções na Proforma Invoice:

- Nome e endereço do Ministério da Saúde está errado (Consignee - Buyer)
- Informar aeroporto de destino - GRU
- INCOTERM é CIP ? Sem sim informar o valor do frete e valor de seguro (separados)
- Qual a NCM do produto ?

- Informar o peso liquido e o peso bruto
- A quantidade está em frascos, caixas... ?
- Nome e endereço completo do Fabricante
- Informar o Lote e validade do lote
- Este produto tem registro na ANVISA ? Se sim, informar o numero
- Enviar o Packing list

No aguardo das correções para registro da LI.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, March 22, 2021 12:19 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: *** URGENTE *** SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Thiago Fernandes da Costa
Enviada em: segunda-feira, 22 de março de 2021 11:54
Para: William Amorim Santana <william.santana@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Francieli Fontana Sutile Tardetti Fantinato <francieli.fantinato@saude.gov.br>; Lauricio Monteiro Cruz <lauricio.cruz@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezados, bom dia !

Informo que este Departamento formalizou o Despacho DEIDT (0019651176) no processo 25000.175250/2020-85, a fim de realizar a devida instrução quanto à importação requerida pela contratada.
Não obstante, informo também que estamos de acordo com o pleito e solicito a essa Divisão que dê andamento aos trâmites necessários para a realização da importação.

Atte.,

[cid:63368a64-85f9-4ff0-b02b-8eda019cf04c]

Thiago Fernandes da Costa

Gestão de Insumos

Departamento de Imunização e Doenças Transmissíveis - DEIDT

Secretaria de Vigilância em Saúde - SVS

* (61) 3315-3646

_____

De: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Enviado: segunda-feira, 22 de março de 2021 10:27
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 29/2021 VACINA COVAXIN/BBV152

Prezado Fiscal Contrato 29/2021

Bom dia!

Chegou a esta Divisão de Importação (DIIMP), na data de 18/03/2021, documentação proveniente da empresa PRECISA MEDICAMENTOS referente a solicitação de autorização de embarque para 1ª parcela Contrato 29/2021 VACINA COVAXIN/BBV152.

Considerando o cronograma de entrega das parcelas, devidamente exposto abaixo, o qual demostra que a entrega da 1ª parcela encontra-se com atraso se 05 (cinco) dias até a presente data:

CRONOGRAMA DE ENTREGA CONTRATUAL

PARCELA

COMPRIMIDOS

ENTREGA

RECEBIMENTO

1ª

4.000.000

17/03/2021

EM TRAMITE

2ª

4.000.000

27/03/2021

3ª

4.000.000

11/04/2021

4ª

4.000.000

26/04/2021

Mensagem Parte 04 (0021609990) SEI 25000.100536/2021-98 / pg. 931

5ª

4.000.000

06/05/2021

TOTAL

20.000.000

Considerando tratar-se de vacina que não possui registro sanitário, junto a Agencia Nacional de Vigilância Sanitária (ANVISA), cabendo a necessidade de solicitação de concessão de excepcionalidade para essa importação;

Considerando os demais parâmetros devidamente expostos no Termo de Referência (TR) do Contrato 29/2021 para esta aquisição a fim de atender o Departamento de Imunização e Doenças Transmissíveis (DEIDT/SVS); e

Considerando que o objeto do contrato em questão é um insumo escencial para o enfrentamento da Pandemia de SARS-COV-2.

Esta Divisão de Importação (DIIMP), pelo presente exposto, solicita autorização do fiscal do contrato ou seu respectivo substituto eventual para prosseguir com o processo de autorização de embarque desta parcela.

Aguardo resposta.

OBS: Documento disposta no link: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Cassiana Perinazzo da Veiga Schio Em nome de DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG Enviada em: quinta-feira, 18 de março de 2021 14:39
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>
Cc: 'emanuela.medrades@precisamedicamentos.com.br' <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Assunto: ENC: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Prezados, boa tarde!

Encaminho para conhecimento e providências no que couber documentos encaminhados pela Precisa Medicamentos, referente autorização excepcional de importação para vacina Covid-19.

Atenciosamente,

Equipe DLOG/SE/MS

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>

Enviada em: quinta-feira, 18 de março de 2021 09:20
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br<mailto:dlog@saude.gov.br>>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>
Assunto: AUTORIZAÇÃO EXCEPCIONAL DE IMPORTAÇÃO - VACINA COVID

Senhores, bom dia.

Solicitamos em concordância com a RDC 476/2.021 a autorização excepcional de importação de vacina para Covid19.

Enviamos os documentos através do link a seguir: https://www.dropbox.com/t/HFj13mkBO2irwJ7C

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente]

[signature_631106945]

_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 24 de maio de 2021 16:56
Para: William Amorim Santana
Cc: Alex Lial Marinho; Ariadne Gisele Muniz Bonvino
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: 2405_AUTORIZAÇÃO_EXCEPCIONAL_COVAXIN.pdf; ANEXO_2_India EUL 12032021.pdf; ANEXO_4_CAS-5653-2021.pdf; ANEXO_6 _B_Protocolo_GMP_ACABADO.pdf; anexo_6_A_Extrato_GMP_IFA.pdf; ANEXO_8 _Phase 3 Efficacy Study 2nd Interim Report.pdf

Caros, boa tarde.

Conforme alinhado em reunião, apresento os documentos para submissão do protocolo. Sendo: declaração e documentos anexos conforme a mesma.

Estamos encerrando a elaboração dos anexos conforme a seguir, e enviaremos em poucos minutos.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Permanecemos a disposição,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 24 May 2021 22:37
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>

Subject: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezada Emanuela Medrades,

Boa tarde!

A pedido do Coordenador-Geral de Logistica de Insumos Estratégicos para Saúde (CGLOG) venho por meio deste, *mui respeitosamente,* solicitar vossos préstimo quanto ao envio dos documentos elencados na Resolução da Diretoria Colegiada (RDC) 476, de 10 de março de 2021 para que esta coordenação possa solicitar junto a Agencia Nacional de Vigilância Sanitária (ANVISA) o pedido de concessão de excepcionalidade para a importação do objeto disposto no Contrato 52/2021.

Ficamos no aguardo.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
lista.divisaoimportacao@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

DECLARAÇÃO

Ateste de adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância nos termos da RDC/ANVISA 476, de 10 de março de 2021 artigo 12 inciso III e Anexo

A **PRECISA - COMERCIALIZACAO DE MEDICAMENTOS LTDA**., pessoa jurídica de direito privado, com endereço na Avenida Portugal, n.º 1100, Rua 5, parte A-14, Bairro Itaqui, Cidade de Itapevi, Estado de São Paulo, CEP 06696-060, CNPJ 03.394.819/0005-00, neste ato representada por **Emanuela Batista de Souza Medrades**, brasileira, farmacêutica, portador do RG 35.435.759-1- SSP-SP e CPF 330.976.208-42, considerando o disposto na Resolução de Diretoria Colegiada - RDC nº 476, de 10 de março de 2021, considerando o disposto na Resolução de Diretoria Colegiada - RDC nº 476, de 10 de março de 2021, o importador, na pessoa de **PRECISA - COMERCIALIZACAO DE MEDICAMENTOS LTDA**, CPF/CNPJ 03.392.918/0005-00, **DECLARA** cumprir o disposto nas normas sanitárias vigentes para a importação e distribuição de medicamentos e vacinas para Covid-19. O importador declara que realiza todos os procedimentos necessários e possui capacidade técnica e administrativa para garantir a qualidade, segurança e eficácia do medicamento ou vacina para Covid-19 objeto da importação, bem como adotará as estratégias de monitoramento e cumprirá as diretrizes de farmacovigilância estabelecidas pela Anvisa. O importador, na pessoa de **PRECISA - COMERCIALIZACAO DE MEDICAMENTOS LTDA**, se responsabiliza pela veracidade e fidedignidade das informações aqui prestadas e declara que está ciente de que é responsável pela qualidade, segurança e eficácia do medicamento ou vacina para Covid-19, bem como assegura que este está adequado aos fins a que se destina e cumpre os requisitos legais e sanitários. Declaro estar ciente que o descumprimento das disposições contidas nesta Resolução e nas demais vinculadas constitui infração sanitária, nos termos da Lei nº 6437, de 20 de agosto de 1977, sem prejuízo das responsabilidades civil, administrativa e penal cabíveis.

Por ser expressão da verdade, firmamos a presente para que surta os seus efeitos legais.

Brasília/DF, 17 de março de 2021.

EMANUELA BATISTA DE SOUZA MEDRADES:33097620842

Assinado de forma digital por EMANUELA BATISTA DE SOUZA MEDRADES:33097620842
Dados: 2021.03.17 17:38:27 -03'00'

EMANUELA BATISTA DE SOUZA MEDRADES
CPF 330.976.208-42
Representante Legal/Técnica

F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 939

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 940

File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 943

4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

CDSCO CDSCO
CENTRAL DRUGS STANDARD CONTROL ORGANISATION
MINISTRY OF HEALTH, GOVERNMENT OF INDIA
सत्यमेव जयते

VENUGOPAL GIRDHARILA L SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=17d0331d5df62d4f4e32179a1411bf de6f9f8c2bea56c83bfbfee215de199b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 944

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 29 de março de 2021 13:21
Para: Ariadne Gisele Muniz Bonvino; William Amorim Santana; Marcelo Calado
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho
Assunto: Re: Solicitação de documentação complementar para envio a ANVISA
Anexos: CoA BR Full_batches CDL.pdf; DECLARACAO_ART_12_III_Ateste de adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância.pdf; India EUL 12032021.pdf

William,

Em tempo, segue certificado de análise para todos os batches que estão no CDL e serão destinados ao Brasil.

Reitero também:

1. Relatório técnico da avaliação da vacina emitido ou publicado pela autoridade sanitária da Índia, responsável pela concessão da autorização para uso emergencial (inciso II do art. 17 da RDC 476/2021). **Anexo índia EUL.**
2. Declaração da Precisa – Comercialização de Medicamentos Ltda quanto à adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância. **Anexo Declaração conforme artigo.**

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Data: segunda-feira, 29 de março de 2021 12:03
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, William Amorim Santana

<william.santana@saude.gov.br>, Marcelo Calado <IMCEAEX-_O=SAUDE_OU=EXCHANGE+20ADMINISTRATIVE+20GROUP+20+28FYDIBOHF23SPDLT+29_CN=RECIPIENTS_CN=Marcelo+20Caladoae8@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: Re: Solicitação de documentação complementar para envio a ANVISA

Ariadne, bom dia.

Iremos enviar nas próximas horas os estudos de estabilidade. E de antemão informamos que as vacinas serão transportadas em envirotainers.

@William Amorim Santana, pode por gentileza me reiterar quais são os documentos faltantes da LI ?

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Data: sexta-feira, 26 de março de 2021 11:18
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Marcelo Calado <IMCEAEX-_O=SAUDE_OU=EXCHANGE+20ADMINISTRATIVE+20GROUP+20+28FYDIBOHF23SPDLT+29_CN=RECIPIENTS_CN=Marcelo+20Caladoae8@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: RES: Solicitação de documentação complementar para envio a ANVISA

Emanuela, bom dia!

Reitero a solicitação do William quanto ao envio do estudo de estress/estabilidade.
Esse documento é importante para análise da Anvisa e do INCQS, além disso, também para caso haja excursões de temperatura durante a importação e a nível local (tem acontecido muito).

A fim de evitar excursões durante a importação, recomendamos fortemente que as vacinas sejam acondicionadas e enviadas em envirotainers.

Abraços,

Ariadne Bonvino
farmacêutica
DIIMP/CGLOG/DLOG/SE

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: sexta-feira, 26 de março de 2021 10:12
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino; Alex Lial Marinho
Assunto: Re: Solicitação de documentação complementar para envio a ANVISA

William, bom dia.

Recebemos este ofício da SE com questionamentos semelhantes e que devem ser respondidos pelo MS.

Compartilho nosso ofício com as respostas enumeradas para que possam atuar por ai.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: William Amorim Santana <william.santana@saude.gov.br>
Data: quarta-feira, 24 de março de 2021 17:15

Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Assunto: Solicitação de documentação complementar para envio a ANVISA

Prezada Emanuela,

Boa tarde!

Recebemos comunicado da ANVISA, no qual esta solicita complementação de documentos para continuidade do processo:

Faço uma observação quanto aos itens abaixo, com destaque para os em negrito:

> Após verificação da instrução processual, permanecem pendentes os seguintes documentos: Relatório técnico da avaliação da vacina emitido ou publicado pela autoridade sanitária da Índia, responsável pela concessão da autorização para uso emergencial (inciso II do art. 17 da RDC 476/2021). De acordo com a RDC, o relatório deve ser capaz de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s; e
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto ao enquadramento na RDC 476/2021. Solicita-se esclarecer quem será o importador, se o Ministério da Saúde ou a Precisa – Comercialização de Medicamentos Ltda;**
>
> **Declaração da Precisa – Comercialização de Medicamentos Ltda quanto à adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância;**
>
> O prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. De acordo com as datas de fabricação dos lotes a serem importados, observa-se que o prazo de validade irá expirar nos meses de abril e maio/2021. Solicita-se esclarecer se é possível a utilização de todo o quantitativo previamente à data de expiração dos lotes.

Ficamos no aguardo do envio deste, com devida urgência que o caso requer, para encaminha-los a ANVISA.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: SEI <naoresponda_sei@anvisa.gov.br>
Enviado em: segunda-feira, 29 de março de 2021 14:05
Para: William Amorim Santana
Assunto: SEI - Confirmação de Peticionamento Eletrônico (Processo nº 25351.908110/2021-03)

:: Este é um e-mail automático ::

Prezado(a) William Amorim Santana,

Este e-mail confirma a realização do Peticionamento Eletrônico do tipo Intercorrente no SEI-ANVISA, no âmbito do processo nº 25351.908110/2021-03, conforme disposto no Recibo Eletrônico de Protocolo SEI nº 1388242.

Caso no futuro precise realizar novo peticionamento, sempre acesse a área destinada aos Usuários Externos no SEI-ANVISA destacada em seu Portal na Internet ou acesse diretamente o link a seguir: https://sei.anvisa.gov.br/sei/controlador_externo.php?acao=usuario_externo_logar&id_orgao_acesso_externo=0

ANVISA
Agência Nacional de Vigilância Sanitária www.anvisa.gov.br

ATENÇÃO: As informações contidas neste e-mail, incluindo seus anexos, podem ser restritas apenas à pessoa ou entidade para a qual foi endereçada. Se você não é o destinatário ou a pessoa responsável por encaminhar esta mensagem ao destinatário, você está, por meio desta, notificado que não deverá rever, retransmitir, imprimir, copiar, usar ou distribuir esta mensagem ou quaisquer anexos. Caso você tenha recebido esta mensagem por engano, por favor, contate o remetente imediatamente e em seguida apague esta mensagem.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

ANVISA
Agência Nacional de Vigilância Sanitária

Gabinete do Diretor-Presidente - Chefe de Gabinete
SIA Trecho 05, Área Especial 57, Brasília/DF, CEP 71.205.05
Telefone: 0800 642 9782 - www.anvisa.gov.br

Ofício nº 663/2021/SEI/GADIP-CG/ANVISA

Ao Senhor
Antônio Elcio Franco Filho
Secretário-Executivo
Secretaria-Executiva do Ministério da Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Com cópia
Ao Senhor
Roberto Ferreira Dias
Diretor do Departamento de Logística em Saúde
Departamento de Logística em Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Assunto: **Solicitação de autorização para importação em caráter Excepcional de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN**

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.908110/2021-03.

Senhor Secretário-Executivo,

1. Cumprimentando-o, nos dirigimos a Vossa Senhoria para consignar que o pedido de importação em caráter excepcional de 20.000.000 (vinte milhões) de doses da vacina Covaxin / BBV152, processo SEI n° 25351.908110/2021-03, constitui processo administrativo formal, de caráter sigiloso.

2. O peticionamento em tal processo deve ser formulado pelo importador legitimado, no caso, o Ministério da Saúde.

3. Dessa forma, encarecemos que as manifestações no âmbito desse processo sejam centralizadas por esse Ministério. O motivo de tal solicitação se deve ao fato de que a interveniente, Precisa Medicamentos, tem, por intermédio de mensagens eletrônicas (e-mail), copiado setores e diretorias da Anvisa com informações alusivas ao processo, o que pode causar tumulto à instrução processual.

4. Em atenção à documentação complementar encaminhada pelo Ministério da Saúde pelos processo processos 25351.908361/2021-80 e 25351.908358/2021-66, informo que:

I - De acordo com a Precisa Medicamentos, o CDSCO emitiu um documento (anexo BBV152 – COVAXIN – EUL – 12032021) que transmite a autorização para uso emergencial

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com as suas ressalvas, bem como o relatório de avaliação técnica em um único documento. No entanto, a Lei 14.124/2021 e a RDC 476/2021 determinam que o referido relatório deve ser capaz de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s. O documento BBV152-COVAXIN-EUL refere-se ao comprovante de autorização de uso emergencial pela autoridade indiana, mas não contempla aspectos técnicos de qualidade, segurança e eficácia referentes à avaliação da vacina por esta autoridade;

II - Foi apresentado o Licenciamento de Importação (LI), no qual consta o lote nº 37F21004A . Tal lote é diferente daqueles para os quais foram apresentados os certificados de análise (lotes 37620001A, 37620002A e 37620003A) no pleito inicial. Ademais, no LI consta a data de validade do lote 37F21004A como sendo 01/2023. No entanto, o prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. Portanto, a data de validade do referido lote não corresponde ao prazo de validade aprovado pela autoridade da Índia. Para o lote nº 37F21004A, não foi apresentado o Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade, emitido pelo fabricante;

III - Na LI (1382702), o Ministério da Saúde configura como importador. Dessa forma, deve ser apresentada a declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância, conforme modelo Anexo à RDC 476/2021, assinada pelo Chefe do Poder Executivo.

5. Esclarecemos que, conforme Lei nº 14.124, de 10 de março de 2021, os prazos para decisão da Anvisa estão vinculados com o conteúdo das informações apresentadas. Ademais, o § 3º do art. 17 da RDC 476/2021 estabelece que as solicitações de esclarecimentos feitas pela Anvisa suspendem a contagem do prazo até que sejam atendidas.

6. Solicitamos ainda, ao Ministério da Saúde, que os próximos documentos sejam enviados como peticionamento intercorrente ao processo SEI nº 25351.908110/2021-03.

7. Agradecemos antecipadamente pela compreensão.

Atenciosamente,

Documento assinado eletronicamente por **Karin Schuck Hemesath Mendes**, **Chefe de Gabinete**, em 24/03/2021, às 20:32, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm.

A autenticidade deste documento pode ser conferida no site https://sei.anvisa.gov.br/autenticidade, informando o código verificador **1383578** e o código CRC **F4BC79A8**.

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.908110/2021-03 SEI nº 1383578

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 952

William Amorim Santana

De: MS/DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Enviado em: segunda-feira, 29 de março de 2021 15:10
Para: Regina Celia Silva Oliveira; LISTA - DIVISÃO DE IMPORTAÇÃO; Renata Marques Santana; Thiago Fernandes da Costa; Marcelo Calado; Ariadne Gisele Muniz Bonvino; Katiane Rodrigues Torres; Alex Lial Marinho; Genivano Pinto de Araújo
Assunto: Pendência Anvisa quanto a autorização da Covaxin CT 29/2021 (25000.043170/2021-42)
Anexos: Oficio_0019786170_RES__VACINACAO___RPP_5002083_77.2021.4.03.6100__PJe_1__Grau_.pdf

Prezados fiscais e colegas do DEIDT,

De acordo com o Ofício 663/2021 da Anvisa, a agência relata que sendo o Ministério da Saúde o importador, somos nós que devemos apresentar a declaração que ateste adoção de estratégias de monitoramento, conforme disposto abaixo:

...

III - Na LI (1382702), o Ministério da Saúde configura como importador. Dessa forma, deve ser apresentada a declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância, conforme modelo Anexo à RDC 476/2021, assinada pelo Chefe do Poder Executivo.

Diante da exigência exarada pela Anvisa, solicitamos providenciar junto ao PNI tal declaração, uma vez que é a área responsável por executar tais ações

Desde já agradecemos.

Att.
Ariadne Bonvino
DIIMP/CGLOG/DLOG/SE

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 29 de março de 2021 16:05
Para: Emanuela Medrades
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa; Alex Lial Marinho; Ariadne Gisele Muniz Bonvino; Marcelo Calado
Assunto: Novas recomendações da ANVISA para esse processo de importação - Vacina COVAXIN

Prezada Emanuela,

Boa tarde!

Recebemos novo comunicado da Agencia Nacional de Vigilância Sanitária (ANVISA) no qual transcrevo a seguinte exigência/orientações:

> De acordo com a Precisa Medicamentos, o CDSCO emito um documento (anexo BBV152 – COVAXIN – EUL – 12032021) que transmite a autorização para uso emergencial 29/03/2021 SEI/ANVISA - 1383578 com as suas ressalvas, bem como o relatório de avaliação técnica em um único documento. No entanto, a Lei 14.124/2021 e a RDC 476/2021 determinam que o referido relatório deve ser capaz de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s. O documento BBV152- COVAXIN-EUL refere-se ao comprovante de autorização de uso emergencial pela autoridade indiana, mas não contempla aspectos técnicos de qualidade, segurança e eficácia referentes à avaliação da vacina por esta autoridade;

Com relação a solicitação anterior, ficamos no aguardo do envio dos certificados litados abaixo:

> I - Cerificados de liberação dos lotes a serem importados (inciso IV do art. 16 da RDC 476/2021). Foram enviados apenas os laudos análgicos dos lotes 37F21004A, restando pendente os cerificados de liberação dos respectivos lotes emitidos pelo fabricante;

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: segunda-feira, 29 de março de 2021 16:32
Para: William Amorim Santana; Emanuela Medrades
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa; Alex Lial Marinho; Marcelo Calado
Assunto: RES: Novas recomendações da ANVISA para esse processo de importação - Vacina COVAXIN

Emanuela, boa tarde!

Em aditamento ao e-mail do William, a Agência solicitou esclarecer sobre a data de validade da vacina:

> *"Na LI consta a data de validade do lote 37F21004A como sendo 01/2023. No entanto, o prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. Portanto, a data de validade do referido lote não corresponde ao prazo de validade aprovado pela autoridade da Índia. Para o lote nº 37F21004A, não foi apresentado o Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade, emitido pelo fabricante; "*

Abraços e ficamos no aguardo.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
DIIMP/CGLOG/DLOG/SE

De: William Amorim Santana
Enviada em: segunda-feira, 29 de março de 2021 16:05
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>
Assunto: Novas recomendações da ANVISA para esse processo de importação - Vacina COVAXIN

Prezada Emanuela,

Boa tarde!

Recebemos novo comunicado da Agencia Nacional de Vigilância Sanitária (ANVISA) no qual transcrevo a seguinte exigência/orientações:

> De acordo com a Precisa Medicamentos, o CDSCO emito um documento (anexo BBV152 – COVAXIN – EUL – 12032021) que transmite a autorização para uso emergencial 29/03/2021 SEI/ANVISA - 1383578 com as suas ressalvas, bem como o relatório de avaliação técnica em um único documento. No entanto, a Lei 14.124/2021 e a RDC 476/2021 determinam que o referido relatório deve ser capaz de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s. O documento BBV152- COVAXIN-EUL refere-se ao comprovante de autorização de uso emergencial pela autoridade indiana, mas não contempla aspectos técnicos de qualidade, segurança e eficácia referentes à avaliação da vacina por esta autoridade;

Com relação a solicitação anterior, ficamos no aguardo do envio dos certificados litados abaixo:

> I - Cerificados de liberação dos lotes a serem importados (inciso IV do art. 16 da RDC 476/2021). Foram enviados apenas os laudos análgicos dos lotes 37F21004A, restando pendente os cerificados de liberação dos respectivos lotes emitidos pelo fabricante;

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

William Amorim Santana

De: Regina Celia Silva Oliveira
Enviado em: segunda-feira, 29 de março de 2021 19:05
Para: LISTA - DIVISÃO DE IMPORTAÇÃO
Cc: Renata Marques Santana; Thiago Fernandes da Costa; Marcelo Calado; Ariadne Gisele Muniz Bonvino; Katiane Rodrigues Torres; Alex Lial Marinho; Genivano Pinto de Araújo
Assunto: ENC: Pendência Anvisa quanto a autorização da Covaxin CT 29/2021 (25000.043170/2021-42)
Anexos: Oficio_0019786170_RES__VACINACAO___RPP_5002083_77.2021.4.03.6100__PJe_1__Grau_.pdf

Prezados, informamos que por meio do Despacho (0019797340) foi solicitado, junto ao PNI, a emissão da declaração requisitada pela Anvisa.

Att.,

Regina Celia Silva Oliveira
FISCAL DO CONTRATO

Departamento de Imunização e Doenças Transmissíveis - DEIDT
Secretaria de Vigilância em Saúde - Ministério da Saúde - SVS/MS
SRTVN 701, Lote D, Ed. PO 700 - 6° Andar
CEP: 70.719-040-Brasília - DF
☎ (61) 3315-2414

De: MS/DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Enviado: segunda-feira, 29 de março de 2021 15:10
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Genivano Pinto de Araújo <genivano.araujo@saude.gov.br>
Assunto: Pendência Anvisa quanto a autorização da Covaxin CT 29/2021 (25000.043170/2021-42)

Prezados fiscais e colegas do DEIDT,

De acordo com o Ofício 663/2021 da Anvisa, a agência relata que sendo o Ministério da Saúde o importador, somos nós que devemos apresentar a declaração que ateste adoção de estratégias de monitoramento, conforme disposto abaixo:

...

III - Na LI (1382702), o Ministério da Saúde configura como importador. Dessa forma, deve ser apresentada a declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância, conforme modelo Anexo à RDC 476/2021, assinada pelo Chefe do Poder Executivo.

Diante da exigência exarada pela Anvisa, solicitamos providenciar junto ao PNI tal declaração, uma vez que é a área responsável por executar tais ações

Desde já agradecemos.

Att.
Ariadne Bonvino
DIIMP/CGLOG/DLOG/SE

ANVISA
Agência Nacional de Vigilância Sanitária

Gabinete do Diretor-Presidente - Chefe de Gabinete
SIA Trecho 05, Área Especial 57, Brasília/DF, CEP 71.205.05
Telefone: 0800 642 9782 - www.anvisa.gov.br

Ofício nº 663/2021/SEI/GADIP-CG/ANVISA

Ao Senhor
Antônio Elcio Franco Filho
Secretário-Executivo
Secretaria-Executiva do Ministério da Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Com cópia
Ao Senhor
Roberto Ferreira Dias
Diretor do Departamento de Logística em Saúde
Departamento de Logística em Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Assunto: **Solicitação de autorização para importação em caráter Excepcional de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN**

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.908110/2021-03.

Senhor Secretário-Executivo,

1. Cumprimentando-o, nos dirigimos a Vossa Senhoria para consignar que o pedido de importação em caráter excepcional de 20.000.000 (vinte milhões) de doses da vacina Covaxin / BBV152, processo SEI n° 25351.908110/2021-03, constitui processo administrativo formal, de caráter sigiloso.

2. O peticionamento em tal processo deve ser formulado pelo importador legitimado, no caso, o Ministério da Saúde.

3. Dessa forma, encarecemos que as manifestações no âmbito desse processo sejam centralizadas por esse Ministério. O motivo de tal solicitação se deve ao fato de que a interveniente, Precisa Medicamentos, tem, por intermédio de mensagens eletrônicas (e-mail), copiado setores e diretorias da Anvisa com informações alusivas ao processo, o que pode causar tumulto à instrução processual.

4. Em atenção à documentação complementar encaminhada pelo Ministério da Saúde pelos processo processos 25351.908361/2021-80 e 25351.908358/2021-66, informo que:

I - De acordo com a Precisa Medicamentos, o CDSCO emitiu um documento (anexo BBV152 – COVAXIN – EUL – 12032021) que transmite a autorização para uso emergencial

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com as suas ressalvas, bem como o relatório de avaliação técnica em um único documento. No entanto, a Lei 14.124/2021 e a RDC 476/2021 determinam que o referido relatório deve ser capaz de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s. O documento BBV152-COVAXIN-EUL refere-se ao comprovante de autorização de uso emergencial pela autoridade indiana, mas não contempla aspectos técnicos de qualidade, segurança e eficácia referentes à avaliação da vacina por esta autoridade;

II - Foi apresentado o Licenciamento de Importação (LI), no qual consta o lote nº 37F21004A . Tal lote é diferente daqueles para os quais foram apresentados os certificados de análise (lotes 37620001A, 37620002A e 37620003A) no pleito inicial. Ademais, no LI consta a data de validade do lote 37F21004A como sendo 01/2023. No entanto, o prazo de validade aprovado pela Autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8 °C. Portanto, a data de validade do referido lote não corresponde ao prazo de validade aprovado pela autoridade da Índia. Para o lote nº 37F21004A, não foi apresentado o Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade, emitido pelo fabricante;

III - Na LI (1382702), o Ministério da Saúde configura como importador. Dessa forma, deve ser apresentada a declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância, conforme modelo Anexo à RDC 476/2021, assinada pelo Chefe do Poder Executivo.

5. Esclarecemos que, conforme Lei nº 14.124, de 10 de março de 2021, os prazos para decisão da Anvisa estão vinculados com o conteúdo das informações apresentadas. Ademais, o § 3º do art. 17 da RDC 476/2021 estabelece que as solicitações de esclarecimentos feitas pela Anvisa suspendem a contagem do prazo até que sejam atendidas.

6. Solicitamos ainda, ao Ministério da Saúde, que os próximos documentos sejam enviados como peticionamento intercorrente ao processo SEI nº 25351.908110/2021-03.

7. Agradecemos antecipadamente pela compreensão.

Atenciosamente,

Documento assinado eletronicamente por **Karin Schuck Hemesath Mendes**, **Chefe de Gabinete**, em 24/03/2021, às 20:32, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm.

A autenticidade deste documento pode ser conferida no site https://sei.anvisa.gov.br/autenticidade, informando o código verificador **1383578** e o código CRC **F4BC79A8**.

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.908110/2021-03 SEI nº 1383578

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William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: terça-feira, 30 de março de 2021 10:03
Para: Regina Celia Silva Oliveira; LISTA - DIVISÃO DE IMPORTAÇÃO
Cc: Renata Marques Santana; Thiago Fernandes da Costa; Marcelo Calado; Katiane Rodrigues Torres; Alex Lial Marinho; Genivano Pinto de Araújo
Assunto: RES: Pendência Anvisa quanto a autorização da Covaxin CT 29/2021 (25000.043170/2021-42)

Obrigada Regina!

De: Regina Celia Silva Oliveira
Enviada em: segunda-feira, 29 de março de 2021 19:05
Para: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Genivano Pinto de Araújo <genivano.araujo@saude.gov.br>
Assunto: ENC: Pendência Anvisa quanto a autorização da Covaxin CT 29/2021 (25000.043170/2021-42)

Prezados, informamos que por meio do Despacho (0019797340) foi solicitado, junto ao PNI, a emissão da declaração requisitada pela Anvisa.

Att.,

Regina Celia Silva Oliveira
FISCAL DO CONTRATO

Departamento de Imunização e Doenças Transmissíveis - DEIDT
Secretaria de Vigilância em Saúde - Ministério da Saúde - SVS/MS
SRTVN 701, Lote D, Ed. PO 700 - 6° Andar
CEP: 70.719-040-Brasília - DF
☎ (61) 3315-2414

De: MS/DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Enviado: segunda-feira, 29 de março de 2021 15:10
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Genivano Pinto de Araújo <genivano.araujo@saude.gov.br>
Assunto: Pendência Anvisa quanto a autorização da Covaxin CT 29/2021 (25000.043170/2021-42)

Prezados fiscais e colegas do DEIDT,

De acordo com o Ofício 663/2021 da Anvisa, a agência relata que sendo o Ministério da Saúde o importador, somos nós que devemos apresentar a declaração que ateste adoção de estratégias de monitoramento, conforme disposto abaixo:

...

III - Na LI (1382702), o Ministério da Saúde configura como importador. Dessa forma, deve ser apresentada a declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância, conforme modelo Anexo à RDC 476/2021, assinada pelo Chefe do Poder Executivo.

Diante da exigência exarada pela Anvisa, solicitamos providenciar junto ao PNI tal declaração, uma vez que é a área responsável por executar tais ações

Desde já agradecemos.

Att.
Ariadne Bonvino
DIIMP/CGLOG/DLOG/SE

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 962

William Amorim Santana

De: William Amorim Santana
Enviado em: sexta-feira, 9 de abril de 2021 14:44
Para: Emanuela Medrades
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Assunto: REUNIÃO 09/04/2021 ANVISA/DLOG VACINA COVAXIN

Prezada Emanuela Medrades

Boa tarde!

Esta Divisão de Importação (DIIMP) vem, pelo presente, convocar os responsáveis da empresa **PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA**, representante da empresa BHARAT BIOTECH LIMITED INTERNATIONAL, para reunião presencial na Agência Nacional de Vigilância Sanitária (ANVISA) na presente data, para tratar de documentos pertinentes a autorização de importação de 20.000.000 (vinte milhões) de doses da vacina Covaxin/BBV152, objeto de aquisição do Contrato 029/2021, celebrado entre este Ministério da Saúde (MS) e a referida instituição.

Pauta: Documentos necessários para autorização de importação da vacina Covaxin, objeto do contrato 029/2021.
Data: 09/04/2021
Local: Agencia Nacional de Vigilância Sanitária (ANVISA) - GADIP
Horário: 16:30h
Participantes: Precisa Medicamentos / ANVISA / Departamento de Logistica (DLOG-MS)

Aguardamos vossa presença.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
lista.divisaoimportacao@saude.gov.br

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: sexta-feira, 9 de abril de 2021 15:15
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Maximiano; Elaine Cristina Giglioli; Tulio Silveira
Assunto: Re: REUNIÃO 09/04/2021 ANVISA/DLOG VACINA COVAXIN

Caro William, boa tarde.

Não participarei, porém segue a lista das pessoas que estarão presentes em nome da Precisa:

Francisco Maximiano – CEO.
Elaine Giglio – Coordenadora de Assuntos Regulatórios e Qualidade.
Dr. Tulio Silveira – Head Contratos Administrativos.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: sexta-feira, 9 de abril de 2021 14:44
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: REUNIÃO 09/04/2021 ANVISA/DLOG VACINA COVAXIN

Prezada Emanuela Medrades

Boa tarde!

Esta Divisão de Importação (DIIMP) vem, pelo presente, convocar os responsáveis da empresa **PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA**, representante da empresa BHARAT BIOTECH LIMITED INTERNATIONAL, para reunião presencial na Agência Nacional de Vigilância Sanitária (ANVISA) na presente data, para tratar de documentos pertinentes a autorização de

importação de 20.000.000 (vinte milhões) de doses da vacina Covaxin/BBV152, objeto de aquisição do Contrato 029/2021, celebrado entre este Ministério da Saúde (MS) e a referida instituição.

Pauta: Documentos necessários para autorização de importação da vacina Covaxin, objeto do contrato 029/2021.
Data: 09/04/2021
Local: Agencia Nacional de Vigilância Sanitária (ANVISA) - GADIP
Horário: 16:30h
Participantes: Precisa Medicamentos / ANVISA / Departamento de Logistica (DLOG-MS)

Aguardamos vossa presença.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
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William Amorim Santana

De: William Amorim Santana
Enviado em: sexta-feira, 9 de abril de 2021 15:41
Para: DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: REUNIÃO 09/04/2021 ANVISA/DLOG VACINA COVAXIN

Prezados(as),

Boa tarde!

Segue para conhecimento.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 9 de abril de 2021 15:15
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>; Maximiano <maximiano@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>
Assunto: Re: REUNIÃO 09/04/2021 ANVISA/DLOG VACINA COVAXIN

Caro William, boa tarde.

Não participarei, porém segue a lista das pessoas que estarão presentes em nome da Precisa:

Francisco Maximiano – CEO.
Elaine Giglio – Coordenadora de Assuntos Regulatórios e Qualidade.
Dr. Tulio Silveira – Head Contratos Administrativos.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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PRECISA Medicamentos

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De: William Amorim Santana <william.santana@saude.gov.br>
Data: sexta-feira, 9 de abril de 2021 14:44
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: REUNIÃO 09/04/2021 ANVISA/DLOG VACINA COVAXIN

Prezada Emanuela Medrades

Boa tarde!

Esta Divisão de Importação (DIIMP) vem, pelo presente, convocar os responsáveis da empresa **PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA**, representante da empresa BHARAT BIOTECH LIMITED INTERNATIONAL, para reunião presencial na Agência Nacional de Vigilância Sanitária (ANVISA) na presente data, para tratar de documentos pertinentes a autorização de importação de 20.000.000 (vinte milhões) de doses da vacina Covaxin/BBV152, objeto de aquisição do Contrato 029/2021, celebrado entre este Ministério da Saúde (MS) e a referida instituição.

Pauta: Documentos necessários para autorização de importação da vacina Covaxin, objeto do contrato 029/2021.
Data: 09/04/2021
Local: Agencia Nacional de Vigilância Sanitária (ANVISA) - GADIP
Horário: 16:30h
Participantes: Precisa Medicamentos / ANVISA / Departamento de Logistica (DLOG-MS)

Aguardamos vossa presença.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
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AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA

Quinta Diretoria – DIRE5

Setor de Indústria e Abasteciemnto - SIA
Trecho 5 – Quadra Especial 57 – Lote 200
Bloco D – 3º andar - Brasília – DF – 71205-050

ATA DE REUNIÃO 2021

Reunião: Ministério da Saúde e Precisa

Pauta: Vacina Covaxin

Local: DIRE5

Data: 09/04/2021	**Horário:**17h

Participantes: Lista de assinatura em anexo

Assuntos Tratados:

O Ministério da Saúde solicitou a reunião para tratar da importação da vacina Covaxin.

O Diretor Alex Campos abriu a reunião destacando a importância dos pedidos de importação pelo Ministério da Saúde. Informou que as questões referentes às Boas Práticas de Fabricação devem ser tratadas com a GGFIS/DIRE4 e que a DIRE5 atua no tema importação.

A empresa esclareceu que será iniciado novo processo de importação, a partir do Voto deliberado em DICOL. Foi relatado que representantes da empresa irão à Índia para obter as informações necessárias ao novo pedido de importação em caráter excepcional.

O Diretor Alex Campos esclareceu que o relatório de avaliação da Autoridade deve ser capaz de demonstrar a análise dos aspectos de qualidade, segurança e eficácia pela Agência indiana. Importante haver robustez das informações a serem enviadas à Anvisa. Na ausência do relatório, devem ser fornecidas informações que supram os aspectos de qualidade, segurança e eficácia requeridos pela Lei 14.124/2021. Sobre a certificação de Boas Práticas de Fabricação (BPF), o Diretor destacou que a empresa deve fornecer expediente específico tratando dos apontamentos feitos durante a inspeção.

O representante do Ministério da Saúde destacou que o referido processo de importação é um processo novo e que o novo pedido será instruído pelo Ministério. Resssaltou que a empresa deve prover todas as informações técnicas relevantes e disponíveis para embasar novo pedido de importação.

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A empresa irá à Índia para tratativas com a Bharat e a CDSCO. Informou que diversas não conformidades apontadas durante a inspeção já foram atendidas pela fabricante e que todas as pendências serão resolvidas até o final de maio/2021.

O Diretor Alex Campos ressaltou que a instrução processual deve ser realizada pelo Ministério da Saúde.

Após obtenção dos novos dados, poderá ser realizada reunião de trabalho com a empresa e o Ministério, à semelhança de reunião de pré-submissão.

A empresa solicitou que tal reunião seja realizada no início da próxima semana.

Foi realizada apresentação pela empresa, listando os documentos a serem apresentados em nova submissão. No que se refere à apresentação dos certificados de liberação dos lotes a serem importados, a Anvisa destacou que trata-se de documento necessário à instrução do processo de importação e que será verificado pela PAF e INCQS. No entanto, no dossiê de autorização de importação, a empresa poderá encaminhar certificados de liberação de lotes anteriores aos que serão importados, a fim de exemplificar sua adequabilidade às especificações de qualidade.

A Anvisa sugeriu que a empresa faça contato com o INCQS a fim de antecipar as tratativas referentes à liberação dos lotes da vacina em caso de aprovação da importação.

A empresa informou que é possível disponibilizar ao Brasil apenas lotes fabricados após a adequação dos aspectos de BPF. Também informou que possui relatório de avaliação emitido pela Cofepris e que o mesmo será enviado à Anvisa.

ENCAMINHAMENTOS:

OBSERVAÇÕES:

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 970

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: segunda-feira, 12 de abril de 2021 17:16
Para: Alex Lial Marinho; Luis Ricardo Fernandes Miranda; Katiane Rodrigues Torres; Mônica Cristina Moraes E Souza Araújo; LISTA - DIVISÃO DE IMPORTAÇÃO; William Amorim Santana; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Assunto: ENC: Ata de reunião e lista de presença - Empresa Precisa Medicamentos - 09/04/2021
Anexos: ATA DE REUNIÃO - Precisa.pdf; LISTA DE PRESENÇA - PRECISA.pdf

Prioridade: Alta

Prezados, boa tarde.

Encaminho a ata da reunião realizada na Anvisa na última sexta-feira (09/04) acerca da importação da Vacina Covaxin.

Atenciosamente,

Ariadne Bonvino..

De: Quinta Diretoria [mailto:diretoria5@anvisa.gov.br]
Enviada em: segunda-feira, 12 de abril de 2021 16:12
Para: Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; 'tulio.silveira@precisamedcamentos.com.br' <tulio.silveira@precisamedcamentos.com.br>; 'elaine.giglioli@precisamendicamentos.com.br' <elaine.giglioli@precisamendicamentos.com.br>
Assunto: Ata de reunião e lista de presença - Empresa Precisa Medicamentos - 09/04/2021
Prioridade: Alta

ANVISA
Agência Nacional de Vigilância Sanitária

Prezados, boa tarde.

Segue em anexo ata de reunião realizada com esta Quinta Diretoria no dia 09/04/2021.

Atenciosamente,
Quinta Diretoria - DIRE5
Agência Nacional de Vigilância Sanitária - ANVISA
E-mail: diretoria5@anvisa.gov.br
Endereço: Setor de Indústria e Abastecimento (S.I.A.),
trecho 05 área especial 57 – bloco D – 3º andar
CEP: 71205-050 – Brasília/DF
Telefones: (+55) 61 3462-6776/6503/6937

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Agência Nacional de Vigilância Sanitária

LISTA DE PRESENÇA

Audiência ☐
Reunião ☐

DATA: 09/04/2021 HORÁRIO: 17h LOCAL: DIRE5

NOME	EMPRESA/ÓRGÃO	CONTATO		RUBRICA
		telefone	e-mail	
Alice M. Campos	DIRE5		diretoria5@anvisa.gov.br	
Daniella Laguardia	DIRE5		"	
Francisco Maximiano	Precisa Brasil	11-94141-7777	maximiano@precisamedicamentos.com.br	
Roberto Ferreira Dias	DLOG/MS	4199251 3100	Roberto.Dias@saude.gov.br	
Ariadne g. m Bonvino	DLOG/MS	61 98500-6565	ariadne.bonvino@saude.gov.br	
Elaine C. Giglioli	Precisa Med	11 958649 2922	elaine.giglioli@precisamedicamentos.com.br	
TÚLIO B. M SILVEIRA	BIOMAT DI/PRECISA	61-99286-8666	TULIO.SILVEIRA@PRECISAMEDICAMENTOS.COM	
DANIEL DE SOUZA CRUZ	DIRE 5	61-3462-6776	DANIEL.CRUZ@ANVISA.GOV.BR	

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 973

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: quarta-feira, 14 de abril de 2021 15:34
Para: Tulio Silveira; Roberto Ferreira Dias
Cc: Maximiano; Emanuela Medrades; Elaine Cristina Giglioli; LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Katiane Rodrigues Torres
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezados Tulio e colegas, boa tarde.

Não consegui acessar a documentação. Estou aguardando um e-mail com o código de confirmação para conseguir abrir o link, mas não o recebo. Meu e-mail está um pouco instável, não sei se é por este motivo.

De qualquer maneira, precisamos tirar algumas dúvidas:
- Essa documentação já foi submetida à apreciação da Anvisa, conforme acordado na reunião de sexta sobre a pré-submissão?
- Após o consentimento da Agência, será o MS a protocolar os documentos? Se sim, gentileza nos informar quando houver anuência da documentação, para nosso prosseguimento.
- Entendo que será aberto um novo processo. É isso mesmo ou os documentos devem ser protocolados sob o mesmo processo anterior?

Fico à disposição. Abraços.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
DIIMP/CGLOG/DLOG/SE/MS

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 03:02
Para: Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Diretor, bom dia.

Em continuidade a reunião realizada em 13/04/2021, encaminhamos por meio deste, ofício de solicitação de pré-análise dos novos documentos para o novo pedido de autorização excepcional e temporária para importação da vacina Covaxin para atendimento ao contrato 29/2021.

Considerando o tamanho dos arquivos dos documentos, encaminhamos o link para acesso direto aos mesmos: MS_COVAXIN_DOCUMENTOS

Caso o senhor ou a senhora Ariadne não consigam acessar os documentos, por favor me avise para que possamos corrigir eventual inviabilidade de acesso.

Permanecemos à disposição para mais informações.

Att.,

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 61 9 9286-8666
www.precisamedicamentos.com.br

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>
Enviado em: quarta-feira, 14 de abril de 2021 15:37
Para: Ariadne Gisele Muniz Bonvino; Roberto Ferreira Dias
Cc: Maximiano; Emanuela Medrades; Elaine Cristina Giglioli; LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Katiane Rodrigues Torres
Assunto: RE: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Boa tarde.
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Você poderia por favor, verificar na sua caixa de spam?
De todo o modo já estou aqui novamente para providenciar o acesso.
Volto na sequência com as providências.
Grato.

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28º andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 61 9 9286-8666
www.precisamedicamentos.com.br

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De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Enviado: quarta-feira, 14 de abril de 2021 15:33
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezados Tulio e colegas, boa tarde.

Não consegui acessar a documentação. Estou aguardando um e-mail com o código de confirmação para conseguir abrir o link, mas não o recebo. Meu e-mail está um pouco instável, não sei se é por este motivo.

De qualquer maneira, precisamos tirar algumas dúvidas:
- Essa documentação já foi submetida à apreciação da Anvisa, conforme acordado na reunião de sexta sobre a pré-submissão?
- Após o consentimento da Agência, será o MS a protocolar os documentos? Se sim, gentileza nos informar quando houver anuência da documentação, para nosso prosseguimento.
- Entendo que será aberto um novo processo. É isso mesmo ou os documentos devem ser protocolados sob o mesmo processo anterior?

Fico à disposição. Abraços.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
DIIMP/CGLOG/DLOG/SE/MS

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 03:02
Para: Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Diretor, bom dia.

Em continuidade a reunião realizada em 13/04/2021, encaminhamos por meio deste, ofício de solicitação de pré-análise dos novos documentos para o novo pedido de autorização excepcional e temporária para importação da vacina Covaxin para atendimento ao contrato 29/2021.

Considerando o tamanho dos arquivos dos documentos, encaminhamos o link para acesso direto aos mesmos: MS_COVAXIN_DOCUMENTOS

Caso o senhor ou a senhora Ariadne não consigam acessar os documentos, por favor me avise para que possamos corrigir eventual inviabilidade de acesso.

Permanecemos à disposição para mais informações.

Att.,

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 61 9 9286-8666
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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: quarta-feira, 14 de abril de 2021 15:43
Para: Tulio Silveira; Roberto Ferreira Dias
Cc: Maximiano; Emanuela Medrades; Elaine Cristina Giglioli; LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Katiane Rodrigues Torres
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Boa tarde,

Foi sim verificada a caixa de Spam.

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 15:37
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
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Grato.

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OAB/DF: 21.103

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Enviado: quarta-feira, 14 de abril de 2021 15:33
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
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Prezados Tulio e colegas, boa tarde.

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Fico à disposição. Abraços.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
DIIMP/CGLOG/DLOG/SE/MS

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 03:02
Para: Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Diretor, bom dia.

Em continuidade a reunião realizada em 13/04/2021, encaminhamos por meio deste, ofício de solicitação de pré-análise dos novos documentos para o novo pedido de autorização excepcional e temporária para importação da vacina Covaxin para atendimento ao contrato 29/2021.

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OAB/SP: 188.046
OAB/DF: 21.103

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
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DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>
Enviado em: quarta-feira, 14 de abril de 2021 15:44
Para: Ariadne Gisele Muniz Bonvino; Roberto Ferreira Dias
Cc: Maximiano; Emanuela Medrades; Elaine Cristina Giglioli; LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Katiane Rodrigues Torres
Assunto: RE: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Obrigado pelo retorno.
Já estou providenciando no link.
Muito obrigado.

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
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De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Enviado: quarta-feira, 14 de abril de 2021 15:42
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Boa tarde,

Foi sim verificada a caixa de Spam.

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 15:37
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
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Grato.

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Enviado: quarta-feira, 14 de abril de 2021 15:33
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezados Tulio e colegas, boa tarde.

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Fico à disposição. Abraços.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
DIIMP/CGLOG/DLOG/SE/MS

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Prezado Diretor, bom dia.

Em continuidade a reunião realizada em 13/04/2021, encaminhamos por meio deste, ofício de solicitação de pré-análise dos novos documentos para o novo pedido de autorização excepcional e temporária para importação da vacina Covaxin para atendimento ao contrato 29/2021.

Considerando o tamanho dos arquivos dos documentos, encaminhamos o link para acesso direto aos mesmos: MS_COVAXIN_DOCUMENTOS

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
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Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 987

Ofício_Precisa_Contrato_29/2021 nº 007/2021

Brasília/DF, 13 de abril de 2021.

A Sua Senhoria
Roberto Ferreira Dias
Departamento de Logística em Saúde
Secretaria Executiva
Ministério da Saúde
Esplanada dos Ministérios Bloco G
Anexo A - 4º Andar sala 464
70058-900 Brasília/DF

Ref. Contrato 29/2021 – Pedido excepcional de importação, distribuição e uso Covaxin™

1. A oficiante é empresa representante da Contratada BHARAT BIOTECH LIMITED INTERNATIONAL, no contrato administrativo nº 29/2021, para fornecimento VACINA, COVID-19 (CORONAVÍRUS, SARS-COV-2), INJETÁVEL (Covaxin/BBV152), na quantidade de 20.000.000 de doses, conforme cronograma inicialmente estabelecido.

2. Foi submetido pedido de autorização excepcional e temporária para importação e distribuição de vacinas contra Covid19 para o enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), da vacina Covaxin™ para o Contrato 29/2021 ao qual em 31/03/2021 foi indeferido respectivo pleito.

3. Em virtude do indeferimento do pedido de autorização excepcional e temporária para importação e distribuição de vacinas, houve a necessidade de alinhamento sobre as informações do pedido, ao qual em 06/04/2021 e 09/04/2021 foram realizados presencialmente encontros entre o Ministério da Saúde (Importador),

Anvisa (Agência Regulatória) e a Precisa/Bharat Biotech (fornecedora/produtora) da Covaxin™ alinhando todos os pontos necessários ao novo pedido.

4. Dessas reuniões surgiu o compromisso de pré-submissão dos documentos pertinentes ao novo pedido de autorização excepcional e temporária para importação e distribuição de vacinas contra Covid19, que restou consignado para o necessário alinhamento documental relativo às providências relacionadas à licença de importação.

5. Por isso, apresentamos neste momento as informações pertinentes para a parte complementar documental e para os esclarecimentos dos arquivos que o acompanham, subdivididos em arquivos que já foram submetidos no primeiro pedido e os novos documentos, complementares ao primeiro pedido.

5.1. Submetidos em março de 2021.

5.1.1. Capítulo 5_Dados do IFA. Informações do insumo farmacêutico ativo. A sequência apresenta a relação das informações e dos documentos que demonstram as evidências das providências adotadas para a demonstração da segurança, qualidade e eficácia da vacina Covaxin™.

5.1_Annexure 1 - Analytical Procedure
5.1_Annexure 1 – Validation
5.1_Annexure 2 - 10L CoAs
5.1_Annexure 3 - PC bottles Specification STP
5.1_Annexure 4 - Excipients COAS
5.1_Annexure 5 - Drug Product Development
5.1_Annexure 6 - Development history
5.1_Annexure 7 – Changes

5.1.2. Capitulo 8_GMP do país de origem. Certificado de boas práticas de fabricação emitido pela Central Drugs Standard Control Organization (CDSCO) e a qualificação pela Organização Mundial da Saúde. A sequência apresenta a relação das informações e dos documentos que demonstram as evidências das providências adotadas para a garantia da segurança, qualidade e eficácia da vacina Covaxin™.

8.1_GMP for Vaccines valid till June 2021

8.2_WHO-GMP Certificate Vaccines 2020

5.1.3. Capítulo 9_Certificado de Uso Emergencial aprovado no país de origem. A sequência apresenta a relação das informações e dos documentos que demonstram as evidências das providências adotadas para a garantia da segurança, qualidade e eficácia da vacina Covaxin™.

9_Covaxin_Registro_CDSCO_Índia

5.1.4. Capítulo 12_CoA_Certificados_modelo_analise_lotes. Apresentação dos modelos de certificados de análise e os respectivos laudos oficiais serão apresentados no momento da operacionalização da AWB no ato do embarque. A sequência apresenta a relação das informações e dos documentos que demonstram as evidências das providências adotadas para a garantia da segurança, qualidade e eficácia da vacina Covaxin™.

12.1_37G20001A_COA_Certificado_Análise_Modelo
12.2_37G20002A_COA__Certificado_Análise_Modelo
12.3_37G20003A_COA__Certificado_Análise_Modelo

5.1.4.1. Anexado ao Capítulo 12, está sendo apresentada declaração de que o prazo de validade dos imunobiológicos não terá transcorrido mais de 35% (trinta e cinco por cento) na data da entrega do produto, nos termos do item 4.3.7. do Termo de Referência ao Contrato 29/2021.

12.4_DECLARAÇÃO_VALIDADE_DO_PRODUTO

5.2. Apresentação de **novos** documentos relacionados na sequência, para o novo pedido de autorização excepcional e temporária para importação e distribuição da vacina Covaxin™, em abril de 2021.

5.2.1. Capítulo 1_Eficácia e Potência. Resultados de Eficácia e Potência com dados com evidências científicas. A sequência apresenta a relação das informações e dos documentos que demonstram as evidências das providências adotadas para a garantia da segurança, qualidade e eficácia da vacina Covaxin™.

1.1_Informação_eficacia_clínica

1.2_Informação_Dados de Potência

5.2.2. Capítulo 2_Estudo de Estabilidade (temperatura). Detalhamento de todas as apresentações. A sequência apresenta a relação das informações e dos documentos que demonstram as evidências das providências adotadas para a demonstração da segurança, qualidade e eficácia da vacina Covaxin™.

2.1_0,5 ml
2.2_5 ml
2.3_10 ml

5.2.3. Capítulo 3_Estudos Clínicos. Apresentação dos estudos clínicos subdividido em fase clínica e não clínica. A sequência apresenta a relação das informações e dos documentos que demonstram as evidências das providências adotadas para a demonstração da segurança, qualidade e eficácia da vacina Covaxin™.

3.1_Pré-clínico e Clínico
3.2_Estudo clínico fase I
3.3_Estudo clínico fase II e III
3.4_Dados não clínicos
3.5_Análise crítica de dados clínicos
3.6_Decl de toxicologia

5.2.4. Capítulo 4_Qualidade_Inativação_viral. Itens e procedimentos pertencentes ao módulo de segurança e eficácia do produto, com detalhes dos procedimentos de inativação viral e das respostas de imunogenicidade obtidas in vitro e nas fases clínicas. A sequência apresenta a relação das informações e dos documentos que demonstram as evidências das providências adotadas para a demonstração da segurança, qualidade e eficácia da vacina Covaxin™.

4.1_Bulk COA 10L
4.2_Finished Product Process Validation

5.2.5. Capítulo 7_Autorização de Uso Emergencial dos Países.

7.1_República da Índia - Central Drugs Standard Control Organization (CDSCO), da República da Índia
7.2_Estados Unidos Mexicanos - COFEPRIS - Mexico Ministry of Health
7.3_República Islâmica do Irã - Islamic Republic of Iran Ministry of Health and Medical Education Food and Drug Adminstration
7.4_República do Paraguai - Ministerio de Salud Publica y Bienestar Social
7.5_República Zimbabue - Medicines Control Authority of Zimbabwe
7.6_República da União de Myanmar - Ministry of Health and Sports Department of Food and Drug Administration
7.7_República da Guiana - Government analyst Food & Drug Department
7.8_República de Maurício - Ministry of Health and Wellness Mauritius
7.9_República Democrática Federal do Nepal - Ministry of Health and Population - Department of Drug Administration
7.10_República da Nicarágua - Ministerio de Salud de Nicaragua (MINSA)

5.2.6. Capitulo 10_Relatório da agência COFEPRIS

10.1_Estados Unidos Mexicanos - COFEPRIS - Mexico Ministry of Health

5.2.7. Capitulo 11_Pulicações Indexadas_Pré clínica Fase I e II. Publicações científicas especializadas, de alto reconhecimento e confiabilidade. A sequência apresenta a relação das informações e dos documentos que demonstram as evidências das providências adotadas para em relação à segurança, qualidade e eficácia da vacina Covaxin™.

11.1_BBIL-BBV152-COVAXIN-Phase I-Lancet-21Jan2021
11.2_Covaxin-Publications

5.2.8. Capítulo 13_Status GMP. Evolução das ações imediatas após inspeção do CBPF da Anvisa. A sequência apresenta a relação das informações das ações adotadas para o procedimento de ações preventivas e corretivas para as boas práticas de fabricação após a inspeção da Anvisa junto à Bharat Biotech em Hyderabad.

13_1_GMP_Reunião Tipo 1_COVAXIN_ANVISA_12-04-2021

5.2.9. Capítulo 14_Síntese do Processo

14.1_Relação dos novos documentos

6. Na manutenção do fiel compromisso para a continuidade ao de autorização excepcional e temporária para importação e distribuição de vacinas contra Covid19, submetemos à vossa senhoria a relação documental e suas evidências para prosseguimento das atividades necessárias para importação da vacina Covaxin™.

Atenciosamente.

FRANCISCO EMERSON MAXIMIANO:09437804893

Assinado de forma digital por FRANCISCO EMERSON MAXIMIANO:09437804893
Dados: 2021.04.14 02:37:08 -03'00'

FRANCISCO EMERSON MAXIMIANO
Presidente
Precisa Comercialização de Medicamentos Ltda.

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: quarta-feira, 14 de abril de 2021 17:06
Para: William Amorim Santana
Assunto: ENC: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO
Anexos: 2021_04_13_OFÍCIO_PRECISA_07_2021_DOCUMENTOS_PEDIDO_IMPORT.pdf

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De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 03:02
Para: Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Diretor, bom dia.

Em continuidade a reunião realizada em 13/04/2021, encaminhamos por meio deste, ofício de solicitação de pré-análise dos novos documentos para o novo pedido de autorização excepcional e temporária para importação da vacina Covaxin para atendimento ao contrato 29/2021.

Considerando o tamanho dos arquivos dos documentos, encaminhamos o link para acesso direto aos mesmos: MS_COVAXIN_DOCUMENTOS

Caso o senhor ou a senhora Ariadne não consigam acessar os documentos, por favor me avise para que possamos corrigir eventual inviabilidade de acesso.

Permanecemos à disposição para mais informações.

Att.,

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
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William Amorim Santana

De: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>
Enviado em: quarta-feira, 14 de abril de 2021 17:23
Para: Ariadne Gisele Muniz Bonvino; Roberto Ferreira Dias
Cc: Maximiano; Emanuela Medrades; Elaine Cristina Giglioli; LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Katiane Rodrigues Torres
Assunto: RE: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezada @Ariadne Gisele Muniz Bonvino, boa tarde. Tudo bem? Esclarecendo suas dúvidas, copiei a pergunta e abaixo transcrevo o esclarecimento.

- Essa documentação já foi submetida à apreciação da Anvisa, conforme acordado na reunião de sexta sobre a pré-submissão?

Não. O Ministério se comprometeu submeter previamente à Anvisa.

- Após o consentimento da Agência, será o MS a protocolar os documentos? Se sim, gentileza nos informar quando houver anuência da documentação, para nosso prosseguimento.

Sim. Será o MS a submeter a documentação.

- Entendo que será aberto um novo processo. É isso mesmo ou os documentos devem ser protocolados sob o mesmo processo anterior?

Sim! O seu entendimento está correto. Deve ser protocolado um novo pedido.

Estou à disposição para mais informações.

Att.,

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

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De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Enviado: quarta-feira, 14 de abril de 2021 15:33
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezados Tulio e colegas, boa tarde.

Não consegui acessar a documentação. Estou aguardando um e-mail com o código de confirmação para conseguir abrir o link, mas não o recebo. Meu e-mail está um pouco instável, não sei se é por este motivo.

De qualquer maneira, precisamos tirar algumas dúvidas:
- Essa documentação já foi submetida à apreciação da Anvisa, conforme acordado na reunião de sexta sobre a pré-submissão?
- Após o consentimento da Agência, será o MS a protocolar os documentos? Se sim, gentileza nos informar quando houver anuência da documentação, para nosso prosseguimento.
- Entendo que será aberto um novo processo. É isso mesmo ou os documentos devem ser protocolados sob o mesmo processo anterior?

Fico à disposição. Abraços.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
DIIMP/CGLOG/DLOG/SE/MS

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 03:02
Para: Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Diretor, bom dia.

Em continuidade a reunião realizada em 13/04/2021, encaminhamos por meio deste, ofício de solicitação de pré-análise dos novos documentos para o novo pedido de autorização excepcional e temporária para importação da vacina Covaxin para atendimento ao contrato 29/2021.

Considerando o tamanho dos arquivos dos documentos, encaminhamos o link para acesso direto aos mesmos: MS_COVAXIN_DOCUMENTOS

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE

INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: quarta-feira, 14 de abril de 2021 17:35
Para: Tulio Silveira; Roberto Ferreira Dias
Cc: Maximiano; Emanuela Medrades; Elaine Cristina Giglioli; LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Katiane Rodrigues Torres
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Olá Tulio,

Agradecemos os esclarecimentos.
Estamos em posse da documentação e no aguarda da reunião de pré-submissão para avaliação da Anvisa.

Abraços,

Ariadne Bonvino
Farmacêutica
DIIMP/CGLOG/DLOG/SE/MS

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 17:23
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RE: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezada @Ariadne Gisele Muniz Bonvino, boa tarde. Tudo bem? Esclarecendo suas dúvidas, copiei a pergunta e abaixo transcrevo o esclarecimento.

- Essa documentação já foi submetida à apreciação da Anvisa, conforme acordado na reunião de sexta sobre a pré-submissão?

Não. O Ministério se comprometeu submeter previamente à Anvisa.

- Após o consentimento da Agência, será o MS a protocolar os documentos? Se sim, gentileza nos informar quando houver anuência da documentação, para nosso prosseguimento.

Sim. Será o MS a submeter a documentação.

- Entendo que será aberto um novo processo. É isso mesmo ou os documentos devem ser protocolados sob o mesmo processo anterior?

Sim! O seu entendimento está correto. Deve ser protocolado um novo pedido.

Estou à disposição para mais informações.

Att.,

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 61 9 9286-8666
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Enviado: quarta-feira, 14 de abril de 2021 15:33
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezados Tulio e colegas, boa tarde.

Não consegui acessar a documentação. Estou aguardando um e-mail com o código de confirmação para conseguir abrir o link, mas não o recebo. Meu e-mail está um pouco instável, não sei se é por este motivo.

De qualquer maneira, precisamos tirar algumas dúvidas:
- Essa documentação já foi submetida à apreciação da Anvisa, conforme acordado na reunião de sexta sobre a pré-submissão?
- Após o consentimento da Agência, será o MS a protocolar os documentos? Se sim, gentileza nos informar quando houver anuência da documentação, para nosso prosseguimento.
- Entendo que será aberto um novo processo. É isso mesmo ou os documentos devem ser protocolados sob o mesmo processo anterior?

Fico à disposição. Abraços.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
DIIMP/CGLOG/DLOG/SE/MS

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 03:02
Para: Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Diretor, bom dia.

Em continuidade a reunião realizada em 13/04/2021, encaminhamos por meio deste, ofício de solicitação de pré-análise dos novos documentos para o novo pedido de autorização excepcional e temporária para importação da vacina Covaxin para atendimento ao contrato 29/2021.

Considerando o tamanho dos arquivos dos documentos, encaminhamos o link para acesso direto aos mesmos: MS_COVAXIN_DOCUMENTOS

Caso o senhor ou a senhora Ariadne não consigam acessar os documentos, por favor me avise para que possamos corrigir eventual inviabilidade de acesso.

Permanecemos à disposição para mais informações.

Att.,

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 61 9 9286-8666
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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: quarta-feira, 14 de abril de 2021 19:18
Para: Tulio Silveira; Roberto Ferreira Dias
Cc: Maximiano; Emanuela Medrades; Elaine Cristina Giglioli; LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Katiane Rodrigues Torres; Marcelo Calado
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Tulio, boa noite.

Ao verificar os arquivos, percebi que alguns documentos (elencados abaixo) encontram-se corrompidos e não é possível abri-los.

- MS_COVAXIN_DOCUMENTOS\Novos Documentos - Abril-2021\Capítulo 3_Estudos Clínicos\EVALUA~1.PDF

- MS_COVAXIN_DOCUMENTOS\Novos Documentos - Abril-2021\Capítulo 4_Qualidade_Inativação_viral\Inativação viral\4.2_Finihsed Product Process Validation\ DRUGPR~1.PDF

Com o intuito de agilizar e evitar morosidade no processo, gentileza reenviar os arquivos apontados, pode ser por aqui mesmo.

Abraços,

Ariadne Bonvino
DIIMP/CGLOG/DLOG/SE/MS

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 15:44
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RE: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Obrigado pelo retorno.
Já estou providenciando no link.
Muito obrigado.

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Enviado: quarta-feira, 14 de abril de 2021 15:42
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Boa tarde,

Foi sim verificada a caixa de Spam.

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 15:37
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RE: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Boa tarde.
Estou já providenciando novamente o link.
Você poderia por favor, verificar na sua caixa de spam?
De todo o modo já estou aqui novamente para providenciar o acesso.

Volto na sequência com as providências.
Grato.

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
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De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Enviado: quarta-feira, 14 de abril de 2021 15:33
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezados Tulio e colegas, boa tarde.

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De qualquer maneira, precisamos tirar algumas dúvidas:
- Essa documentação já foi submetida à apreciação da Anvisa, conforme acordado na reunião de sexta sobre a pré-submissão?
- Após o consentimento da Agência, será o MS a protocolar os documentos? Se sim, gentileza nos informar quando houver anuência da documentação, para nosso prosseguimento.
- Entendo que será aberto um novo processo. É isso mesmo ou os documentos devem ser protocolados sob o mesmo processo anterior?

Fico à disposição. Abraços.

Atenciosamente,

Ariadne Bonvino

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 03:02
Para: Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Diretor, bom dia.

Em continuidade a reunião realizada em 13/04/2021, encaminhamos por meio deste, ofício de solicitação de pré-análise dos novos documentos para o novo pedido de autorização excepcional e temporária para importação da vacina Covaxin para atendimento ao contrato 29/2021.

Considerando o tamanho dos arquivos dos documentos, encaminhamos o link para acesso direto aos mesmos: MS_COVAXIN_DOCUMENTOS

Caso o senhor ou a senhora Ariadne não consigam acessar os documentos, por favor me avise para que possamos corrigir eventual inviabilidade de acesso.

Permanecemos à disposição para mais informações.

Att.,

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>
Enviado em: quarta-feira, 14 de abril de 2021 20:33
Para: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: Tulio Silveira wants to share the file 4.2_Drug product Process Validation Protocol _ Report.pdf with you

To view 4.2_Drug product Process Validation Protocol _ Report.pdf, sign in or create an account.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De:	Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>
Enviado em:	quarta-feira, 14 de abril de 2021 20:33
Para:	Ariadne Gisele Muniz Bonvino; Roberto Ferreira Dias
Cc:	Maximiano; Emanuela Medrades; Elaine Cristina Giglioli; LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Katiane Rodrigues Torres; Marcelo Calado
Assunto:	RE: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO
Anexos:	3.1_EVALUA_1.PDF

Tulio Silveira compartilhou um arquivo do OneDrive for Business com você. Para exibi-lo, clique no link abaixo.

4.2_Drug product Process Validation Protocol _ Report.pdf

Prezada @Ariadne Gisele Muniz Bonvino boa noite.

Segue em anexo os dois arquivos indicados como corrompidos. Por favor, quando puder verifique se você consegue abrir normalmente os dois.

3.1_EVALUA
4.2_DRUGGPR (este aquivo possui um tamanho excedente) para o seu envio, vou fazer o compartilhamento pelo One Drive neste e-mail.

Em havendo qualquer contratempo para baixar e visualizar os documentos, estou a postos.

Estou à disposição.

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 61 9 9286-8666
www.precisamedicamentos.com.br

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De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Enviado: quarta-feira, 14 de abril de 2021 19:17
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Tulio, boa noite.

Ao verificar os arquivos, percebi que alguns documentos (elencados abaixo) encontram-se corrompidos e não é possível abri-los.

- MS_COVAXIN_DOCUMENTOS\Novos Documentos - Abril-2021\Capítulo 3_Estudos Clínicos\EVALUA~1.PDF

- MS_COVAXIN_DOCUMENTOS\Novos Documentos - Abril-2021\Capítulo 4_Qualidade_Inativação_viral\Inativação viral\4.2_Finihsed Product Process Validation\ DRUGPR~1.PDF

Com o intuito de agilizar e evitar morosidade no processo, gentileza reenviar os arquivos apontados, pode ser por aqui mesmo.

Abraços,

Ariadne Bonvino
DIIMP/CGLOG/DLOG/SE/MS

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 15:44
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
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Obrigado pelo retorno.
Já estou providenciando no link.
Muito obrigado.

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

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De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Enviado: quarta-feira, 14 de abril de 2021 15:42
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
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Boa tarde,

Foi sim verificada a caixa de Spam.

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 15:37
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RE: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Boa tarde.
Estou já providenciando novamente o link.
Você poderia por favor, verificar na sua caixa de spam?
De todo o modo já estou aqui novamente para providenciar o acesso.

Volto na sequência com as providências.
Grato.

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
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De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Enviado: quarta-feira, 14 de abril de 2021 15:33
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezados Tulio e colegas, boa tarde.

Não consegui acessar a documentação. Estou aguardando um e-mail com o código de confirmação para conseguir abrir o link, mas não o recebo. Meu e-mail está um pouco instável, não sei se é por este motivo.

De qualquer maneira, precisamos tirar algumas dúvidas:
- Essa documentação já foi submetida à apreciação da Anvisa, conforme acordado na reunião de sexta sobre a pré-submissão?
- Após o consentimento da Agência, será o MS a protocolar os documentos? Se sim, gentileza nos informar quando houver anuência da documentação, para nosso prosseguimento.
- Entendo que será aberto um novo processo. É isso mesmo ou os documentos devem ser protocolados sob o mesmo processo anterior?

Fico à disposição. Abraços.

Atenciosamente,

Ariadne Bonvino

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 03:02
Para: Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Diretor, bom dia.

Em continuidade a reunião realizada em 13/04/2021, encaminhamos por meio deste, ofício de solicitação de pré-análise dos novos documentos para o novo pedido de autorização excepcional e temporária para importação da vacina Covaxin para atendimento ao contrato 29/2021.

Considerando o tamanho dos arquivos dos documentos, encaminhamos o link para acesso direto aos mesmos: MS_COVAXIN_DOCUMENTOS

Caso o senhor ou a senhora Ariadne não consigam acessar os documentos, por favor me avise para que possamos corrigir eventual inviabilidade de acesso.

Permanecemos à disposição para mais informações.

Att.,

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: quinta-feira, 15 de abril de 2021 09:51
Para: Tulio Silveira; Roberto Ferreira Dias
Cc: Maximiano; Emanuela Medrades; Elaine Cristina Giglioli; LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Katiane Rodrigues Torres; Marcelo Calado
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Tulio, bom dia.

Confirmo o recebimento dos dois arquivos, abrem perfeitamente.
Obrigada!

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 20:33
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>
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4.2_Drug product Process Validation Protocol _ Report.pdf

Prezada @Ariadne Gisele Muniz Bonvino boa noite.

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Estou à disposição.

Túlio Silveira
Departamento Jurídico
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OAB/DF: 21.103

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Enviado: quarta-feira, 14 de abril de 2021 19:17
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>
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- MS_COVAXIN_DOCUMENTOS\Novos Documentos - Abril-2021\Capítulo 4_Qualidade_Inativação_viral\Inativação viral\4.2_Finihsed Product Process Validation\ DRUGPR~1.PDF

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Abraços,

Ariadne Bonvino
DIIMP/CGLOG/DLOG/SE/MS

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 15:44
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
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Obrigado pelo retorno.
Já estou providenciando no link.
Muito obrigado.

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

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Enviado: quarta-feira, 14 de abril de 2021 15:42
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Boa tarde,

Foi sim verificada a caixa de Spam.

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 15:37
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RE: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Boa tarde.
Estou já providenciando novamente o link.
Você poderia por favor, verificar na sua caixa de spam?
De todo o modo já estou aqui novamente para providenciar o acesso.
Volto na sequência com as providências.
Grato.

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 61 9 9286-8666
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

De: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Enviado: quarta-feira, 14 de abril de 2021 15:33
Para: Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>
Assunto: RES: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezados Tulio e colegas, boa tarde.

Não consegui acessar a documentação. Estou aguardando um e-mail com o código de confirmação para conseguir abrir o link, mas não o recebo. Meu e-mail está um pouco instável, não sei se é por este motivo.

De qualquer maneira, precisamos tirar algumas dúvidas:
- Essa documentação já foi submetida à apreciação da Anvisa, conforme acordado na reunião de sexta sobre a pré-submissão?
- Após o consentimento da Agência, será o MS a protocolar os documentos? Se sim, gentileza nos informar quando houver anuência da documentação, para nosso prosseguimento.
- Entendo que será aberto um novo processo. É isso mesmo ou os documentos devem ser protocolados sob o mesmo processo anterior?

Fico à disposição. Abraços.

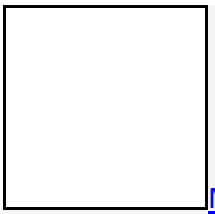
Atenciosamente,

Ariadne Bonvino
Farmacêutica
DIIMP/CGLOG/DLOG/SE/MS

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quarta-feira, 14 de abril de 2021 03:02
Para: Roberto Ferreira Dias <roberto.dias@saude.gov.br>
Cc: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Maximiano <maximiano@precisamedicamentos.com.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: COVAXIN - CONTRATO 29 - OFÍCIO SOLICITAÇÃO DE PRE-ANÁLISE DOS NOVOS DOCUMENTO PARA NOVO PEDIDO DE AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO

Prezado Diretor, bom dia.

Em continuidade a reunião realizada em 13/04/2021, encaminhamos por meio deste, ofício de solicitação de pré-análise dos novos documentos para o novo pedido de autorização excepcional e temporária para importação da vacina Covaxin para atendimento ao contrato 29/2021.

Considerando o tamanho dos arquivos dos documentos, encaminhamos o link para acesso direto aos mesmos:  MS_COVAXIN_DOCUMENTOS

Caso o senhor ou a senhora Ariadne não consigam acessar os documentos, por favor me avise para que possamos corrigir eventual inviabilidade de acesso.

Permanecemos à disposição para mais informações.

Att.,

Túlio Silveira
Departamento Jurídico
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
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DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
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DIÁRIO OFICIAL DA UNIÃO

Publicado em: 11/03/2021 | Edição: 47-A | Seção: 1 - Extra A | Página: 2

Órgão: Ministério da Saúde/Agência Nacional de Vigilância Sanitária/Diretoria Colegiada

RESOLUÇÃO RDC Nº 476, DE 10 DE MARÇO DE 2021

Estabelece os procedimentos e requisitos para submissão de pedido de autorização excepcional e temporária para importação e distribuição de medicamentos e vacinas contra Covid19 para o enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), nos termos da Lei nº 14.124, de 10 de março de 2021.

A Diretoria Colegiada da Agência Nacional de Vigilância Sanitária, no uso das atribuições que lhe confere o art. 15, III e IV, aliado ao art. 7º, III e IV, da Lei nº 9.782, de 26 de janeiro de 1999, e ao art. 53, VI, §§ 1º e 3º do Regimento Interno aprovado pela Resolução de Diretoria Colegiada - RDC nº 255, de 10 de dezembro de 2018, resolve adotar a seguinte Resolução, conforme deliberado em Reunião Extraordinária - RExtra nº 4, realizada em 10 de março de 2021, e eu, Diretor-Presidente, determino a sua publicação.

CAPÍTULO I

DAS DISPOSIÇÕES INICIAIS

Art.1º Esta Resolução estabelece os procedimentos e requisitos para submissão de pedido de autorização excepcional e temporária para importação e distribuição de medicamentos e vacinas contra Covid-19 para o enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), nos termos da Lei nº 14.124, de 10 de março de 2021.

Art.2º Poderá ser autorizada a importação excepcional e temporária por Estados, Municípios e Distrito Federal de medicamentos e vacinas para Covid-19 que não possuam registro sanitário ou autorização para uso emergencial no Brasil desde que atendidos os requisitos estabelecidos por esta Resolução.

Parágrafo único. A importação em caráter excepcional e temporária de que trata o caput, por consórcios públicos, será regulamentada por meio de Instrução Normativa a ser publicada pela Anvisa.

Art.3º Poderá ser autorizada a importação excepcional e temporária de vacinas para Covid-19 que não possuam registro sanitário ou autorização para uso emergencial no Brasil, por pessoas jurídicas de direito privado, nos termos da Lei nº 14.125/2021.

§ 1º Para a importação de que trata o caput, deverão ser atendidos os requisitos estabelecidos por esta Resolução de Diretoria Colegiada.

§ 2º As vacinas importadas de acordo com o caput deverão ser utilizadas nos termos do art. 2º da Lei nº 14.125/2021.

§ 3º Requisitos adicionais para importação de vacinas para Covid-19 por pessoas jurídicas de direito privado poderão ser estabelecidos por meio de Instrução Normativa a ser publicada pela Anvisa.

CAPÍTULO II

DA IMPORTAÇÃO DE MEDICAMENTOS E VACINAS PARA COVID-19 NÃO REGULARIZADOS NA ANVISA

Art.4º Caberá ao importador:

I - informar à Anvisa da importação do medicamento ou vacina, descrevendo o país de origem, a identificação do produto e o cronograma pretendido para a importação;

II - peticionar junto à Anvisa o processo de importação, em tempo hábil, com antecedência à chegada da carga ao Brasil;

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III - responsabilizar-se pela qualidade, eficácia e segurança do medicamento ou vacina a ser importado;

IV - assegurar e monitorar as condições da cadeia de transporte;

V - assegurar que os produtos importados estejam com o prazo de validade vigente;

VI - estabelecer mecanismos para garantir condições gerais e manutenção da qualidade dos medicamentos e vacinas importados e o seu adequado armazenamento;

VII - no caso de vacinas ou medicamentos que requeiram armazenamento sob refrigeração, assegurar o monitoramento contínuo da temperatura de conservação e transporte, durante o trânsito internacional, desde o momento do embarque até a chegada ao local de armazenamento do importador e notificar à Anvisa, imediatamente, caso tenha ocorrido excursão de temperatura que possa comprometer a qualidade do produto;

VIII - responsabilizar-se pela avaliação das excursões de temperatura que venham a ocorrer durante o transporte dos produtos importados;

IX - prestar orientações aos serviços de saúde sobre uso e cuidados de conservação dos produtos importados, assim como aos pacientes sobre como notificar as queixas técnicas e eventos adversos a eles relacionados;

X - criar mecanismos para a realização do monitoramento pós-distribuição e pós-uso dos produtos importados e para que os casos de queixas técnicas e eventos adversos identificados sejam informados à Anvisa, por meio dos sistemas de informação adotados;

XI - responsabilizar-se pelo recolhimento do produto importado quando determinado pela Anvisa ou quando houver indícios suficientes ou comprovação de desvio de qualidade, que possa representar risco à saúde;

XII - informar aos pacientes de que o medicamento ou a vacina para Covid-19 não possui registro e nem autorização temporária para uso emergencial, em caráter experimental, concedido pela ANVISA e que o referido produto apenas possui aprovação em agência regulatória sanitária estrangeira; e

XIII - apresentar a documentação requerida ao Instituto Nacional de Controle de Qualidade em Saúde (INCQS), nos termos da Resolução de Diretoria Colegiada - RDC nº 73, de 21 de outubro de 2008.

Art.5º Caberá à Anvisa:

I - monitorar o perfil de queixas técnicas e eventos adversos associados aos produtos importados nos termos desta Resolução; e

II - adotar as ações de controle, monitoramento e fiscalização sanitária pertinentes.

Art.6º Os eventos adversos graves, relacionados aos produtos importados nos termos desta Resolução, devem ser comunicados à Anvisa em até 24 horas por meio do sistema VigiMed ou e-SUS Notifica, disponíveis para acesso pelo endereço https://www.gov.br/anvisa/pt-br.

Art.7º A notificação de queixas técnicas deve ser realizada no Sistema de Notificações em Vigilância Sanitária, disponível em versão eletrônica no portal da Anvisa.

Art.8º Os medicamentos e vacinas para Covid-19 poderão ser importados com embalagens, rótulos e bulas nos padrões e idiomas estabelecidos pela autoridade sanitária internacional responsável pela aprovação do seu registro ou uso emergencial.

§ 1º Caberá ao importador a adoção de ações de mitigação de risco considerando as diferenças de informações e formatos entre as embalagens, rótulos e bulas originais em comparação com as diretrizes regulatórias nacionais.

§ 2º O importador deverá disponibilizar às unidades de saúde as informações de rótulos e bulas, que sejam importantes para o uso correto do produto, no idioma português.

Art.9º Os lotes das vacinas importados nos termos desta Resolução somente poderão ser destinados ao uso após liberação pelo Instituto Nacional de Controle de Qualidade em Saúde (INCQS), nos termos da Resolução de Diretoria Colegiada - RDC nº 73, de 21 de outubro de 2008.

SEÇÃO I

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 1025

DA IMPORTAÇÃO DE MEDICAMENTOS E VACINAS PARA COVID-19 REGISTRADOS POR AUTORIDADES SANITÁRIAS ESTRANGEIRAS

Art. 10. A importação excepcional e temporária de medicamentos e vacinas para Covid-19 registrados por autoridades sanitárias estrangeiras deve ser submetida à apreciação e autorização pela Diretoria Colegiada da Anvisa.

§ 1º O produto objeto da importação deve ter sido registrado por, no mínimo, uma das seguintes autoridades sanitárias internacionais e autorizado à distribuição em seus respectivos países:

I - Food and Drug Administration (FDA), dos Estados Unidos da América;

II - European Medicines Agency (EMA), da União Européia;

III - Pharmaceuticals and Medical Devices Agency (PMDA), do Japão;

IV - National Medical Products Administration (NMPA), da República Popular da China;

V - Medicines and Healthcare Products Regulatory Agency (MHRA), do Reino Unido da Grã-Bretanha e Irlanda do Norte;

VI - Federal Service for Surveillance in Healthcare, da Federação da Rússia;

VII - Central Drugs Standard Control Organization (CDSCO), da República da Índia;

VIII - Korea Disease Control and Prevention Agency (KDCA), da República da Coreia;

IX - Health Canada (HC), do Canadá;

X - Therapeutic Goods Administration (TGA), da Comunidade da Austrália;

XI - Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT), da República Argentina;

XII - Outras autoridades sanitárias estrangeiras com reconhecimento internacional e certificadas, com nível de maturidade IV, pela Organização Mundial de Saúde (OMS) ou pelo Conselho Internacional para Harmonização de Requisitos Técnicos para Registro de Medicamentos de Uso Humano (International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use - ICH) e pelo Esquema de Cooperação em Inspeção Farmacêutica (Pharmaceutical Inspection Co-operation Scheme - PIC/s).

§ 2º Os produtos importados estão dispensados de registro sanitário e autorização temporária de uso emergencial emitidos pela Anvisa.

§ 3º Os produtos importados devem possuir, pelo menos, estudos clínicos de fase 3 concluídos ou com resultados provisórios de um ou mais estudos clínico.

§ 4º Os produtos importados devem ter qualidade, segurança e eficácia atestadas por meio da comprovação do registro pelas autoridades sanitárias internacionais definidas no § 1º.

§ 5º Os produtos importados devem ter indicação específica para tratamento ou prevenção da Covid-19 aprovada pela respectiva autoridade sanitária estrangeira.

§ 6º Os produtos importados devem ser destinados exclusivamente ao uso em programas públicos de saúde, com exceção do previsto no § 1º do art. 2º da Lei nº 14.125/2021.

§ 7º Todos os lotes do produto a ser fornecido a partir da autorização excepcional e temporária para a importação devem atender às condições aprovadas pela autoridade sanitária internacional.

Art. 11. Para a importação de medicamentos e vacinas para Covid-19 registrados por autoridades sanitárias estrangeiras nos termos do art. 10 devem ser cumpridos os seguintes requisitos:

I. Peticionamento eletrônico de importação, nos termos do Capítulo III, Seção I, da Resolução de Diretoria Colegiada - RDC nº 81, de 5 de novembro de 2008;

II. A descrição da mercadoria na licença de importação deve conter a inscrição "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

III. Apresentação do comprovante de autorização excepcional e temporária de importação concedida pela Diretoria Colegiada da Anvisa;

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IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

V. Conhecimento de carga embarcada, podendo, na instrução processual inicial, ser apresentada versão preliminar desse documento;

VI. Licenciamento de importação (LI) registrado no SISCOMEX; e

VII. Autorização de Funcionamento (AFE) do importador, quando couber.

Art. 12. O dossiê para a concessão de autorização excepcional e temporária para importação de medicamentos e vacinas para Covid-19 registrados por autoridades sanitárias estrangeiras nos termos do art. 10 deve ser instruído com os seguintes documentos:

I - declaração informando tratar-se de importação de medicamento ou vacina para Covid-19 nos termos da Lei nº 14.124/2021 ou nº 14.125/2021;

II - no caso de vacinas, declaração assinada pelo chefe do Poder Executivo e pelo Secretário de Saúde que ateste o descumprimento do Plano Nacional de Operacionalização da Vacinação contra a Covid-19 ou daquele que vier a substituí-lo, no caso da importação ser realizada por Estados, Municípios e pelo Distrito Federal;

III - declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância, conforme modelo Anexo a esta Resolução;

IV - comprovação de registro por autoridade sanitária internacional nos termos do art. 10; e

V - Licenciamento de importação (LI) registrado no SISCOMEX.

§ 1º Fica dispensada a apresentação de demais documentos previstos na Resolução de Diretoria Colegiada - RDC nº 81, de 5 de novembro de 2008, bem como a restrição quanto à liberação sob Termo de Guarda e Responsabilidade contida no artigo 4º da Resolução de Diretoria Colegiada - RDC nº 234, de 17 de agosto de 2005.

§ 2º A manifestação da Anvisa sobre o pedido de autorização excepcional e temporária para a importação de medicamentos e vacinas para Covid-19 de que trata o caput será emitida em até 07 (sete) dias úteis a contar do protocolo do processo de importação junto à Anvisa.

§ 3º Anvisa poderá requerer, fundamentadamente, a realização de diligências para complementação e esclarecimentos sobre os dados de qualidade, de eficácia e de segurança dos medicamentos e vacinas para Covid-19.

§ 4º As solicitações de esclarecimento pela Anvisa suspenderão a contagem do prazo determinado no § 2º até que sejam atendidas.

Art. 13. A importação de medicamentos e vacinas para Covid-19 somente se efetivará mediante deferimento de Licenciamento de Importação junto ao SISCOMEX.

§ 1º A critério da autoridade sanitária, devido à necessidade de apresentação de informação complementar, a saída do produto da área alfandegada poderá ocorrer por meio de sujeição a Termo de Guarda e Responsabilidade, por lote, registrada no campo referente ao texto da situação do licenciamento de importação: "PRODUTO SOB EXIGÊNCIA SANITÁRIA. A LIBERAÇÃO À INDUSTRIALIZAÇÃO, EXPOSIÇÃO À VENDA OU ENTREGA AO CONSUMO DAR-SE-Á MEDIANTE MANIFESTAÇÃO EXPRESSA DA AUTORIDADE SANITÁRIA".

§ 2º Na situação prevista no §1º, a utilização dos produtos apenas pode ocorrer após liberação do Termo de Guarda e Responsabilidade.

§ 3º O importador deve realizar o pedido de liberação do produto mediante a apresentação da petição de liberação de Termo de Guarda e Responsabilidade.

Art. 14. As condições de aprovação de cada importação concedida nos termos do art. 10 serão divulgadas no portal eletrônico da Anvisa.

§ 1º As condições de aprovação serão definidas a partir de pareceres elaborados pelas áreas técnicas competentes pelas atividades de registro, certificação de Boas Práticas de Fabricação e farmacovigilância de medicamentos.

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§ 2º As áreas técnicas avaliarão de forma prioritária as solicitações de autorização excepcional e temporária de importação.

SEÇÃO II

DA IMPORTAÇÃO DE MEDICAMENTOS E VACINAS PARA COVID-19 AUTORIZADOS PARA USO EMERGENCIAL POR AUTORIDADES SANITÁRIAS ESTRANGEIRAS

Art. 15. A importação excepcional e temporária de medicamentos e vacinas para Covid-19 autorizados para uso emergencial por autoridades sanitárias estrangeiras deve ser submetida à apreciação e autorização pela Diretoria Colegiada da Anvisa.

§ 1º O produto objeto da importação deve ter sido autorizado para uso emergencial por, no mínimo, uma das seguintes autoridades sanitárias internacionais e autorizada à distribuição em seus respectivos países:

I - Food and Drug Administration (FDA), dos Estados Unidos da América;

II - European Medicines Agency (EMA), da União Européia;

III - Pharmaceuticals and Medical Devices Agency (PMDA), do Japão;

IV - National Medical Products Administration (NMPA), da República Popular da China;

V - Medicines and Healthcare Products Regulatory Agency (MHRA), do Reino Unido da Grã-Bretanha e Irlanda do Norte;

VI - Federal Service for Surveillance in Healthcare, da Federação da Rússia;

VII - Central Drugs Standard Control Organization (CDSCO), da República da Índia;

VIII - Korea Disease Control and Prevention Agency (KDCA), da República da Coreia;

IX - Health Canada (HC), do Canadá;

X - Therapeutic Goods Administration (TGA), da Comunidade da Austrália;

XI - Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT), da República Argentina;

XII - Outras autoridades sanitárias estrangeiras com reconhecimento internacional e certificadas, com nível de maturidade IV, pela Organização Mundial de Saúde (OMS) ou pelo Conselho Internacional para Harmonização de Requisitos Técnicos para Registro de Medicamentos de Uso Humano (International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use - ICH) e pelo Esquema de Cooperação em Inspeção Farmacêutica (Pharmaceutical Inspection Co-operation Scheme - PIC/s).

§ 2º Os produtos importados estão dispensados de registro sanitário e autorização temporária de uso emergencial emitidos pela Anvisa.

§ 3º Os produtos importados devem possuir, pelo menos, estudos clínicos de fase 3 concluídos ou com resultados provisórios de um ou mais estudos clínico.

§ 4º Os produtos importados devem ter qualidade, segurança e eficácia atestadas por meio da comprovação da autorização de uso emergencial pelas autoridades sanitárias internacionais definidas no § 1º deste artigo.

§ 5º Os produtos importados devem ter indicação específica para tratamento ou prevenção da Covid-19 aprovada pela respectiva autoridade sanitária estrangeira.

§ 6º Os produtos importados devem ser destinados exclusivamente ao uso em programas públicos de saúde, com exceção do previsto no § 1º do art. 2º da Lei nº 14.125/2021.

Art. 16. Para a importação de medicamentos e vacinas para Covid-19 autorizados para uso emergencial por autoridades sanitárias estrangeiras nos termos do art. 15 devem ser cumpridos os seguintes requisitos:

I. Peticionamento eletrônico de importação, nos termos do Capítulo III, Seção I, da Resolução de Diretoria Colegiada - RDC nº 81, de 5 de novembro de 2008;

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II. A descrição da mercadoria na licença de importação deve conter a inscrição "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

III. Apresentação do comprovante de autorização excepcional e temporária de importação concedida pela Diretoria Colegiada da Anvisa;

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

V. Conhecimento de carga embarcada, podendo, na instrução processual inicial, ser apresentada versão preliminar desse documento; e

VI. Licenciamento de importação (LI) registrado no SISCOMEX.

Art. 17. O dossiê para a concessão de autorização excepcional e temporária para importação de medicamentos e vacinas para Covid-19 autorizados para uso emergencial por autoridades sanitárias estrangeiras nos termos do art. 15 deve ser instruído com os seguintes documentos:

I - declaração informando tratar-se de importação de medicamento ou vacina para Covid-19 nos termos da Lei nº 14.124/2021 ou nº 14.125/2021;

II - relatório técnico da avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13;

III - no caso de vacinas, declaração assinada pelo chefe do Poder Executivo e pelo Secretário de Saúde que ateste o descumprimento do Plano Nacional de Operacionalização da Vacinação contra a Covid-19 ou daquele que vier a substituí-lo, no caso da importação ser realizada por Estados, Municípios e pelo Distrito Federal;

IV - declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância, conforme modelo Anexo a esta Resolução;

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15;

VI - Licenciamento de importação (LI) registrado no SISCOMEX; e

VII. Autorização de Funcionamento (AFE) do importador, quando couber.

§ 1º Fica dispensada a apresentação de demais documentos previstos na Resolução de Diretoria Colegiada - RDC nº 81, de 5 de novembro de 2008, bem como da restrição quanto a liberação sob Termo de Guarda e Responsabilidade contida no artigo 4º da Resolução de Diretoria Colegiada - RDC nº 234, de 17 de agosto de 2005.

§ 2º A manifestação da Anvisa sobre o pedido de autorização excepcional e temporária para a importação de medicamentos e vacinas para Covid-19 de que trata o caput será emitida em até 07 (sete) dias úteis a contar do protocolo do processo de importação junto à Anvisa.

§ 3º Na ausência do relatório técnico de avaliação de uma autoridade sanitária internacional, conforme previsto no inciso IV do caput, o prazo de decisão da Anvisa será de até 30 (trinta) dias.

§ 4º Anvisa poderá requerer, fundamentadamente, a realização de diligências para complementação e esclarecimentos sobre os dados de qualidade, de eficácia e de segurança dos medicamentos e vacinas para Covid-19.

§ 5º As solicitações de esclarecimento pela Anvisa suspenderão a contagem do prazo determinado nos §§ 2º e 3º até que sejam atendidas.

§ 6º O relatório estabelecido no inciso IV do caput deve ser capaz de comprovar que o produto atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/s.

§ 7º Todos os lotes do produto a ser fornecido a partir da autorização excepcional e temporária para a importação devem atender às condições aprovadas pela autoridade sanitária internacional.

Art. 18. A importação de medicamentos e vacinas para Covid-19 somente se efetivará mediante deferimento de Licenciamento de Importação junto ao SISCOMEX.

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§ 1º A critério da autoridade sanitária, devido à necessidade de apresentação de informação complementar, a saída do produto da área alfandegada poderá ocorrer por meio de sujeição a Termo de Guarda e Responsabilidade, por lote, registrada no campo referente ao texto da situação do licenciamento de importação: "PRODUTO SOB EXIGÊNCIA SANITÁRIA. A LIBERAÇÃO À INDUSTRIALIZAÇÃO, EXPOSIÇÃO À VENDA OU ENTREGA AO CONSUMO DAR-SE-Á MEDIANTE MANIFESTAÇÃO EXPRESSA DA AUTORIDADE SANITÁRIA".

§2º Na situação prevista no §1º, a utilização dos produtos apenas pode ocorrer após liberação do Termo de Guarda e Responsabilidade.

§ 3º O importador deve realizar o pedido de liberação do produto mediante a apresentação da petição de liberação de Termo de Guarda e Responsabilidade.

Art. 19. As condições de aprovação de cada importação concedida nos termos do art. 15 serão divulgadas no portal eletrônico da Anvisa.

§ 1º As condições de aprovação serão definidas a partir de pareceres contendo os dados técnicos apresentados à Anvisa na solicitação de autorização de importação excepcional e temporária.

§ 2º Os pareceres estabelecidos no parágrafo anterior serão elaborados pelas áreas técnicas competentes pelas atividades de registro, certificação de Boas Práticas de Fabricação e farmacovigilância de medicamentos.

§ 3º A Anvisa poderá utilizar de consultores Ad Hoc para emissão de parecer consultivo quanto aos relatórios apresentados para subsidiar a importação excepcional e temporária dos medicamentos e vacinas para Covid-19 nos termos desta Resolução.

§ 4º As áreas técnicas avaliarão de forma prioritária as solicitações de autorização de uso emergencial.

CAPÍTULO III

DAS DISPOSIÇÕES FINAIS

Art. 20. A ANVISA poderá, observada a legislação vigente, editar Instrução Normativa contendo requisitos complementares aos dispostos nesta Resolução.

Art. 21. Com base em informações provenientes do controle e do monitoramento dos produtos definidos por esta Resolução ou outras informações técnicas ou científicas que venham a ser de conhecimento desta Anvisa, a Agência poderá suspender a importação, distribuição e uso dos produtos importados nos termos desta Resolução, além de outras medidas que entender cabíveis conforme legislação vigente.

Art. 22. O descumprimento das disposições contidas nesta Resolução constitui infração sanitária, nos termos da Lei n. 6.437, de 20 de agosto de 1977, sem prejuízo das responsabilidades civil, administrativa e penal cabíveis.

Art. 23. A vigência desta Resolução cessará automaticamente a partir do reconhecimento pelo Ministério da Saúde de que não mais se configura a situação de Emergência em Saúde Pública de Importância Nacional declarada pela Portaria nº 188/GM/MS, de 3 de fevereiro de 2020.

Art. 24. Esta Resolução entra em vigor na data de sua publicação.

ANTONIO BARRA TORRES

Este conteúdo não substitui o publicado na versão certificada.

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William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: sexta-feira, 16 de abril de 2021 13:57
Para: Regina Celia Silva Oliveira; LISTA - DIVISÃO DE IMPORTAÇÃO
Cc: Renata Marques Santana; Thiago Fernandes da Costa; Marcelo Calado; Katiane Rodrigues Torres; Alex Lial Marinho; Genivano Pinto de Araújo
Assunto: RES: Pendência Anvisa quanto a autorização da Covaxin CT 29/2021 (25000.043170/2021-42)
Anexos: RDC Nº 476, DE 10 DE Março DE 2021 - Pedido de autorização excepcional e temporária - Covid.pdf

Prezada Regina e Renata, boa tarde!

Em aditamento ao e-mail abaixo restou pendente outra declaração que deve ser emitida pelo PNI, conforme exposto na RDC 476/2021 (anexa).
Esta declaração não foi posta em exigência quando a Anvisa retornou com suas considerações, mas como iremos iniciar um novo pedido contendo documentação mais robusta, é prudente anexarmos também essa outra declaração, conforme previsto no artigo 17, inciso I:

> *Art. 17. O dossiê para a concessão de autorização excepcional e temporária para importação de medicamentos e vacinas para Covid-19 autorizados para uso emergencial por autoridades sanitárias estrangeiras nos termos do art. 15 deve ser instruído com os seguintes documentos:*
>
> *I - declaração informando tratar-se de importação de medicamento ou vacina para Covid-19 nos termos da Lei nº 14.124/2021 ou nº 14.125/2021;*

Informo ainda que em continuação à reunião realizada ontem (16/04/21) na Anvisa, na data de hoje serão apresentados os documentos da empresa antes da submissão à Agência e qualquer dúvida em relação aos mesmos pode ser esclarecida nesta reunião - fico à disposição.

Abraços,

Ariadne Bonvino
DIIMP/CGLOG/DLOG/SE

De: MS/DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Enviado: segunda-feira, 29 de março de 2021 15:10
Para: Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Katiane Rodrigues Torres <katiane.torres@saude.gov.br>; Alex Lial Marinho <alex.marinho@saude.gov.br>; Genivano Pinto de Araújo <genivano.araujo@saude.gov.br>
Assunto: Pendência Anvisa quanto a autorização da Covaxin CT 29/2021 (25000.043170/2021-42)

Prezados fiscais e colegas do DEIDT,

De acordo com o Ofício 663/2021 da Anvisa, a agência relata que sendo o Ministério da Saúde o importador, somos nós que devemos apresentar a declaração que ateste adoção de estratégias de monitoramento, conforme disposto abaixo:

...

III - Na LI (1382702), o Ministério da Saúde configura como importador. Dessa forma, deve ser apresentada a declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância, conforme modelo Anexo à RDC 476/2021, assinada pelo Chefe do Poder Executivo.

Diante da exigência exarada pela Anvisa, solicitamos providenciar junto ao PNI tal declaração, uma vez que é a área responsável por executar tais ações

Desde já agradecemos.

Att.
Ariadne Bonvino
DIIMP/CGLOG/DLOG/SE

William Amorim Santana

De: Lenice Guimaraes Araujo
Enviado em: sexta-feira, 30 de abril de 2021 16:01
Para: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

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De: Cleverson Boechat Tinoco Ponciano <cleverson.boechat@saude.gov.br>
Enviada em: sexta-feira, 30 de abril de 2021 15:35
Para: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: IMPRENSA SAES <imprensa.saes@saude.gov.br>
Assunto: ENC: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

Boa tarde Lenice,
Encaminho demanda da ASCOM,solicitando respostas aos questionamentos do jornalista Prazeres,quanto a procedimentos adotados na LI da Precisa.
Outrossim,informo que o jornalista aguarda resposta até as 16:30hs.

De: Lídia Maia da Silva <lidia.silva@saude.gov.br>
Enviada em: sexta-feira, 30 de abril de 2021 13:49
Para: Cleverson Boechat Tinoco Ponciano <cleverson.boechat@saude.gov.br>
Cc: IMPRENSA SAES <imprensa.saes@saude.gov.br>
Assunto: ENC: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

Prezado Boechat, boa tarde. Pode nos auxiliar na matéria abaixo?

Meu nome é Leandro Prazeres. Sou repórter do GLOBO.

Estou fazendo uma matéria sobre documentos do processo de importação da Covaxin.

Verificamos que, no pedido de licenciamento de importação feito pelo MS ao Siscomex, o MS informou que o lote a ser importado da vacina era o 37F21004A e que sua validade seria em janeirod e 2023.

Verificamos também que, no pedido de importação feito pelo MS à Anvisa, as informações sobre a vacina foram dadas sobre outros lotes, a saber: 37620001A, 37620002A e 37620003A.

Verificamos também que a Anvisa pediu esclarecimentos sobre essas divergências e, sobretudo, com relação à validade do lote 37F21004A.

Dessa forma, gostaríamos de questionar o seguinte:

1 - Por que o MS inseriu dados do lote 37F21004A tendo data de validade até 1/2023 quando a autoridade sanitária indiana informa que o lote teria validade de seis meses?

2 - A Anvisa alerta que, considerando os dados do lote 37F21004A, as vacinas chegariam no Brasil com pouco mais de um mês para expirar. Gostaria de saber por que o Ministério da Saúde quis importar vacinas que chegariam no Brasil próximo do seu prazo de expiração?

3 - Por que o MS informou dados de um lote pro Siscomex e dados de outros lotes para a Anvisa?

4 - Que medidas o Ministério da Saúde tomou para sanar as questões levantadas pela Anvisa?

5 - O Ministério da Saúde avalia que importar vacinas perto de sua data de expiração é uma estratégia adequada?

William Amorim Santana

De: William Amorim Santana
Enviado em: sexta-feira, 30 de abril de 2021 16:43
Para: Cassiana Perinazzo da Veiga Schio
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: RES: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

Meu nome é Leandro Prazeres. Sou repórter do GLOBO.

Estou fazendo uma matéria sobre documentos do processo de importação da Covaxin.

Verificamos que, no pedido de licenciamento de importação feito pelo MS ao Siscomex, o MS informou que o lote a ser importado da vacina era o 37F21004A e que sua validade seria em janeirod e 2023.

Verificamos também que, no pedido de importação feito pelo MS à Anvisa, as informações sobre a vacina foram dadas sobre outros lotes, a saber: 37620001A, 37620002A e 37620003A.

Verificamos também que a Anvisa pediu esclarecimentos sobre essas divergências e, sobretudo, com relação à validade do lote 37F21004A.

Dessa forma, gostaríamos de questionar o seguinte:

1 - Por que o MS inseriu dados do lote 37F21004A tendo data de validade até 1/2023 quando a autoridade sanitária indiana informa que o lote teria validade de seis meses?

> Foram repassados a Agência Nacional de Vigilância Sanitária (ANVISA) os documentos fornecidos pela empresa Precisa Medicamentos, representante do laboratório Indiano Barath Biontec em sua totalidade cabendo a referida agência reguladora a análise de seu caráter técnico em conformidade com legislação afeta ao tema e autorização para uso. Os dados presentes na documentação apresentada são de inteira responsabilidade de seus fornecedores, não cabendo a esta pasta explanar sobre este tema.

2 - A Anvisa alerta que, considerando os dados do lote 37F21004A, as vacinas chegariam no Brasil com pouco mais de um mês para expirar. Gostaria de saber por que o Ministério da Saúde quis importar vacinas que chegariam no Brasil próximo do seu prazo de expiração?

> A importação de qualquer vacina está condicionada a manifestação favorável da Agência Nacional de Vigilância Sanitária (ANVISA) e em consonância com a legislação vigente.

3 - Por que o MS informou dados de um lote pro Siscomex e dados de outros lotes para a Anvisa?

> Foram repassados a Agência Nacional de Vigilância Sanitária (ANVISA) os documentos fornecidos pela empresa Precisa Medicamentos, representante do laboratório Indiano

Barath Biontec em sua totalidade cabendo a referida agência reguladora a análise de seu caráter técnico em conformidade com legislação afeta ao tema e autorização para uso. Os dados presentes na documentação apresentada são de inteira responsabilidade de seus fornecedores, não cabendo a esta pasta explanar sobre este tema.

4 - Que medidas o Ministério da Saúde tomou para sanar as questões levantadas pela Anvisa?

Acredito que esse questionamento é de competência do PNI

5 - O Ministério da Saúde avalia que importar vacinas perto de sua data de expiração é uma estratégia adequada?

A importação de qualquer vacina está condicionada a manifestação favorável da Agência Nacional de Vigilância Sanitária (ANVISA) e em consonância com a legislação vigente.

De: Cleverson Boechat Tinoco Ponciano <cleverson.boechat@saude.gov.br>
Enviada em: sexta-feira, 30 de abril de 2021 15:35
Para: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: IMPRENSA SAES <imprensa.saes@saude.gov.br>
Assunto: ENC: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

Boa tarde Lenice,
Encaminho demanda da ASCOM,solicitando respostas aos questionamentos do jornalista Prazeres,quanto a procedimentos adotados na LI da Precisa.
Outrossim,informo que o jornalista aguarda resposta até as 16:30hs.

De: Lídia Maia da Silva <lidia.silva@saude.gov.br>
Enviada em: sexta-feira, 30 de abril de 2021 13:49
Para: Cleverson Boechat Tinoco Ponciano <cleverson.boechat@saude.gov.br>
Cc: IMPRENSA SAES <imprensa.saes@saude.gov.br>
Assunto: ENC: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

Prezado Boechat, boa tarde. Pode nos auxiliar na matéria abaixo?

Meu nome é Leandro Prazeres. Sou repórter do GLOBO.

Estou fazendo uma matéria sobre documentos do processo de importação da Covaxin.

Verificamos que, no pedido de licenciamento de importação feito pelo MS ao Siscomex, o MS informou que o lote a ser importado da vacina era o 37F21004A e que sua validade seria em janeirod e 2023.

Verificamos também que, no pedido de importação feito pelo MS à Anvisa, as informações sobre a vacina foram dadas sobre outros lotes, a saber: 37620001A, 37620002A e 37620003A.

Verificamos também que a Anvisa pediu esclarecimentos sobre essas divergências e, sobretudo, com relação à validade do lote 37F21004A.

Dessa forma, gostaríamos de questionar o seguinte:

1 - Por que o MS inseriu dados do lote 37F21004A tendo data de validade até 1/2023 quando a autoridade sanitária indiana informa que o lote teria validade de seis meses?

2 - A Anvisa alerta que, considerando os dados do lote 37F21004A, as vacinas chegariam no Brasil com pouco mais de um mês para expirar. Gostaria de saber por que o Ministério da Saúde quis importar vacinas que chegariam no Brasil próximo do seu prazo de expiração?

3 - Por que o MS informou dados de um lote pro Siscomex e dados de outros lotes para a Anvisa?

4 - Que medidas o Ministério da Saúde tomou para sanar as questões levantadas pela Anvisa?

5 - O Ministério da Saúde avalia que importar vacinas perto de sua data de expiração é uma estratégia adequada?

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: sexta-feira, 30 de abril de 2021 17:42
Para: Katiane Rodrigues Torres
Cc: William Amorim Santana; Luis Ricardo Fernandes Miranda; Mônica Cristina Moraes E Souza Araújo
Assunto: ENC: : Respostas Precisa 01.pdf
Anexos: Respostas consolidadas.pdf

Segue em anexo as tratativas via e-mail para abertura de LI da Vacina Covaxin.

Tratativas complementares, especialmente em relação às questões colocadas pela Anvisa encontram-se no processo 25000.043170/2021-42.

Falta inserir neste processo a ata da reunião de hoje que ainda não foi disponibilizada, mas já adianto que teve caráter muito técnico, especialmente referente às Boas Práticas de Fabricação, estudos clínicos, etc, com duração de quase 4 horas, cujo desfecho e relevância para nossa coordenação seria apenas termos ciência de que a empresa ainda não dispõe da documentação necessária para abrirmos um novo processo de importação.
Nossa parte é apenas aguardar o recebimento dos documentos pela empresa para os protocolarmos junto à Anvisa.

Att.
Ariadne.

De: William Amorim Santana
Enviada em: sexta-feira, 30 de abril de 2021 14:42
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: : Respostas Precisa 01.pdf

Segue consolidado do Grupo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: sexta-feira, 30 de abril de 2021 20:17
Para: Lídia Maia da Silva; LISTA - DIVISÃO DE IMPORTAÇÃO; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG; Lenice Guimaraes Araujo
Cc: IMPRENSA SAES
Assunto: RES: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

Boa noite,

Sugiro tirar a última frase do primeiro parágrafo, pois não se trata de autorização para o uso, mas sim de autorização para importação:

~~"Cabe à Anvisa analisar tecnicamente de acordo com a legislação e a autorização para o uso."~~

O restante está ok.

Att.
Ariadne.

De: Lídia Maia da Silva
Enviada em: sexta-feira, 30 de abril de 2021 19:28
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: IMPRENSA SAES <imprensa.saes@saude.gov.br>
Assunto: ENC: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

Prezada Ariadne, boa noite. Pode validar a nota abaixo, por favor?

Sugestão de resposta:

O Ministério da Saúde informa que de acordo com os documentos fornecidos pelo fabricante Invoice/Packing List quem insere os dados na Licença de Importação é o despachante, neste caso a empresa Wegh. Foram repassados à Agência Nacional de Vigilância Sanitária (ANVISA) os documentos fornecidos pela empresa Precisa Medicamentos, representante do laboratório indiano Barath Biontec. ~~Cabe à Anvisa analisar tecnicamente de acordo com a legislação e a autorização para o uso.~~

É importante esclarecer que a importação de qualquer vacina está condicionada à manifestação favorável da ANVISA de acordo com a legislação vigente. Após o Ministério da Saúde receber o questionamento da ANVISA sobre a validade dos lotes das vacinas a serem importadas, encaminhou à empresa Precisa para esclarecimentos, a qual se manifestou, por meio do Ofício que informou que "o *prazo de validade aprovado pela autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8º, porém, os estudos de estabilidade acelerada já avançaram tal período. Dessa forma, a Precisa Medicamentos, apresenta a possibilidade de assinatura de um termo de compromisso assegurando que nenhum produto importado, terá percorrido mais que 30% de sua validade."*

Por fim, os dados presentes na documentação apresentada são de inteira responsabilidade de seus fornecedores. A Anvisa utiliza os dados inseridos no Sistema Integrado de Comércio Exterior-Siscomex para análise da importação, impossibilitando a inserção de dados divergentes.

De: Cassiana Perinazzo da Veiga Schio <cassiana.schio@saude.gov.br>
Enviada em: sexta-feira, 30 de abril de 2021 17:06
Para: Lídia Maia da Silva <lidia.silva@saude.gov.br>
Cc: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: RES: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

Prezada Lídia, boa tarde!

Este Departamento esclarece aos itens questionados, conforme segue:

Dessa forma, gostaríamos de questionar o seguinte:

1 - Por que o MS inseriu dados do lote 37F21004A tendo data de validade até 1/2023 quando a autoridade sanitária indiana informa que o lote teria validade de seis meses?

Primeiramente, informa-se, que não é este Ministério da Saúde-MS que insere os dados na Licença de Importação-LI, mas o despachante desta Pasta, no caso, a empresa Wegh, de acordo com os documentos fornecidos pelo fabricante (INVOICE / PACKING LIST).

Foram repassados à Agência Nacional de Vigilância Sanitária (ANVISA) os documentos fornecidos pela empresa Precisa Medicamentos, representante do laboratório indiano Barath Biontec, em sua totalidade, cabendo à referida agência reguladora a análise de seu caráter técnico em conformidade com legislação afeta ao tema e autorização para uso.

2 - A Anvisa alerta que, considerando os dados do lote 37F21004A, as vacinas chegariam no Brasil com pouco mais de um mês para expirar. Gostaria de saber por que o Ministério da Saúde quis importar vacinas que chegariam no Brasil próximo do seu prazo de expiração?

A importação de qualquer vacina está condicionada à manifestação favorável da ANVISA e em consonância com a legislação vigente.

Após o MS receber o questionamento da ANVISA sobre a validade dos lotes das vacinas a serem importadas, encaminhou à empresa Precisa para esclarecimentos, a qual se manifestou, por meio do Ofício nº 002/2021, de 25/03/2021, conforme segue:

"(...) o prazo de validade aprovado pela autoridade Indiana para a vacina Covaxin é de 6 meses, se conservada de 2-8º, porém, os estudos de estabilidade acelerada já avançaram tal período. Dessa forma, a Precisa Medicamentos, apresenta a possibilidade de assinatura de um termo de compromisso assegurando que nenhum produto importado, terá percorrido mais que 30% de sua validade."

3 - Por que o MS informou dados de um lote pro Siscomex e dados de outros lotes para a Anvisa?

Os dados presentes na documentação apresentada são de inteira responsabilidade de seus fornecedores, não cabendo a esta Pasta explanar sobre este tema.

No entanto, ressalta-se que a ANVISA utiliza os dados inseridos no Sistema Integrado de Comércio Exterior-Siscomex para análise da importação, impossibilitando a inserção de dados divergentes.

4 - Que medidas o Ministério da Saúde tomou para sanar as questões levantadas pela Anvisa?

Encaminhou questionamento à empresa Precisa, a qual retornou por meio do ofício supracitado.

5 - O Ministério da Saúde avalia que importar vacinas perto de sua data de expiração é uma estratégia adequada?

Item já respondido conforme resposta da questão 2, que esclarece que a empresa enviaria um termo de compromisso assegurando que não seria enviada nenhuma vacina tendo transcorrido 30% da vida útil desses insumos.

Atenciosamente,

Cassiana Perinazzo da Veiga Schio
Analista Técnica de Políticas Sociais
Assessoria do Gabinete do DLOG
Secretaria Executiva - Ministério da Saúde
Esplanada dos Ministérios, Bloco G, Anexo A, 4º andar, sala 406-A
Brasília-DF CEP: 70.058-900
✉ *cassiana.schio@saude.gov.br*

De: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Enviada em: sexta-feira, 30 de abril de 2021 15:42
Para: Cassiana Perinazzo da Veiga Schio <cassiana.schio@saude.gov.br>
Assunto: ENC: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

---

De: Cleverson Boechat Tinoco Ponciano <cleverson.boechat@saude.gov.br>
Enviada em: sexta-feira, 30 de abril de 2021 15:35
Para: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: IMPRENSA SAES <imprensa.saes@saude.gov.br>
Assunto: ENC: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

Boa tarde Lenice,
Encaminho demanda da ASCOM,solicitando respostas aos questionamentos do jornalista Prazeres,quanto a procedimentos adotados na LI da Precisa.
Outrossim,informo que o jornalista aguarda resposta até as 16:30hs.

De: Lídia Maia da Silva <lidia.silva@saude.gov.br>
Enviada em: sexta-feira, 30 de abril de 2021 13:49
Para: Cleverson Boechat Tinoco Ponciano <cleverson.boechat@saude.gov.br>
Cc: IMPRENSA SAES <imprensa.saes@saude.gov.br>
Assunto: ENC: Demanda O GLOBO_Governo tentou comprar vacina perto do prazo de validade

Prezado Boechat, boa tarde. Pode nos auxiliar na matéria abaixo?

Meu nome é Leandro Prazeres. Sou repórter do GLOBO.

Estou fazendo uma matéria sobre documentos do processo de importação da Covaxin.

Verificamos que, no pedido de licenciamento de importação feito pelo MS ao Siscomex, o MS informou que o lote a ser importado da vacina era o 37F21004A e que sua validade seria em janeirod e 2023.

Verificamos também que, no pedido de importação feito pelo MS à Anvisa, as informações sobre a vacina foram dadas sobre outros lotes, a saber: 37620001A, 37620002A e 37620003A.

Verificamos também que a Anvisa pediu esclarecimentos sobre essas divergências e, sobretudo, com relação à validade do lote 37F21004A.

Dessa forma, gostaríamos de questionar o seguinte:

1 - Por que o MS inseriu dados do lote 37F21004A tendo data de validade até 1/2023 quando a autoridade sanitária indiana informa que o lote teria validade de seis meses?

2 - A Anvisa alerta que, considerando os dados do lote 37F21004A, as vacinas chegariam no Brasil com pouco mais de um mês para expirar. Gostaria de saber por que o Ministério da Saúde quis importar vacinas que chegariam no Brasil próximo do seu prazo de expiração?

3 - Por que o MS informou dados de um lote pro Siscomex e dados de outros lotes para a Anvisa?

4 - Que medidas o Ministério da Saúde tomou para sanar as questões levantadas pela Anvisa?

5 - O Ministério da Saúde avalia que importar vacinas perto de sua data de expiração é uma estratégia adequada?

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: segunda-feira, 10 de maio de 2021 15:37
Para: LISTA - DIVISÃO DE IMPORTAÇÃO; Roberto Ferreira Dias; Marcelo Calado; Alex Lial Marinho; Katiane Rodrigues Torres
Cc: Regina Celia Silva Oliveira; Renata Marques Santana
Assunto: ENC: Ata de reunião Anvisa-MS e Precisa Medicamentos - 30-04-2021
Anexos: ATA DE REUNIÃO - Precisa 30-4.pdf

Prioridade: Alta

Prezados,

Encaminho para conhecimento a ata da reunião realizada em 30/04/2021, com Anvisa e Precisa, sobre a vacina Covaxin.

Att.
Ariadne Bonvino.

De: Quinta Diretoria [mailto:diretoria5@anvisa.gov.br]
Enviada em: segunda-feira, 10 de maio de 2021 14:23
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; elaine.giglioli@precisamendicamentos.com.br; tulio.silveira@precisamedicamentos.com.br
Cc: Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Farmacovigilancia <farmacovigilancia@anvisa.gov.br>
Assunto: Ata de reunião Anvisa-MS e Precisa Medicamentos - 30-04-2021
Prioridade: Alta

ANVISA
Agência Nacional de Vigilância Sanitária

Prezados (as), boa tarde.

Encaminhamos ata de reunião realizada com está Quinta Diretoria no último dia 30-04-2021, para os devidos registros.

Atenciosamente,
Quinta Diretoria - DIRE5
Agência Nacional de Vigilância Sanitária - ANVISA
E-mail: diretoria5@anvisa.gov.br
Endereço: Setor de Indústria e Abastecimento (S.I.A.),
trecho 05 área especial 57 – bloco D – terceiro andar -
CEP: 71205-050 – Brasília/DF
Telefones: (+55) 61 3462-6776/6503/6937

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: terça-feira, 18 de maio de 2021 17:04
Para: 'Emanuela Medrades'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino; Marcelo Calado; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Assunto: Solicitação de documentos para concessão de excepcionalidade;

Prezada Emanuela Medrades,

Boa tarde!

Em nome da Divisão de Importação (DIIMP) e a pedido da Direção do Departamento de Logistica (DLOG), venho por meio deste solicitar os documentos necessários para submissão a Agencia Nacional de Vigilância Sanitária (ANVISA) a fim de esta possa proceder com o pedido de concessão de excepcionalidade para as devidas atrativas da importação do insumo Vacina COVAXIN, objeto do contrato 029/2021.

Atenciosamente,

DIVISÃO DE IMPORTAÇÃO
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
lista.divisaoimportacao@saude.gov.br

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: terça-feira, 18 de maio de 2021 18:40
Para: Emanuela Medrades; William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Marcelo Calado; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG
Assunto: RES: Solicitação de documentos para concessão de excepcionalidade;

Boa noite Emanuela,

Sim pode ser desta maneira, conforme acordado na reunião com a Anvisa de enviarmos o número do expediente ou protocolo para alguns documentos que já foram submetidos.

Em relação à outra pergunta, pode sim enviar via OneDrive ou Dropbox.

Agradecemos.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 18 de maio de 2021 18:10
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>; DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Assunto: Re: Solicitação de documentos para concessão de excepcionalidade;

William, boa tarde.

Vamos iniciar a organização dos documentos e te enviaremos em breve. Informo que já existem vários documentos em poder da ANVISA, e para estes iremos informar o número do expediente/protocolo e apresentar o comprovante do mesmo. Você está de acordo ?

Além disso, iremos enviar alguns documentos para vocês, e pergunto se podemos enviar via OneDrive ou Dropbox ?

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA
Medicamentos

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From: William Amorim Santana <william.santana@saude.gov.br>
Date: Wednesday, 19 May 2021 01:33
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Marcelo Calado <marcelo.calado@saude.gov.br>, DEPARTAMENTO DE LOGÍSTICA EM SAÚDE - DLOG <dlog@saude.gov.br>
Subject: Solicitação de documentos para concessão de excepcionalidade;

Prezada Emanuela Medrades,

Boa tarde!

Em nome da Divisão de Importação (DIIMP) e a pedido da Direção do Departamento de Logistica (DLOG), venho por meio deste solicitar os documentos necessários para submissão a Agencia Nacional de Vigilância Sanitária (ANVISA) a fim de esta possa proceder com o pedido de concessão de excepcionalidade para as devidas atrativas da importação do insumo Vacina COVAXIN, objeto do contrato 029/2021.

Atenciosamente,

DIVISÃO DE IMPORTAÇÃO
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
lista.divisaoimportacao@saude.gov.br

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William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: segunda-feira, 24 de maio de 2021 09:57
Para: Emanuela Medrades
Cc: Roberto Ferreira Dias; Luis Ricardo Fernandes Miranda; Tulio Silveira; ANVISA - Daniela Marreco Cerqueira; LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Katiane Rodrigues Torres
Assunto: RES: Covaxin - Autorização Excepcional

Bom dia Emanuela,
Agradeço a atualização.

Abraços e boa semana a todos.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 24 de maio de 2021 06:15
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Cc: Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>; ANVISA - Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Assunto: Re: Covaxin - Autorização Excepcional

Prezada Ariadne, bom dia.

Conforme falamos, na última quinta tivemos uma reunião com o Comitê Covid da ANVISA – Com foco. No estudo clínico - o qual após encerrar a videoconferência nos enviaram alguns apontamentos/questionamentos para atendermos especificamente quanto a Autorização Emergencial.

A Daniela Marreco/DIRE5 nos orientou que respondêssemos, mas alertou que nem todos são aplicáveis para a Autorização Excepcional. Sendo assim, ela se colocou a disposição para nos reunirmos caso tivéssemos alguma dúvida sobre qual dos questionamentos seriam impactantes para o pedido de autorização excepcional.

Também foi acordado durante a reunião, que a BBIL enviaria no sábado o segundo report interino, porém eu recebi somente o draft, pois o ICMR – Indian Council Medical Research pediu mais um dia para concluir a revisão e autorizar a divulgação. E conforme e-mail anexo, eles irão nos enviar até o final do dia de hoje. De qualquer forma, eu estou utilizando o draft para avançar nas respostas.

Até o final do dia de hoje irei concluir e enviar a análise do Medical Affairs da BBIL, e eles vão precisar do dia de amanhã para analisarem se houve algum apontamento do ICMR e retornarem. Sendo assim, podemos marcar nossa reunião para amanhã após as 15h do BRT, que já terá encerrado o dia aqui na Índia e já terei as questões para apresentar a Daniela e contar com a ajuda dela para a classificação, pois realmente precisamos entender qual das respostas é de extrema valia para a autorização excepcional.

Peço desculpas por não termos conseguido enviar o relatório no sábado, mas infelizmente estamos com 4 casos de COVID19 no departamento de qualidade do ICMR o que atrasou a análise do mesmo.

Permanecemos a disposição,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Medicamentos

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Wednesday, 19 May 2021 20:39
To: Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>, Quinta Diretoria <diretoria5@anvisa.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Cc: Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Subject: Reunião Precisa - hoje 19/05/2021 às 16h

Prezada Anvisa,

A pedido da direção do Departamento de Logística em Saúde deste Ministério, venho por meio deste solicitar reunião da data de hoje, **19/05/2021 - às 16h**, para apresentação da documentação a ser submetida para análise desta Agência.

Gentileza confirmar e encaminhar o link para acesso quando disponível.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 24 de maio de 2021 13:19
Para: Alex Lial Marinho
Cc: Luis Ricardo Fernandes Miranda; Ariadne Gisele Muniz Bonvino; LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: Minuta Ofício solicitação de autorização para importação em caráter excepcional de 20 milhões de doses da Vacina COVAXIN

Prezado Coordenador, conforme solicitado, segue minuta de oficio o qual solicita a concessão de excepcionalidade para a importação de 20.000.000 de doses da vacina COVAXIN oriundas da Índia.

Devido a importância do tema e seguindo o fluxo anterior, o ofício deverá sair via diretoria.

Destaco que no âmbito de nossas competência, o oficio trata de excepcionalidade para importação. O uso emergência deve ser solicitado pelo próprio fabricante ficando a critério da ANVISA as devidas concessões.

MINUTA

Ao Senhor
ANTONIO BARRA TORRES
Diretor-Presidente da Agência Nacional de Vigilância Sanitária- GADIP
SIA, Trecho 5, Área Especial 57, Lote 200, Bloco A/B, 1º Andar
CEP.: 71205-050
Telefones: (61) 3462-4342
Email: gabinete.presidencia@anvisa.gov.br

Assunto: Solicitação de autorização excecional para importação em de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN

Senhor Diretor Presidente,

Considerando trata-se de processo de aquisição celebrado entre este Ministério da Saúde (MS) e a empresa BHARAT BIOTECH LIMITED INTERNATIONAL, representada pela empresa PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA, CNPJ: 03.394.819/0005-00, com sede na Avenida Portugal nº 1100, Rua 5, Parte A-14-B, Itaqui, Itapevi/SP, CEP: 06.696-060, pelo instrumentado Contrato 29/2021 para aquisição de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN/BBV152 divididos em 05 (cinco) parcelas de 4.000.000 (quatro milhões) cada;

Considerando que o fabricante **BHARANT BIOTECH INTERNATIONAL LIMITED (BBIL)** localizado na **Genome Valley, Shameerpt, Hyderabad, Telangana, Índia**, não possui registro sanitário junto a Agência Nacional de Vigilância Sanitária (ANVISA);

Considerando Decreto Legislativo nª 06 de 20 de março de 2020 que ratifica o Reconhecimento, para os fins do art. 65 da Lei Complementar nº 101, de 4 de maio de 2000, a ocorrência do estado de calamidade pública, nos termos da solicitação do Presidente da República encaminhada por meio da Mensagem nº 93, de 18 de março de 2020;

Consideração que na data de 11, de março de 2020 a Organização Mundial da Saúde (OMS) declarou estado de Pandemia, em consequência da disseminação vírus Covid-19;

Considerando o disposto na Resolução da Diretoria Colega (RDC) nº 476, de 10 de março de 2021 que estabelece os procedimentos e requisitos para submissão de pedido de autorização excepcional e temporária para importação e distribuição de medicamentos e vacinas contra Covid19 para o enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), nos termos da Lei nº 14.124, de 10 de março de 2021; e

Considerando tratar-se de insumo essencial para o enfrentamento da Pandemia de SARS-COV-2, este Departamento de Logística (DLOG/SE-MS), vem por meio deste, *mui respeitosamente,* solicitar a Vossa Senhoria autorização para importação **EM CARÁTER EXCEPCIONAL das 20.000.000 (vinte milhões) de doses,** objeto do contrato em questão, afim de seja dada a devida continuidade deste processo.

Atenciosamente,

ROBERTO FERREIRA DIAS

Diretor do Departamento de Logística em Saúde

William Amorim Santana

De: Alex Lial Marinho
Enviado em: segunda-feira, 24 de maio de 2021 13:39
Para: William Amorim Santana
Cc: Luis Ricardo Fernandes Miranda; Ariadne Gisele Muniz Bonvino; LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: RES: Minuta Ofício solicitação de autorização para importação em caráter excepcional de 20 milhões de doses da Vacina COVAXIN

Muito obrigado William

Atenciosamente,

Alex Lial Marinho
Coordenador-Geral de Logística de Insumos Estratégicos para Saúde
Departamento de Logística em Saúde
Ministério da Saúde
Tel: 61-3315-3156
alex.marinho@saude.gov.br

MINISTÉRIO DA SAÚDE PÁTRIA AMADA BRASIL GOVERNO FEDERAL

De: William Amorim Santana <william.santana@saude.gov.br>
Enviada em: segunda-feira, 24 de maio de 2021 13:19
Para: Alex Lial Marinho <alex.marinho@saude.gov.br>
Cc: Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: Minuta Ofício solicitação de autorização para importação em caráter excepcional de 20 milhões de doses da Vacina COVAXIN

Prezado Coordenador, conforme solicitado, segue minuta de oficio o qual solicita a concessão de excepcionalidade para a importação de 20.000.000 de doses da vacina COVAXIN oriundas da Índia.

Devido a importância do tema e seguindo o fluxo anterior, o ofício deverá sair via diretoria.

Destaco que no âmbito de nossas competência, o oficio trata de excepcionalidade para importação. O uso emergência deve ser solicitado pelo próprio fabricante ficando a critério da ANVISA as devidas concessões.

MINUTA

Ao Senhor
ANTONIO BARRA TORRES

Diretor-Presidente da Agência Nacional de Vigilância Sanitária- GADIP
SIA, Trecho 5, Área Especial 57, Lote 200, Bloco A/B, 1º Andar
CEP.: 71205-050
Telefones: (61) 3462-4342
Email: gabinete.presidencia@anvisa.gov.br

Assunto: Solicitação de autorização excecional para importação em de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN

Senhor Diretor Presidente,

Considerando trata-se de processo de aquisição celebrado entre este Ministério da Saúde (MS) e a empresa BHARAT BIOTECH LIMITED INTERNATIONAL, representada pela empresa PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA, CNPJ: 03.394.819/0005-00, com sede na Avenida Portugal nº 1100, Rua 5, Parte A-14-B, Itaqui, Itapevi/SP, CEP: 06.696-060, pelo instrumentado Contrato 29/2021 para aquisição de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN/BBV152 divididos em 05 (cinco) parcelas de 4.000.000 (quatro milhões) cada;

Considerando que o fabricante **BHARANT BIOTECH INTERNATIONAL LIMITED (BBIL)** localizado na **Genome Valley, Shameerpt, Hyderabad, Telangana, Índia**, não possui registro sanitário junto a Agência Nacional de Vigilância Sanitária (ANVISA);

Considerando Decreto Legislativo nª 06 de 20 de março de 2020 que ratifica o Reconhecimento, para os fins do art. 65 da Lei Complementar nº 101, de 4 de maio de 2000, a ocorrência do estado de calamidade pública, nos termos da solicitação do Presidente da República encaminhada por meio da Mensagem nº 93, de 18 de março de 2020;

Consideração que na data de 11, de março de 2020 a Organização Mundial da Saúde (OMS) declarou estado de Pandemia, em consequência da disseminação vírus Covid-19;

Considerando o disposto na Resolução da Diretoria Colega (RDC) nº 476, de 10 de março de 2021 que estabelece os procedimentos e requisitos para submissão de pedido de autorização excepcional e temporária para importação e distribuição de medicamentos e vacinas contra Covid19 para o enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), nos termos da Lei nº 14.124, de 10 de março de 2021; e

Considerando tratar-se de insumo essencial para o enfrentamento da Pandemia de SARS-COV-2, este Departamento de Logística (DLOG/SE-MS), vem por meio deste, *mui respeitosamente,* solicitar a Vossa Senhoria autorização para importação **EM CARÁTER EXCEPCIONAL das 20.000.000 (vinte milhões) de doses,** objeto do contrato em questão, afim de seja dada a devida continuidade deste processo.

Atenciosamente,

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 1055

ROBERTO FERREIRA DIAS

Diretor do Departamento de Logística em Saúde

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 24 de maio de 2021 14:08
Para: 'Emanuela Medrades'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho
Assunto: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezada Emanuela Medrades,

Boa tarde!

A pedido do Coordenador-Geral de Logistica de Insumos Estratégicos para Saúde (CGLOG) venho por meio deste, *mui respeitosamente,* solicitar vossos préstimo quanto ao envio dos documentos elencados na Resolução da Diretoria Colegiada (RDC) 476, de 10 de março de 2021 para que esta coordenação possa solicitar junto a Agencia Nacional de Vigilância Sanitária (ANVISA) o pedido de concessão de excepcionalidade para a importação do objeto disposto no Contrato 52/2021.

Ficamos no aguardo.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
lista.divisaoimportacao@saude.gov.br

Itapevi, 24 de maio de 2.021.

À

DLOG/MS – DEPARTAMENTO DE LOGÍSTICA DO MINISTÉRIO DA SAÚDE

C/C – QUINTA DIRETORIA – AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA - ANVISA.

DOSSIÊ PARA CONCESSÃO PARA AUTORIZAÇÃO EXCEPCIONAL E TEMPORÁRIA DE IMPORTAÇÃO DE VACINA PARA O COVID-19 AUTORIZADOS PARA USO EMERGENCIAL POR AUTORIDADES SANITÁRIAS ESTRANGEIRAS NOS TERMOSDO ART/15 DA RDC 476 DE 10 DE MARÇO DE 2.021.

Ref. IMPORTAÇÃO DE VACINA PARA COVID 19 AUTORIZADAS PARA USO EMERGENCIAL POR AUTORIDADE ESTRANGEIRA

A Precisa Comercialização de Medicamentos Ltda, inscrita no CNPJ. 03.394.819/0005-00, representante exclusiva da Bharat Biotech International Limited desenvolvedora da vacina COVAXIN contra SARS-CoV-2, desenvolvida com base na tecnologia de virion inteiro inativado, com origem na Índia, o qual firmou o contrato de número 29/2.021 com o Ministério da Saúde em 25 de fevereiro de 2.021 com o compromisso de fornecer (vinte milhões) de doses para utilização pela união através do PNO – Plano Nacional de Operacionalização da Vacina contra Covid19, conforme cronograma apresentado no TR.

Considerando que:

- Conforme RDC 476 de 2.021, seguindo as exigências de tal resolução, apresentamos as documentações exigida para as vacinas que possuem autorização de uso emergencial em autoridades sanitárias estrangeiras;
- Com base no contrato assinado, o importador e *consignee* será o Ministério da Saúde através do Departamento de Logística em Saúde – DLOG bem como responsável pelas ações de Farmacovigilância.

1. Capítulo II – Art. 4 Item 1 da RDC 476 de 10 de março de 2.021:

1.1. Da Caracterização do produto

A caracterização do produto, bem como a informações pertinentes a qualidade e produção, foram peticionadas nos seguintes expedientes: 1214929212 e 1219797211 (DDCM) e 1809912212,1812880217 e 181255429 (Submissão Contínua).

1.2. Da origem do produto

Nome	Endereço	Responsabilidade	Fase do ensaio clínico
Bharat Biotech International Limited. País de Origem **ÍNDIA**	Sy.No.230, 231 & 235, Turkapally, GenomeValley, Shamirpet Mandal, Medical-Malkajgiri District, Telangana, India – 500078.	Processo Produtivo completo	Fase II/III

1.3. Do cronograma pretendido para a importação

O cronograma de importação foi fundamentado de acordo com o contrato 29/2021 assinado para fornecimento de 20 milhões de doses da Covaxin em 5 embarques de 4 milhões de doses.

A primeira importação terá início após anuência da ANVISA através da Diretoria Colegiada conforme artigo 10 da Seção I;

Tão logo a anuência seja concedida, a Precisa Medicamentos enviará as informações pertinentes a importação, bem como Fatura Comercial (*Proforma Invoice*), *Packing List* e demais documentos em concordância com as legislações atuais, sendo RDC 208/2018 e demais aplicadas ao SISCOMEX e importações de produtos biológicos.

2. Capítulo II – Art. 17 da RDC 476 de 10 de março de 2.021

Listamos os documentos a serem apresentados de acordo com os itens da resolução conforme a seguir:

2.1. Do Dossiê para a concessão de autorização Excepcional e temporária para importação de medicamentos e vacinas para Covid-19 autorizadas para uso emergencial por autoridades sanitárias estrangeiras, nos termos do art. 17 da RDC 476/2021:

I. Declaração informando trata-se de importação de medicamento ou vacina para Covid -19 nos termos da lei n°14.124/2.021

[Anexo I – Declaração assinada pela Secretaria Executiva nos termos da lei n° 14.124/2.021.]

II. Relatório técnico de avaliação do medicamento ou vacina para Covid-19 emitido ou publicado pela autoridade sanitária internacional responsável pela concessão da autorização para uso emergencial nos termos do art. 13.

[Anexo II – CDSCO -Relatório Técnico de avaliação e autorização do país de Origem]

III. Declaração que ateste a adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância – Modelo em anexo a RDC; \

[Anexo III – Declaração conforme modelo Anexo assinada pela Secretaria Executiva nos termos da RDC 476/2021.]

IV. Comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do artigo 15.

[Anexo IV – COFEPRIS -Relatório Técnico de avaliação e autorização de autoridade pertencente aos PIC/s]

V. Licenciamento de importação (LI) registrado no SISCOMEX; e

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI).

VI. Autorização de Funcionamento (AFE) do importador, quando couber. (Não se aplica)

3. Dos documentos Complementares

A Precisa Medicamentos insere os documentos complementares que subsidiarão as gerências da ANVISA na emissão de seus pareceres. Dessa forma, segue para apreciação:

[Anexo VI – Protocolo CBPF – Linha estéril e comprovante de transação solicita quanto ao CBPF IFA – aguardando compensação bancária]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

[Anexo VIII *Interim Integrated Clinical And Statistical Report* – Dados de segurança e eficácia através do segundo report interino do estudo clínico de fase 3.]

No mais, informamos o compromisso de que todas as doses a serem enviadas ao Brasil estarão em concordância com todas as ações aplicadas ao CAPA *report,* sendo todas produzidas após 15 de abril de 2021 e com validade em acordo com produção, promovendo tempo razoável para aplicação pelo programa PNO do Ministério da Saúde.

Permanecemos a disposição para qualquer esclarecimento,

Atenciosamente.

EMANUELA BATISTA DE SOUZA MEDRADES:33097620842

Digitally signed by EMANUELA BATISTA DE SOUZA MEDRADES:33097620842
Date: 2021.05.25 01:12:27 +05'30'

PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA.

ANEXOS

[Anexo I – Declaração assinada pela Secretaria Executiva nos termos da lei n° 14.124/2.021.]

[Anexo II – CDSCO -Relatório Técnico de avaliação e autorização do país de Origem]

[Anexo III – Declaração conforme modelo Anexo assinada pela Secretaria Executiva nos termos da RDC 476/2021.]

[Anexo IV – COFEPRIS -Relatório Técnico de avaliação e autorização de autoridade pertencente aos PIC/s]

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI).

[Anexo VI – Protocolo CBPF – Linha estéril e comprovante de transação solicita quanto ao CBPF IFA – aguardando compensação bancária]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

[Anexo VIII Interim Integrated Clinical And Statistical Report – Dados de segurança e eficácia através do segundo report interino do estudo clínico de fase 3.]

F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 1063

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 1064

File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

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4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

CDSCO CDSCO
CENTRAL DRUGS STANDARD CONTROL ORGANISATION
MINISTRY OF HEALTH, GOVERNMENT OF INDIA
सत्यमेव जयते

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=171d0331d5d9c2d4f9e323179a1411bf8ee9f9b2bea56c83bfbfee215de199b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

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OFICIO: CAS/5653/2021

Ciudad de México, a 06 de abril de 2021

Bharat Biotech International Limited
Sy. No. 230, 231 & 235, Genove Valley, Turkapally, Shamirpet Mandal,
Medchal-Makajgiri District. 500 078, Telangana State, India.
PRESENTE

AMÉRICA AZUCENA ORELLANA SOTELO, en mi carácter de **Comisionada de Autorización Sanitaria**, con fundamento en lo dispuesto en los artículos 4 párrafo cuarto, 8, 14 y 16 de la Constitución Política de Los Estados Unidos Mexicanos; 1, 2, 3, 16 fracción X, 61 de la Ley Federal de Procedimiento Administrativo; 1, 2 fracción I, 14, 17, 26 y 39 fracciones XXI y XXIV de la Ley Orgánica de la Administración Pública Federal; 1, 3 fracciones XXII y XXVIII, 4 fracción III, 17 bis, 194, 194 Bis, 197, 204, 221, 222, 223, 229, 231, 368, 371, 376, 376 Bis, 393 de la Ley General de Salud; 1, 2, 153, 167, 168, 169, 170, 177, 178, 184, 185, 186, 187, 188, 189 y 190 del Reglamento de insumos para la Salud, 1, 2 inciso c) fracción X, 15, 36 y 37 del Reglamento Interior de la Secretaría de Salud; 1, 3 fracción I inciso b, V, VII, XI, XII y XIII, 4 fracción II inciso c último párrafo, 11 fracción XI, 14 y 21 del Reglamento de la Comisión Federal Para la Protección Contra Riesgos Sanitarios, Acuerdo por el que el Consejo de Salubridad General reconoce la epidemia de enfermedad por el virus SARS-CoV2 (COVID-19) en México, como una enfermedad grave de atención prioritaria, así como se establecen las actividades de preparación y respuesta ante dicha epidemia, publicado en Diario Oficial de la Federación (DOF) el 23 de marzo de 2020, el Acuerdo por el que se declara como emergencia sanitaria por causa de fuerza mayor, a la epidemia de enfermedad generada por el virus SARS-CoV2 (COVID-19), publicado en el DOF el 30 de marzo de 2020 y el Acuerdo por el que se establecen las medidas preventivas que se deberán implementar para la mitigación y control de los riesgos para la salud que implica la enfermedad por el virus SARS-CoV2 (COVID-19), publicado en DOF el 24 de marzo de 2020, Decreto por el que se sanciona el Acuerdo por el que se establecen las medidas preventivas que se deberán implementar para la mitigación y control de los riesgos para la salud que implica la enfermedad por el virus SARS-CoV2 (COVID-19), publicado en DOF el 24 de marzo de 2020; Acuerdo por el que se establecen los lineamientos para la emisión de autorizaciones temporales de insumos para la salud, para establecimientos de atención médica y la certificación temporal de buenas prácticas de fabricación de Insumos para la salud que contribuyan a la erradicación y mitigación del virus SARS-CoV2 (covid-19), publicado en el Diario Oficial de la Federación el 19 de marzo de 2021, y en atención a su solicitud de Registro Sanitario petición con número de entrada **213300404C0015**, a

COF 012786

través del cual remite la información para obtener el Registro Sanitario por uso de emergencia del producto que se menciona a continuación;

CARACTERÍSTICAS DEL PRODUCTO

Denominación Distintiva:	**Covaxin**
Denominación Genérica:	Vacuna contra SARS-CoV-2 Inactivado, virión completo
Clasificación Artículo 226 LGS:	IV
Forma Farmacéutica:	Solución
Fabricante del Fármaco:	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genove Valley, Turkapally, Shamirpet Mandal, Medchal-Makajgiri District. 500 078, Telangana State, India.
Fabricante del Medicamento:	Bharat Biotech International Limited, Sy. Sy. No. 230, 231 & 235, Genove Valley, Turkapally, Shamirpet Mandal, Medchal-Makajgiri District. 500 078, Telangana State, India.
Acondicionado por:	**Envase primario y secundario:** Bharat Biotech International Limited, Sy. Sy. No. 230, 231 & 235, Genove Valley, Turkapally, Shamirpet Mandal, Medchal-Makajgiri District. 500 078, Telangana State, India.
Distribuido por:	Eseotres Pharma, S.A.P.I. de C.V. Paseo de las Palmas No. 1 Bodega 2-B2, Fraccionamiento Lomas de Cocoyoc, C.P. 62847, Atlatlahuacán, Morelos, México. Secretaria de Salud Lieja No. 7, Planta Baja, Col. Juárez, C.P. 06600, Cuauhtémoc, Ciudad de México, México.

COF 012787

CAS-DEAPE

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 1070

Importado por:	Eseotres Pharma, S.A.P.I. de C.V. Paseo de las Palmas No. 1 Bodega 2-B2, Fraccionamiento Lomas de Cocoyoc, C.P. 62847, Atlatlahuacán, Morelos, México.
Representante legal:	Eseotres Pharma, S.A.P.I. de C.V. Paseo de las Palmas No. 1 Bodega 2-B2, Fraccionamiento Lomas de Cocoyoc, C.P. 62847, Atlatlahuacán, Morelos, México.
Unidad de farmacovigilancia:	Eseotres Pharma, S.A.P.I. de C.V. Paseo de las Palmas No. 1 Bodega 2-B2, Fraccionamiento Lomas de Cocoyoc, C.P. 62847, Atlatlahuacán, Morelos, México.
Presentaciones:	Caja de cartón con un frasco ámpula para 1 dosis de 0.5 mL. Caja de cartón con 16 frascos ámpula, cada frasco ámpula con 10 dosis de 0.5 mL (5 mL). Caja de cartón con 16 frascos ámpula, cada frasco ámpula con 20 dosis de 0.5 mL (10 mL). Todas las presentaciones con instructivo.
Vida útil:	6 meses a condiciones de 2 a 8 °C.
Indicaciones Terapéuticas:	Vacuna para prevenir la enfermedad por Coronavirus 2019 (COVID-19) para mayores de 18 años.
Contraindicaciones:	Hipersensibilidad a cualquiera de los componentes de la fórmula, embarazo, lactancia, menores de 18 años, mujeres en edad fértil que desean embarazarse en los próximos meses. Haber recibido otra vacuna contra COVID-19, fiebre, VIH, hepatitis B o C, antecedentes de cualquier vacunación en 4 semanas previas a la potencial fecha de vacunación, haber recibido inmunoglobulinas o hemoderivados hasta 3 meses antes de la potencial vacunación, tratamiento con inmunosupresores, citotóxicos, quimioterapia o radiación hasta 36 meses antes de la potencial vacunación, terapia biológica incluyendo anticuerpos anti citocinas y otros

COF 012788

CAS-DEAPE

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anticuerpos, enfermedades graves o no controladas (cardiovascular, respiratoria, gastrointestinal, neurológica, insuficiencia hepática, insuficiencia renal, patologías endócrinas), antecedentes de anafilaxia (2ª dosis de la vacuna).

Fórmula:

Cada dosis de 0.5 mL contiene:

Fármaco			
Antígeno del SARS-CoV-2 Inactivado, virión completo	6	mcg	Cepa NIV-2020-770 Inactivado. Células Vero, medio DMEM suplementado con suero fetal de ternera o suero fetal bovino,.
Aditivos			
Hidróxido de aluminio	250	mcg	Gel, equivalente a Al^{3+}, adyuvante.
Galamida imidazoquinolina	15	mcg	Agonista TLR 7/8, adyuvante.
2-Fenoxietanol	2.5	mg	
Fosfatos	0.5	mL	cs. Solución amortiguadora de fosfatos: Ortofosfato de hidrógeno disódico dihidrato, Ortofosfato dihidrógeno sódico monohidrato, Ácido clorhídrico.

La vacuna puede contener residuos de seroalbúmina bovina, tripsina-r, tripsina, β-propiolactona, sulfato de neomicina, formaldehído.

Vía de Administración: Intramuscular

Consideraciones de uso: Inyectable

Hago de su conocimiento lo siguiente:

a).- Se emite el presente oficio para el producto denominado "**Covaxin**", con la finalidad de que pueda importar para su uso en Instituciones Públicas del Gobierno de nivel Federal y Estatal que conforman el Sistema Nacional de Salud.

b).- La vigencia de la presente autorización para uso de emergencia, será provisional en apoyo a las acciones de atención para la pandemia decretada por la Organización Mundial de la Salud, el 11 de marzo de 2020, y será válida únicamente durante la duración de la misma, hasta la publicación en el Diario Oficial de la Federación del Acuerdo de terminación de las acciones extraordinarias para atender la emergencia sanitaria generada por el virus SARS-COV2.

COF 012789

c).- Se continuará con la revisión del expediente presentado y una vez que se decrete la terminación de la Emergencia Sanitaria, se procederá a emitir la correspondiente resolución de conformidad con las disposiciones legales sanitarias aplicables.

d).- A lo largo de la vigencia del presente oficio, deberán ingresar a esta Comisión, la información técnica-científica que se vaya generando en materia de la calidad, seguridad y eficacia de la vacuna.

e).- La presente autorización para uso de emergencia será revocada ante cualquier alteración a las condiciones y términos en los que fue otorgada, sin perjuicio de las sanciones que en su caso correspondan, asimismo, en caso de presentarse alguna determinante que demuestre la falta de calidad, seguridad y eficacia de la vacuna autorizada en el presente documento.

f).- La importación y uso de la vacuna autorizada por uso de emergencia deberá estar de acuerdo a las condiciones aprobadas en el presente oficio.

g).- El titular de la autorización dará cumplimiento a las actividades de Farmacovigilancia, conforme a los lineamientos acordados con el Centro Nacional de Farmacovigilancia.

h).- Se deberá ingresar en el dossier de registro sanitario el Plan de Manejo de Riesgos actualizado.

i).- Vacuna dirigida al Programa Nacional de vacunación contra el virus SARS-CoV-2 para la prevención de la COVID-19.

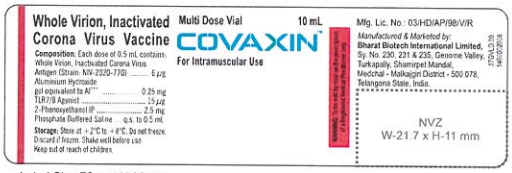
j).- Se incluyen en el presente 07 anexos consistentes en: Caja de cartón para 1 o 16 frascos ámpula y etiqueta para frasco ámpula de 0.5 mL, 5 mL o 10 mL e instructivo anexo.

SUFRAGIO EFECTIVO. NO REELECCIÓN
COMISIONADA DE AUTORIZACIÓN SANITARIA

AMÉRICA AZUCENA ORELLANA SOTELO

BHARAT BIOTECH Lead Innovation	ARTWORK APPROVAL	
Product: **COVAXIN™**	Name of the artwork: **10 mL Vial Label**	Market: **Domestic**
Artwork code: **37GVLD.00**	Change control No: **CC/PA1/20044**	Item code: **1400002008**
DCGI/NOC/Diary NO.		

COVAXIN™ 10 mL Vial Label



Label Size 73 mm X 23 mm

SECRETARIA DE SALUD
COMISIÓN FEDERAL PARA LA PROTECCIÓN CONTRA RIESGOS SANITARIOS

06 ABR. 2021

Whole Virion, Inactivated Corona Virus Vaccine

Composition: Each dose of 0.5 mL contains:
Whole Virion, Inactivated Corona Virus Antigen (Strain: NIV-2020-770) ..... 6 µg
Aluminium Hydroxide gel equivalent to Al^{+++} ..... 0.25 mg
TLR7/8 Agonist ..... 15 µg
2-Phenoxyethanol IP ..... 2.5 mg
Phosphate Buffered Saline .... q.s. to 0.5 mL

Storage: Store at +2°C to +8°C. Do not freeze. Discard if frozen. Shake well before use. Keep out of reach of children.

Multi Dose Vial **10 mL**

COVAXIN™

For Intramuscular Use

WARNING: To be sold by retail on the prescription of a Registered Medical Practitioner only.

Mfg. Lic. No.: 03/HD/AP/98/V/R

Manufactured & Marketed by:
Bharat Biotech International Limited,
Sy. No. 230, 231 & 235, Genome Valley, Turkapally, Shamirpet Mandal, Medchal - Malkajgiri District - 500 078, Telangana State, India.

37GVLD.00
1400002008

NVZ
W-21.7 x H-11 mm

Zoom

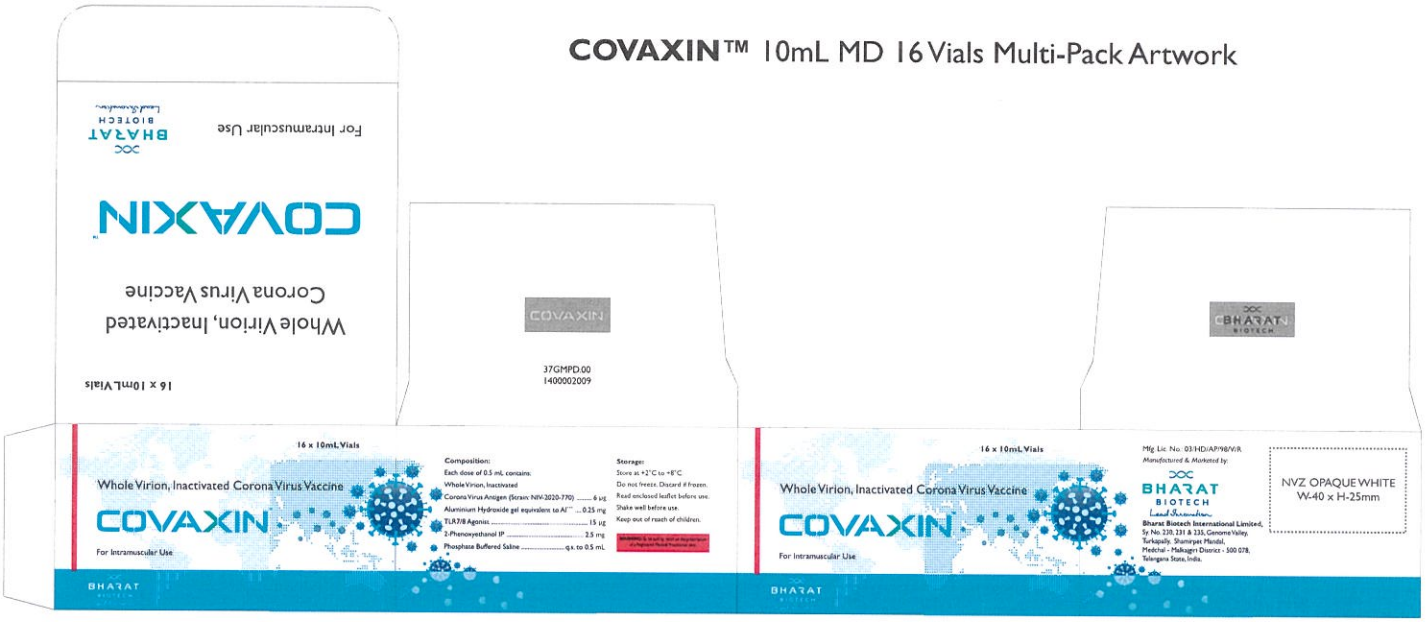
Date:	22-12-2020	COVAXIN™ 10 mL Vial Label for Domestic							Colors CMYK/Pantone
Specs	**Product**	**Size (WxH)**	**Presentation**	**Paper**	**GSM**	**Sticker**			100% PANTONE 311 C 100% PANTONE 3272 C 100% PANTONE Red 032 C 100% Back
	COVAXIN™	**73x23 mm**	**10 mL**	**PP White**	**45±10**	**Self Adhesive**			
Approval	**QA - RA**	**Corp comm**	**Packing Incharge**	**HOD - QC**	**HOD Production**	**Marketing (Domestic / Export)**	**MED**	**HOD - QAO**	
Signature									

Form No: FMQAO/008/004.05 The coral version of this form can be with corpcom.

	ARTWORK APPROVAL	
Product: **COVAXIN™**	Name of the artwork: **10 mL MultiPack**	Market: **Domestic**
Artwork code: **37GMPD.00**	Change control No: **CC/PA1/20044**	Item code: **1400002009**

SECRETARÍA DE SALUD
COMISIÓN FEDERAL PARA LA PROTECCIÓN CONTRA RIESGOS SANITARIOS

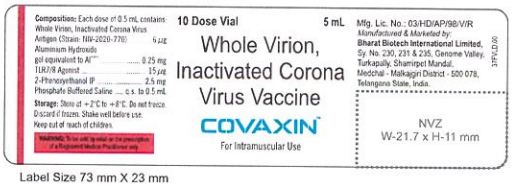
COVAXIN™ 10mL MD 16 Vials Multi-Pack Artwork



Date:	22-12-2020	COVAXIN™ 10mL Multidose 16 Vials Multi-Pack artwork for Domestic							Colors CMYK/Pantone
Specs	**Product**	**Size (LxWxH)**	**Presentation**	**Board**	**GSM**	**Open**	**Brand Name & Virus Structure**	**PROTECTOR**	100% PANTONE 311 C 100% PANTONE 3272 C 100% PANTONE Red 032 C 100% PANTONE 326 C 100% PANTONE 534 C 90% Back
	COVAXIN™	100x100x55 mm	10 mL	Cyber XL	300	Selflock	Spot UV & Texture UV	Fussion Screen& Dual Hidden Image	
Approval	**QA - RA**	**Corp. comm.**	**Packing Incharge**	**HOD - QC**	**HOD Production**	**Marketing (Domestic/ Export)**	**MED**	**HOD - QAO**	
Signature									

Form No: FMQAO/008/004.05 The coral version of this form can be with corpcom.

BHARAT BIOTECH Lead Innovation	ARTWORK APPROVAL	
Product: COVAXIN™	Name of the artwork: 5mL Vial Label	Market: Domestic
Artwork code: 37FVLD.00	Change control No:	Item code:
DCGI/NOC/Diary NO.		



Label Size 73 mm X 23 mm

Composition: Each dose of 0.5 mL contains:
Whole Virion, Inactivated Corona Virus Antigen (Strain: NIV-2020-770) ..... 6 µg
Aluminium Hydroxide gel equivalent to Al^{+++} ..... 0.25 mg
TLR7/8 Agonist ..... 15 µg
2-Phenoxyethanol IP ..... 2.5 mg
Phosphate Buffered Saline ..... q.s. to 0.5 mL

Storage: Store at +2°C to +8°C. Do not freeze. Discard if frozen. Shake well before use.
Keep out of reach of children.

WARNING: To be sold by retail on the prescription of a Registered Medical Practitioner only.

10 Dose Vial **5 mL**

Whole Virion, Inactivated Corona Virus Vaccine

COVAXIN™

For Intramuscular Use

Mfg. Lic. No.: 03/HD/AP/98/V/R
Manufactured & Marketed by:
Bharat Biotech International Limited,
Sy. No. 230, 231 & 235, Genome Valley, Turkapally, Shamirpet Mandal, Medchal - Malkajgiri District - 500 078, Telangana State, India.

37FVLD.00

NVZ
W-21.7 x H-11 mm

Zoom

Date: 16-01-2021	COVAXIN™ 5 mL Vial Label for Domestic							Colours CMYK/Pantone
Specs	Text/colour/design dimension (WxH)		NVZ area	Presentation/ Composition	Material/ Sticker/GSM	Text	Clinical data	Text	100% PANTONE 311 C 100% PANTONE 3272 C 100% PANTONE Red 032 C 100% Back
	73 x 23		W-21.7 x H-11 mm	5mL	PP White/ Self Adhesive /45±10				
Approval	HOD/designee PKD		HOD/ designee Packing	HOD/ designee Production	HOD/ designee QC	Marketing (Domestic/ Export)	HOD/ designee MED	QAO-HOD	
Signature									

The coral version of this form can be with PKD
Form No.: FMPKD/001/003.00

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MASTER COPY

BHARAT BIOTECH Lead Innovation	ARTWORK APPROVAL	
Product: COVAXIN™	Name of the artwork: 5mL Multi-Pack	Market: Domestic
Artwork code: 37FMPD.00	Change control No: CC/PA1/20044	Item code: 1400002020
DCGI/NOC/Diary NO.		

ESTADOS UNIDOS MEXICANOS
SECRETARIA DE SALUD
COMISION FEDERAL PARA LA PROTECCION CONTRA RIESGOS SANITARIOS
06 ABR. 2021

Brand Name & Virus Structure
(Spot UV & Texture UV)

Protector
(Fussion Screen & Dual Hidden Image)

Date: 18-01-2021	COVAXIN™ 5mL Multi Dose 16 Vials Multi-Pack artwork for Domestic							Colours CMYK/Pantone
Specs	Text/colour/design dimension(LxWxH)	NVZ area	Presentation/ Composition	Material/ Sticker/GSM	Text	Clinical data	Text	100% PANTONE 311 C 100% PANTONE 3272 C 100% PANTONE Red 032 C 100% PANTONE 326 C 100% PANTONE 534 C 90% Back
	100 x 100 x 43 mm Self-Locking Bottom	W-40 x H-25mm	5mL Vial	Cyber XL / 300				
Approval	HOD/designee PKD	HOD/ designee Packing	HOD/ designee Production	HOD/ designee QC	Marketing (Domestic/ Export)	HOD/ designee MED	QAO-HOD	
Signature								

The coral version of this form can be with PKD
Form No.: FMPKD/001/003.00

Computer Generated Form

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 1077

BHARAT BIOTECH Lead Innovation	ARTWORK APPROVAL	
Product: **COVAXIN™**	Name of the artwork: 0.5mL Vial Label	Market: Domestic
Artwork code: 37BVLD.00	Change control No:	Item code:
DCGI/NOC/Diary NO.		

SECRETARÍA DE SALUD
COMISIÓN FEDERAL PARA LA PROTECCIÓN CONTRA RIESGOS SANITARIOS
06 ABR. 2021

Composition: Each dose of 0.5 mL contains:
Whole Virion, Inactivated Corona Virus Antigen (Strain: NIV-2020-770) ..... 6 µg
Aluminium Hydroxide gel equivalent to Al^{+++} ..... 0.25 mg
TLR7/8 Agonist ..... 15 µg
2-Phenoxyethanol IP ..... 2.5 mg
Phosphate Buffered Saline ..... q.s. to 0.5 mL

Storage:
Store at +2°C to +8°C. Do not freeze.
Discard if frozen. Shake well before use.
Keep out of reach of children.

WARNING: To be sold by retail on the prescription of a Registered Medical Practitioner only.

Single Dose Vial **0.5 mL**

Whole Virion, Inactivated Corona Virus Vaccine

COVAXIN™

For Intramuscular Use

Mfg. Lic. No.: 03/HD/AP/98/V/R

Manufactured & Marketed by:
Bharat Biotech International Limited,
Sy. No. 230, 231 & 235, Genome Valley,
Turkapally, Shamirpet Mandal,
Medchal - Malkajgiri District - 500 078,
Telangana State, India.

37BVLD.00

NVZ
W-15.5 x H-8 mm

Zoom

Date: 27-01-2021	COVAXIN™ 0.5 mL Vial Label for Domestic							Colours CMYK/Pantone
Specs	Text/colour/design dimension (WxH)	NVZ area	Presentation/ Composition	Material/ Sticker/GSM	Text	Clinical data	Text	100% PANTONE 311 C 100% PANTONE 3272 C 100% PANTONE Red 032 C 100% PANTONE 3272 C
	50x18 mm	W-15.5 x H-8 mm	0.5mL	PP White /45±10 /Self Adhesive				
Approval	HOD/designee PKD	HOD/ designee Packing	HOD/ designee Production	HOD/ designee QC	Marketing (Domestic/ Export)	HOD/ designee MED	QAO-HOD	
Signature								

The coral version of this form can be with PKD
Form No.: FMPKD/001/003.00

Computer Generated Form

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 1078

BHARAT BIOTECH	ARTWORK APPROVAL	
Product: COVAXIN™	Name of the artwork: 0.5mL Multi-Pack	Market: Domestic
Artwork code: 37BMPD.00	Change control No:	Item code:
DCGI/NOC/Diary NO.		

SECRETARÍA DE SALUD
COMISIÓN FEDERAL PARA LA PROTECCIÓN CONTRA RIESGOS SANITARIOS
06 ABR. 2021

Brand Name & Virus Structure
(Spot UV & Texture UV)

Protector
(Fussion Screen & Dual Hidden Image)

Date: 27-01-2021	COVAXIN™ 0.5mL 36 Vials Multi-Pack artwork for Domestic							Colours CMYK/Pantone
Specs	Text/colour/design dimension(LxWxH)	NVZ area	Presentation/ Composition	Material/ Sticker/GSM	Text	Clinical data	Text	100% PANTONE 311 C 100% PANTONE 3272 C 100% PANTONE Red 032 C 100% PANTONE 326 C 100% PANTONE 534 C 90% Back
	110 x 110 x 43 mm Self-Locking Bottom	W-40 x H-25mm	0.5mL Vial	Cyber XL / 300				
Approval	HOD/designee PKD	HOD/ designee Packing	HOD/ designee Production	HOD/ designee QC	Marketing (Domestic/ Export)	HOD/ designee MED	QAO-HOD	
Signature								

The coral version of this form can be with PKD
Form No.: FMPKD/001/003.00

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Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 1079

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BHARAT BIOTECH Lead Innovation	ARTWORK APPROVAL	
Product: **COVAXIN™**	Name of the artwork: **Package Insert**	Market: CGS/Institutional
Artwork code: 37PID.00(CG)	Change control No: CC/PKD/21003	Item code: 1400002017
DCGI/NOC/Diary NO.		

For use only of a Registered Medical Practitioner or Hospital or Laboratory

Whole-Virion, Inactivated Corona Virus Vaccine
COVAXIN™

1. NAME AND DESCRIPTION OF THE MEDICINAL PRODUCT:
COVAXIN™ (Whole-Virion Inactivated Corona Virus Vaccine) is a white translucent liquid free from particulate matter containing 6 mcg of Whole-Virion, Inactivated Corona Virus Antigen (strain NIV-2020-770).
COVAXIN™ can be administered to the individuals ages ≥ 18 years.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION:
Each dose of 0.5mL contains:

Active Ingredient	Quantity
Whole-Virion, Inactivated Corona Virus Antigen (Strain: NIV-2020-770)	6 µg
Inactive Ingredients	
Aluminium Hydroxide Gel equivalent to Al^{+++}	0.25 mg
TLR7/8 Agonist	15 µg
2-Phenoxyethanol IP	2.5 mg
Phosphate Buffered Saline	q.s. to 0.5 mL

3. PHARMACEUTICAL FORM:
Sterile liquid for injection.

4. CLINICAL PARTICULARS
4.1 Therapeutic indication
Whole-Virion, Inactivated Corona Virus Vaccine is indicated for active immunization against SARS-CoV-2 Virus infection for age ≥18years. This vaccine is permitted for restricted use in Emergency situation in Clinical Trial mode, under the provisions of New Drugs and Clinical Trials Rules, 2019, under Drugs & Cosmetics Act 1940

4.2 Posology and method of administration.
Whole-Virion, Inactivated Corona Virus Vaccine should be administered as two doses on Day 0 and Day 28.
Method of administration: Intramuscular injection (IM).
Once opened, multi-dose vials should be used as soon as possible and within 6 hours when kept at between 2-8°C.

4.3 Contraindications
- Hypersensitivity to any constituents of the vaccine.
- Pregnant and lactating mothers.
- During fever or severe infection.
- Individuals below 18 years.

4.4 Special warnings and precautions for use
- Do not administer intravenously, intradermally, or subcutaneously.
- Like all other vaccines, supervision and appropriate medical treatment should always be available to treat any anaphylactic reactions following immunization.
- The vaccinee should remain under medical supervision for at least 30 minutes after vaccination.

Before use, Whole-Virion, Inactivated Corona Virus Vaccine should be shaken well to obtain a uniform, whitish translucent suspension. Vial should be visually checked for the presence of any particulate matter or other coloration. If any, prior to its administration. If in doubt, do not use the contents of the vial. Whole-Virion, Inactivated Corona Virus Vaccine should not be mixed with other vaccines.

4.5 Interaction with other medicinal products.
Chloroquine and Corticosteroids as they may impair the antibody response.

4.6 Pregnancy and Lactation
Safety and effectiveness has not been established in pregnant women and in nursing mothers.

4.7 Effects on ability to drive and use machines
No studies on the effect of Whole-Virion, Inactivated Corona Virus Vaccine on the ability to drive and use machines have been performed.

4.8 Undesirable effects
Clinical Trial Experience
Safety of the Whole-Virion, Inactivated Corona Virus Vaccine vaccine was established in the on going Phase 1 and Phase 2 studies.

Phase 1 clinical trial was conducted in India in 375 adult healthy volunteers which is still on going. The most common local adverse event reported was Injection site Pain. The most common systemic adverse events reported were headache, followed by fatigue, fever, body ache, abdominal pain, nausea, and vomiting. The other less common adverse events were dizziness/giddiness, tremor, sweating, cold, cough, and injection site swelling. No vaccine related serious adverse events (SAE) were reported.

A Phase 2 clinical trial was conducted in India in 380 adolescents and adult healthy volunteers which is still on going. Similar adverse events were reported in the phase 2 clinical trial. No vaccine related serious adverse events (SAE) were reported.

A Phase 3 efficacy study is on-going in 25800 participants and administered with 1st dose of vaccination with Whole-Virion, Inactivated Corona Virus Vaccine no vaccine related adverse events were observed.

4.9 Immune Response
COVID-19 disease is caused due to SARS-CoV-2 virus infection.
In Phase 1 clinical trial a total of 375 healthy participants were enrolled across the three groups and received three vaccine formulations, BBV152A (3µg with Algel-IMDG (Aluminium hydroxide gel- Imidazo quinoline gallamide (IMDG); a TLR 7/8 agonist), BBV152B (6µg with Algel-IMDG), and BBV152C (6µg with Algel). None of the participants had detectable neutralizing antibodies at baseline analyzed by MNT_{90}. The proportion of participants seroconverted post 2 weeks after 2nd dose was 87.9%, 91.9%, and 82.8% in the BBV152A, B, and C, groups, respectively.

In Phase 2 clinical trial a total of 380 healthy participants were enrolled among two groups and received two vaccine formulations, BBV152 A and BBV152B. None of the participants had detectable neutralizing antibodies at baseline analyzed by MNT_{90}. The proportion seroconverted participants of Group 1 and Group 2, post 4 weeks of 2nd dose was 88.0% and 96.6% respectively.

4.10 Overdose
No case of overdose has been reported.

5. PHARMACOLOGICAL PROPERTIES
5.1. Pharmacodynamic properties
COVID-19 disease is caused due to SARS-CoV-2 virus infection. Whole-Virion, Inactivated Corona Virus Vaccine is a whole virion inactivated SARS-CoV-2 virus vaccine, has been studied in Phase 1 and 2 clinical studies for safety and immunogenicity and found to be safe and immunogenic. Whole-Virion, Inactivated Corona Virus Vaccine has been shown to prevent COVID-19 following 2 doses given 4 weeks apart. The duration of protection against COVID-19 is currently unknown.

5.2 Pharmacokinetic properties
Evaluation of pharmacokinetic properties is not required for vaccines.

5.3 Preclinical safety data
All the formulations were tested for immunogenicity in mice, rats, and rabbits. Mice, rats, and rabbits were vaccinated on days 0, 7, and 14 (n+1 doses). Further these formulations are tested for immunogenicity, safety, and protective efficacy in Syrian Hamster challenge model and Non-Human Primates (*Rhesus macaque*) challenge model. The Hamsters were vaccinated on Days 0, 14, and 35 (n+1 doses), the live SARS-CoV-2 virus was challenged through intranasal route on Day 50. Likewise, the Rhesus macaques were vaccinated on Days 0 and 14, and live SARS-CoV-2 virus was challenged through intranasal and intratracheal routes on Day 28. All the formulations were found to be safe, immunogenic, and provided effective protection to both upper and lower respiratory tract.

6.PHARMACEUTICAL PARTICULARS
6.1 List of excipients
- Aluminum hydroxide gel
- TLR7/8 Agonist
- 2-Phenoxyethanol
- Phosphate Buffered Saline

Note : TLR 7/8 agonist is an Imidazo quinoline gallamide (IMDG)

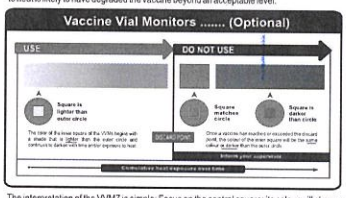
6.2 Incompatibilities
The product should not be mixed with any other medicinal products or active immunizing agents.

6.3 Shelf life
The expiry date of Whole-Virion. Inactivated Corona Virus Vaccine is indicated on the label and carton of the product. Do not use the product after the expiration date shown on the label and carton of the product.

6.4 Special precautions for storage
Store at +2° to +8 °C, do not freeze. Discard if frozen.
Shake well before use. Keep out of reach of children. Protect from light.

7. PRESENTATION
Whole-Virion, Inactivated Corona Virus Vaccine is presented in USP type 1 glass.
Single dose vial - 0.5mL
Multi dose vial - 5.0mL (10 dose)
Multi dose vial - 10.0mL (20 dose)

8. The Vaccine Vial Monitor (Optional)
Presentation available with or without vaccine vial monitor
Vaccine Vial Monitors (VVM7) dot is on the seal of the Whole-Virion, Inactivated Corona Virus Vaccine vials supplied through Bharat Biotech. VVM7 are supplied by TEMPTIME Corporation, USA. This is a time-temperature sensitive dot that provides an indication of the cumulative heat to which the vial has been exposed. It warns the end user when exposure to heat is likely to have degraded the vaccine beyond an acceptable level.



The interpretation of the VVM7 is simple: Focus on the central square; its colour will change progressively. As long as the colour of this square is lighter than the colour of the ring, the vaccine can be used. As soon as the colour of the central square is the same colour as the ring or of a darker colour than the ring, the vial should be discarded.

Revision date: January 2021

Manufactured & Marketed by:

BHARAT BIOTECH Lead Innovation

Bharat Biotech International Limited,
Sy. No. 230, 231 and 235, Genome Valley, Turkapally, Shamirpet Mandal, Medchal-Malkajgiri District - 500 078, Telangana State, India.
E-mail:feedback@bharatbiotech.com | www.bharatbiotech.com

For complaints and suggestions about the product, and any adverse event, please email to feedback@bharatbiotech.com or call on Toll-free number: 1800 102 2245

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Front Back

SECRETARÍA DE SALUD
COMISIÓN FEDERAL PARA LA PROTECCIÓN CONTRA RIESGOS SANITARIOS
06 ABR. 2021

Date: 18-01-2021	COVAXIN™ (Whole-Virion, Inactivated Corona Virus Vaccine) Package Insert artwork for CGS							Colours CMYK/Pantone
Specs	Text/colour/design dimension(WxH)	NVZ area	Presentation/ Composition	Material/ Sticker/GSM	Text	Clinical data	Text	90% Black C
	65 x 195 mm Fold (V-3/65 x 24.5)		0.5mL, 5mL, 10mL	News Print (45±10)				
Approval	HOD/designee PKD	HOD/ designee Packing	HOD/ designee Production	HOD/ designee QC	Marketing (Domestic/ Export)	HOD/ designee MED	QAO-HOD	
Signature								

The coral version of this form can be with PKD
Form No.: FMPKD/001/003.00

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COMPROVANTE DE PROTOCOLIZAÇÃO ON-LINE De: GEDOC, em 24/05/2021 11:00

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ANVISA

AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA

COMPROVANTE DE PROTOCOLIZAÇÃO ON-LINE

Protocolo:	25352637960202101
Expediente:	1998936210
Número de Transação:	4392152021
Tipo de Documento:	Processo
Número do Processo:	25351519922202170
Nome do Produto:	
Favorecido:	03394819000179 - PRECISA COMERCIALIZAÇÃO DE MEDICAMENTO LTDA.
Assunto:	7326 - MEDICAMENTOS - (Certificação de BPF) de INDÚSTRIA INTERNACIONAL de PRODUTOS ESTÉREIS exceto MERCOSUL

Protocolizado On- Line via Peticionamento - Eletrônico por: 33097620842 – EMANUELA BATISTA DE SOUZA em 24/05/21 10:00:25

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Ministério da Saúde
Agência Nacional de Vigilância Sanitária
Formulário Eletrônico

Transação Nº: 4487982021
Data da Transação: 24/05/2021 16:37

Dados do Peticionamento	
Empresa:	PRECISA COMERCIALIZAÇÃO DE MEDICAMENTO LTDA
CNPJ:	03.394.819/0001-79
Assunto:	70224 - INSUMOS FARMACÊUTICOS ATIVOS BIOLÓGICOS - Certificação de BPF de INDÚSTRIA INTERNACIONAL exceto MERCOSUL
Fato Gerador:	39926
Porte da Empresa:	MEDIA - GRUPO IV
Valor da Taxa:	R$ 72.804,90

Fundamentação Legal
Leis nº 9.782/99 e nº. 11.972/2009
Resoluções RDC nº. 39/2013
RDC nº. 222/2006, RDC nº. 76/2008, RDC nº. 69/2014

Anexos
1 - Formulário de petição devidamente preenchido
Form_petição_CBPF_IFA.pdf (778 KB)
2 - Certificado de Boas Prática de Fabricação vigente, emitido pela autoridade sanitária do país onde está instalado o estabelecimento produtor (caso o certificado não tenha sido emitido nos idiomas inglês, espanhol ou português, deverá ser enviada uma cópia do certificado original e uma versão traduzida por tradutor juramentado)
GMP certificate_DCA_valid till June 2021.pdf (277 KB)
3 - Arquivo Mestre da Planta - AMP (Site Master File - SMF) da empresa a ser certificada conforme GUIA nº 7, versão 2, de 19 de julho de 2017. Serão aceitos sem necessidade de tradução juramentada, AMP emitidos nos idiomas inglês, espanhol ou português. Caso este documento, por razões de confidencialidade, tenha que ser protocolado em separado da petição de certificação, este protocolo deve ser feito utilizando o código de assunto de Aditamento por Terceiro (Certificação e Fiscalização)
BBIL_SMF_N001-11_valid_jan2022.pdf (15 MB)
4 - Revisões Periódicas de Produtos (RPP) conforme GUIA nº 09, versão 2, de 08 de outubro de 2018.Cumprir com o que segue: I - Deve ser apresentada em meio exclusivamente eletrônico em português, inglês ou espanhol. II- Não deve estar na versão resumida (Summary Report). III- Para renovação, devem ser incluídos todos os lotes produzidos dos medicamentos peticionados desde o último período de certificação, independente do mercado para o qual se destinam. IV- Para concessão inicial de fabricante já certificado para outro solicitante, deve ser enviada a RPP de todos os lotes produzidos dos IFA biológicos peticionados referente aos últimos dois anos de produção a contar da data do peticionamento, independente do mercado para o qual se destinam. V - Para concessão inicial em que a produção do(s) IFA(s) ainda não foi iniciada, esta situação deve ser informada no pedido de certificação e deve ser apresentada a validação de processo do(s) IFA(s) biológico (s) e a análise de risco feita pela empresa fabricante para inserção deste(s) produto(s) na(s) linha(s) de produção, incluindo os impactos frente à validação dos procedimentos de limpeza previamente estabelecidos. VI - Caso este documento, por razões de confidencialidade, tenha que ser protocolado em separado da petição de certificação, este protocolo deve ser feito utilizando o código de assunto de Aditamento por Terceiro (Certificação e Fiscalização)
Action Plan Evaluation Report_17052021.pdf (942 KB)
Annexure 01 - Article Safety and immunogenicity of an inactivated SARS-COV-2.pdf (10 MB)
Annexure 02 - CAPA Report 21001_QCV.pdf (354 KB)
Annexure 02A - Assay Validation for estimation residual host cell protein in viral bioprocess by enzyme link immuno sorbent assay (ELISA) method.pdf (8 MB)
Annexure 02B - Assay Validation for estimation residual host cell protein in viral bioprocess by enzyme link immuno sorbent assay (ELISA) method.pdf (4 MB)
Annexure 02C.part_a - Validation for estimation residual host cell protein.pdf (18 MB)
Annexure 02C.part_b - Validation for estimation residual host cell protein.pdf (19 MB)
Annexure 02C.part_c - Validation for estimation residual host cell protein.pdf (20 MB)
Annexure 02C.part_d - Validation for estimation residual host cell protein.pdf (20 MB)
Annexure 03 - CAPA Report 21001 - PS2.pdf (208 KB)
Annexure 04 - Draft PQ3 Facility.pdf (715 KB)
Annexure 05 - Incident Form 21003 - PQ3.pdf (465 KB)
Annexure 06 - Change Control 21003 - PQ3.pdf (245 KB)
Annexure 07 - Change Control 21006 - QAS.pdf (623 KB)
Annexure 08 - CAPA Report 21001 - QAS.pdf (222 KB)

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Agência Nacional de Vigilância Sanitária
Formulário Eletrônico

Transação Nº: 4487982021
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Anexos

Annexure 09 - Protocol for Process Validation - 250L.pdf (9 MB)
Annexure 10 - Incident Form 21011 - PA1.pdf (292 KB)
Annexure 11 - CAPA Report 21001 - PA1.pdf (205 KB)
Annexure 11A - Incident Form 21010 - PA1.pdf (4 MB)
Annexure 12 - Incident Form 21004 - SAS.pdf (625 KB)
Annexure 13 - Incident Form 21005 - QAO.pdf (2 MB)
Annexure 14 - Incident Form 21003 - STD.pdf (3 MB)
Annexure 15 - PQ3 Facility.pdf (639 KB)
Annexure 16 - Retained Samples Receipt and Inventory Log Sheet (finished product).pdf (1 MB)
Annexure 17 - CAPA Report 21003 - SAS.pdf (433 KB)
Annexure 18 - Incident Form 21004 - QAO.pdf (10 MB)
Annexure 19 - CAPA Report 21005 - SAS.pdf (335 KB)
Annexure 20 - QTA.pdf (2 MB)
Annexure 21 - CAPA Report 21001 - SAS.pdf (458 KB)
Annexure 22 - Change Control 21015 - QCC.pdf (256 KB)
Annexure 23 - Validation Report Sartorius.pdf (2 MB)
Annexure 24 - Risk Evaluation Summary Report.pdf (4 MB)
Annexure 25 - CAPA Report 21002 - SAS.pdf (495 KB)
Annexure-26 - Kinetics of live sars-cov-2 virus inactivation by BPL.pdf (4 MB)
Annexure-27_PQ3 process flow drawing for Media & Virus culture Train-1.pdf (3 MB)
Annexure-27_PQ3 process flow drawing for Media & Virus culture Train-2.pdf (3 MB)
Annexure-28 - Risk Assesment Summary Report.pdf (4 MB)
Annexure-29 - Change control 21004 - PS2.pdf (2 MB)
Annexure-30 - Operation and Cleaning of Filling Machine.pdf (6 MB)
Annexure-31 - CAPA Report 21001 - PSD.pdf (1 MB)
Annexure-32 - Unpacking of chromatography.pdf (5 MB)
Annexure-33 - Profiling at pre chromatography.pdf (2 MB)
Annexure-34 - Excipients manudacturers facility either.pdf (3 MB)
ANNEXURE-35 - Whole virion, inactivated coronavirus bulk for export.pdf (391 KB)
ANNEXURE-36 - Method Validation Neomycin.pdf (6 MB)
ANNEXURE-37 - Kinetics of live sars-cov-2 virus inactivation bt BPL virus.pdf (5 MB)
ANNEXURE-38 - Assay validation for estimation of virus titration for sars-cov-2 virus by cytopathic effect (CPE) method.pdf (13 MB)
ANNEXURE-39 - Validation VIT_VAT.pdf (10 MB)
ANNEXURE-40 - To Evaluation the Stability BPL from the time out of refrigeration (TOR).pdf (1 MB)
ANNEXURE-41 - BMR - 35L - PQ3.pdf (12 MB)
ANNEXURE-42 - Testing of aluminium content by titration method for inactivated sars-cov-2 vaccine.pdf (5 MB)
ANNEXURE-43 - Estimation of residual cellular DNA content in whole virion, inactivated coronavirus bulk.pdf (5 MB)
ANNEXURE-44 - Test of 2-phenoxyethanol content in whole virion inactivated corona virus vaccine by HPLC.pdf (9 MB)
ANNEXURE-45 - Protocol for filter and Validation Purified Bacterial.pdf (8 MB)
ANNEXURE-46 - Protocol for filter and Validation Purified.pdf (8 MB)
ANNEXURE-46A - Validation Report Sartorius.pdf (4 MB)
ANNEXURE-47 - Vendor Qualification.pdf (19 MB)
ANNEXURE-48 - Preparation, Approval and Execution of Process Validation, Study Protocols and Reports.pdf (11 MB)
ANNEXURE-49a. Protocol for Process Validation - 250L - PA1.pdf (14 MB)
ANNEXURE-49b. Protocol for Process Validation - 250L - PA1.pdf (11 MB)
ANNEXURE-49c. Protocol for Process Validation - 250L - PA1.pdf (12 MB)
ANNEXURE-49d. Protocol for Process Validation - 250L - PA1.pdf (17 MB)
ANNEXURE-50 - Process Validation ALGEL-IMDG.pdf (10 MB)
ANNEXURE-51 - BMR - 10L - PS2.pdf (14 MB)
ANNEXURE-52 - Qualification of refrigerated container.pdf (6 MB)
ANNEXURE-53 - Requalification.pdf (17 MB)
ANNEXURE-54 - Amended and restated quality agreement.pdf (2 MB)
ANNEXURE-54A - Estimation of Impurities Profiling at pre chromatography and post chromatography.pdf (3 MB)
ANNEXURE-55 - Annual Product Quality Review.pdf (11 MB)
ANNEXURE-56 - Ongoing Process Monitoring.pdf (14 MB)
ANNEXURE-57 - PQ3 Facility - P&1 Diagram.pdf (1 MB)

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Agência Nacional de Vigilância Sanitária
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Anexos
ANNEXURE-58 - Preparation, Issuance and Control of Drawings.pdf (3 MB)
ANNEXURE-59 - Management of Retained Samples.pdf (7 MB)
ANNEXURE-60 - PQ3 Facility - Waste material movement & decontamination.pdf (681 KB)
ANNEXURE-61 - Performance Qualification Summary Report - PQ3.pdf (2 MB)
ANNEXURE-62 - SOP - Preparation and Execution of Requalification.pdf (22 MB)
ANNEXURE-63 - Performance Qualification Summary Report - Cell Bank.pdf (5 MB)
ANNEXURE-64 - Review Summary Report for Operational Qualification of WFI Storage Tank and Distribution System.pdf (1 MB)
ANNEXURE-65.part_a - Monitoring of Water Quality.pdf (18 MB)
ANNEXURE-65.part_b - Monitoring of Water Quality.pdf (18 MB)
ANNEXURE-65.part_c - Monitoring of Water Quality.pdf (16 MB)
ANNEXURE-65.part_d - Monitoring of Water Quality.pdf (14 MB)
ANNEXURE-66 - Envirotainer Monitoring Programme.pdf (24 MB)
5 - OPCIONAL: Relatório de Inspeção de Autoridade Sanitária Internacional da empresa a ser certificada
EUL_BBIL_12032021.pdf (2 MB)
WHO-GMP Certificate Vaccines 2020.pdf (6 MB)

Responsável pela Transação na Internet	
Tipo do responsável:	Pessoa Física
Nome:	EMANUELA BATISTA DE SOUZA
Número do CPF:	330.976.208-42

Todas as pessoas físicas e jurídicas que se encontrem sujeitas ao regime de vigilância sanitária alcançados pela esfera de competência da Anvisa devem pagar a taxa de fiscalização de vigilância sanitária, excetuando-se os casos de isenção previstos em lei. Esta taxa é um tributo instituído pela Lei nº 9.782/1999, estipulada conforme o Fato Gerador a que esteja relacionada. O seu recolhimento é regulamentado pela RDC º 222/2006 e alterações. A protocolização das petições está condicionada ao seu recolhimento

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SECOND INTEGRATED CLINICAL AND STATISTICAL REPORT

Title:	An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.
Protocol Number:	BBIL/BBV152-C/2020
Design:	This is a randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.
Phase:	III
Version:	1.0
Sponsor:	Bharat Biotech International Limited (BBIL), Genome Valley, Shameerpet, Hyderabad, Telangana, India. & Indian Council of Medical Research (ICMR), New-Delhi, India
Study Initiation Date:	16th November 2020
Study Completion Date:	Ongoing
Co-ordination Unit (Responsible for Preparation of the Report) Clinical Operations Management Unit	IQVIA & BHARAT BIOTECH INTERNATIONAL LIMITED

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Sponsor Representative: Dr. V. Krishna Mohan

Whole-time Director
Bharat Biotech International Limited (BBIL)
Genome Valley, Hyderabad India
Tel +91 40 2778 4003 Fax: +91 40 2348 0560
Email:kmohan@bharatbiotech.com.

and

Dr. Nivedita Gupta
Scientist F, Epidemiology and Communicable Diseases,
Indian Council of Medical Research (ICMR),
New-Delhi, India
Tel: +91-11-26589397
Email: guptanivedita.hq@icmr.gov.in

GCP Statement: The trial is being conducted in compliance with the protocol, GCP, Schedule Y (Drugs and Cosmetics Act, 2005) and Ethical Guidelines for Biomedical Research on Human Participants (Indian Council of Medical Research, 2006)

Date of 1st Interim Report: **05th March 2021**

Date of 2nd Interim Report: **08th May 2021**

Prepared by: Medical Affairs Department
Bharat Biotech International Limited

Study period (years): 1 Year

Date of 1st Dose 1st Subject: November 16, 2020

Date of 1st Dose last subject: January 8, 2021

Trial Registration: CTRI/2020/11/028976
Clinicaltrials.gov: NCT04471519

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Signature Page:

Study Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Review and approval of the Integrated Clinical and Statistical report.

We have read this report and confirm that, to the best of our knowledge, it accurately describes the conduct and results of the trial.

Signature & Date

Dr. V. Krishna Mohan
Whole-time Director
Bharat Biotech International Limited (BBIL)
Genome Valley, Hyderabad India
Tel +91 40 2778 4003 Fax: +91 40 2348 0560
Email: kmohan@bharatbiotech.com

Mensagem Parte 05 (0021609999) SEI 25000.100536/2021-98 / pg. 1087

Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Protocol No.: BBIL/BBV152-C/2020

Investigational Vaccine: Whole-Virion Inactivated SARS-CoV-2 vaccine (BBV152B).

Study Population: A total sample size of 25,800 volunteers ages 18 years and above were recruited and administered with vaccine and placebo in 1:1 ratio.

The study was conducted in 25 sites all zone of India.

Study Centres and Investigators:

S No.	Site Codes	Site Name & Location	Zone
1	308	MG Medical College, Sri Balaji Vidyapeeth - Dr. Pajanivel Ranganadin (Pondicherry)	South
2	311	Vydehi institute of medical sciences – Dr. Akshata (Bangalore)	South
3	312	Director of Public Health & Preventive Medicine – Dr. Selva Vinayagam - (Chennai)	South
4	317	Government Fever Hospital, Guntur - Dr. Laxmi Kumari (Guntur)	South
5	320	Nizam's institute of Medical Sciences -Dr. Prabhakar Reddy (Hyderabad)	South
6	325	SRM Hospital & Research Center - Dr. Satyajit Mohapatra (Chennai)	South
7	326	Jeevan Rekha Hospital - Dr Amit Bhate, (Belgaum)	South
8	309	People's University - Dr. Raghavendra Gumashta (Bhopal)	Central
9	302	All India Institute of Medical Sciences – Dr. Chadramani Singh (Patna)	East
10	305	ICMR-National Institute of Cholera and Enteric Diseases - Dr. Suman Kanungo (Kolkata)	East
11	318	(IMS) & SUM Hospital - Dr. E Venkata Rao (Bhubaneswar)	East
12	301	All India Institute of Medical Sciences – Dr. Sanjay Rai (New Delhi)	North
13	303	ESIC Medical College and Hospital – Dr. Anil Pandey (Faridabad)	North
14	313	Aligarh Muslim University - Dr. Md. Shameem (Uttar Pradesh)	North
15	321	PGIMS - Dr. Savita Verma (Rohtak)	North
16	323	Gangaram - Dr Anupam Sachdeva (New Delhi)	North
17	324	Prakhar Hospital – Dr. Jitendra Kushwaha, Kanpur	North
18	307	Lokmanya Tilak Municipal General Hospital-Dr. N.T. Awad (Mumbai)	West
19	310	Rahate Surgical Hospital & ICU - Dr. Manish Multani (Nagpur)	West
20	315	GMERS Medical College and Civil Hospital - Dr. Parul Bhatt (Ahmedabad)	West
21	316	Sir J.J. Group of Hospitals - Dr. PritiMeshram (Mumbai)	West
22	322	Redkar Hospital and Research Centre - Dr. Sagar Redkar (Goa)	West
23	327	Maharaja Agrasen Multi speciality Hospital – Dr. Manish Kumar Jain - (Jaipur)	West
24	328	RCSMGMC & CPR Hospital – Dr. Sunita Jaiprakash Ramanand (Kolhapur)	West
25	329	Prakash Institute of Medical Science & Research – Dr. Vijaykumar Patil (Sangli)	West

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1. INTRODUCTION

The outbreak of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2/COVID-19) has, as on March 05th,2021, spread to over 216 countries across the globe, with a total of ~115 Million confirmed cases and ~ 2.5 Million deaths. The number of reported SARS-CoV-2 cases in India is also on an increase with ~11 Million confirmed cases and ~157000 deaths(1). Coronaviruses are a severe threat to the humans and other animals, earlier other members of the same family coronaviridae, SARS-CoV infected ~8000 people with a death rate of 10% and another member Middle East Respiratory Syndrome (MERS) virus was outbroken in the Middle East region and infected ~2000 people with 35% fatality rate(2) . Porcine epidemic diarrhea coronavirus (PEDV) has swept throughout the United States of America, causing an almost 100% fatality rate in piglets and wiping out more than 10% of America's pig population in less than a year(2).

Coronaviruses are the enveloped positive-stranded RNA viruses which have the largest genome among all RNA viruses with approximately 27 to 32 kb2. The viral genome is packed inside a helical capsid formed by the nucleocapsid protein (N) which is surrounded by an envelope. SARS-CoV viral envelope is associated with at least three structural proteins: The membrane protein (M) and the envelope protein (E) are involved in virus assembly, whereas the spike protein (S) mediates virus entry into host cells. Among these structural proteins, the spike forms large protrusions from the virus surface, giving coronaviruses the appearance of having crowns(2).

The SARS-CoV-2 virus transmits from person to person mainly through respiratory droplets(3).
The inhaled virus SARS-CoV-2 likely binds to epithelial cells in the nasal cavity and starts replicating. ACE2 is the main receptor for both SARS-CoV-2 and SARS-CoV(4,5). There is local propagation of the virus but a limited innate immune response. At this stage, the virus can be detected by nasal swabs. Although the viral burden may be low, these individuals are infectious. The RT-PCR value for the viral RNA might be useful to predict the viral load and the subsequent infectivity and clinical course. The virus propagates and migrates down the respiratory tract along the conducting airways, and a more robust innate immune response is triggered. Nasal swabs or sputum should yield the virus (SARS-CoV-2) as well as early markers of the innate immune response(6). The symptoms of SARS-CoV-2 infection appear after an incubation period of ~5 days(7). The period from the onset of SARS-CoV-2 symptoms to death ranged from 6 to 41 days with a median of 14 days. This period is dependent on the age of the patient and the status of the patient's immune system. It was shorter among patients >70 years old compared with those under the age of 70(8). The most common symptoms at the onset of SARS-CoV-2 illness are fever, cough, and fatigue, while other symptoms include sputum production, headache, hemoptysis, diarrhea, dyspnoea, and lymphopenia(9).

Till date, no specific treatment was recommended for SARS-CoV-2 infection hence, vaccines are a critical new tool in the battle against COVID-19. Various types of COVID-19 vaccines, such as DNA, RNA- based formulations, Recombinant subunit vaccines containing the viral protein (Spike) epitopes, vector based formulations (eg: Adeno virus) and traditional inactivated vaccines were developed(10–12). Bharat Biotech Int. Ltd., India has developed a whole-virion inactivated Covid-19 vaccine and evaluated for its safety and immunogenicity in a Phase 1 followed by phase 2 study and found that vaccine is safe and immunogenic(13,14). Bharat Biotech has been conducting a phase 3 efficacy study in 25,800 participants to evaluate the efficacy of the vaccine.

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2. STUDY DESIGN

The study is an endpoint-driven randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.

A total of 25,800 subjects were enrolled across India in 25 sites (3 Categories) and randomized in a 1:1 ratio to receive BBV152B vaccine and control. All participants will be assessed for efficacy and safety endpoints and provide a NP swab and blood sample before the first dose of IP. The NP swab and blood collected will be subject to RT-PCR and Anti-SARS-CoV-2 IgG antibodies. The results of this will not affect enrolment of the participant. Participants who are found to be positive for either RT-PCR or Anti-SARS-CoV-2 IgG antibodies will be excluded from the primary efficacy analysis.

The additional 5,000 participants in the Brazil Arm will be recruited from the Month of June 2021.

The purpose of this Phase 3 study is to evaluate the protective efficacy, safety, and immunogenicity of the whole-virion inactivated SARS-CoV-2 vaccine, BBV152B. The Phase 3 study will follow randomized study participants for efficacy until virologically confirmed (RT-PCR positive) symptomatic COVID-19 participants will be eligible for the primary efficacy analysis. After reaching the target number (n=130) of symptomatic COVID-19 cases, the study will continue to assess safety until the completion of the study duration.

Case Definition of symptomatic COVID-19

The study is designed to accrue 130 symptomatic COVID-19 cases.This includes any participant who meets any of the two below following criteria:

• Case Definition for Primary Efficacy Symptomatic Endpoint

• Case Definition for Severe Symptomatic COVID-19

Any one of the below mentioned criteria (A or B) must be met, along with a positive SARS-CoV-2 RT-PCR confirmation to be a confirmed symptomatic case

Criteria A: One or More		**Criteria B: Two or More**
1. Shortness of Breath/Difficulty in Breathing 2. New onset Anosmia/Aguesia 3. Oxygen saturation of <94% or escalation by requiring supplemental Oxygen. 4. Pneumonia: diagnosed by chest X ray or CT scan 5. Evidence of Shock **6.** ICU Admission/Death	or	1. Fever 2. Chills 3. New cough 4. Myalgia/Fatigue 5. Headache 6. Sore throat 7. Nausea/Vomiting 8. Diarrhea 9. Congestion/ Runny Nose
	AND	
Positive SARS-CoV-2 RT-PCR test		

Case Definition of symptomatic COVID-19 (Severe)

Virologically confirmed (RT-PCR positive) SARS-CoV-2 Severe Respiratory tract infection with one or more of the following clinical manifestations:

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1. Clinical signs at rest indicative of severe systemic illness (respiratory rate >30/min, heart rate >125/min, SpO2<93%)
2. Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation, or ECMO)
3. Evidence of shock (SBP <90 mm Hg, DBP <60 mm Hg, or requiring vasopressors)
4. Significant acute renal, hepatic, or neurologic dysfunction
5. Admission to an ICU
6. Death

SITE CATEGORIES:

Category 1 (Symptomatic): In addition to administering the IP, a series of post-dose telephonic follow-up visits will be scheduled to detect suspect symptomatic COVID-19 infections. If a suspect is identified, a nasopharyngeal sample will be collected from the participant for detecting the presence of COVID-19 infection. Telephonic follow-up will occur at 15 day intervals.

Category 2 (Symptomatic/Asymptomatic): In addition to administering the IP, a series of post-dose Nasopharyngeal samples for detecting incidence of Asymptomatic COVID-19 infection at 1-Month intervals will be collected.

Category 3 (Symptomatic/Asymptomatic+Immunogenicity): In addition to administering the IP, repeated NP swabs for asymptomatic, a series of blood samples will be collected for analyzing serum for immunological assessments.

3. STUDY POPULATION

As per the approved protocol, a total of 25,800 subjects were enrolled and received either vaccine or placebo in 1:1 ratio. Among these 25,800 participants 24,455 were received second dose and detailed site wise enrolled participants, second dose recipients and the participants who were followed up till Day 42 were listed in the Table 1.

TABLE 1: SUMMARY OF ENROLLED SUBJECTS AT EACH SITE

S No.	Site Name and Location	Subjects completed 1st dose	Subjects completed 2nd dose	Subjects Completed follow up (Day 42)
	Category 1: Sites			
1	All India Institute of Medical Sciences - (New Delhi)	659	629	629
2	All India Institute of Medical Sciences - (Patna)	1216	1137	1129
3	ESIC Medical College and Hospital - (Faridabad)	1126	1002	997
4	ICMR-National Institute of Cholera and Enteric Diseases - (Kolkata)	988	969	967
5	Lokmanya Tilak Municipal General Hospital - (Mumbai)	197	191	191
6	MG Medical College, Sri Balaji Vidyapeeth - (Pondicherry)	901	868	831
7	People's University - (Bhopal)	1725	1426	1424
8	Rahate Surgical Hospital & ICU - (Nagpur)	1670	1594	1579

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9	Vydehi institute of Medical Sciences - (Bangalore)	496	476	429
10	Director of Public Health & Preventive Medicine - (Chennai)	29	27	27
11	Gangaram - (New Delhi)	318	276	276
12	Prakhar Hospital – (Kanpur)	2250	2244	2243
13	Jeevan Rekha – (Karnataka)	2227	2216	2216
14	Maharaja Agrasen Multi speciality Hospital - (Jaipur)	1494	1431	1124
15	Sunita Jaiprakash Ramanand - RCSMGMC & CPR Hospital - (Kolhapur)	887	882	737
16	Vijaykumar Patil - Prakash Institute of Medical Science & Research - (Sangli)	611	594	409
	Category 2: Sites			
17	Aligarh Muslim University - (Uttar Pradesh)	1008	938	937
18	Gmers Medical College and Civil Hospital - (Ahmedabad)	1081	1018	1018
19	Sir J.J. Group of Hospitals - (Mumbai)	438	379	378
20	Government Fever Hospital - (Guntur)	1358	1351	1350
21	(IMS) & SUM Hospital - (Bhubaneswar)	510	495	494
22	SRM Hospital & Research Center – (Chennai)	603	446	404
	Category 3: Sites			
23	Nizam's institute of Medical Sciences - (Hyderabad)	1998	1888	1883
24	PGIMS - (Rohtak)	456	433	433
25	Redkar Hospital and Research Centre - (Goa)	1554	1544	1544
	Total	**25800**	**24454**	**23649**

3.1 AT-RISK POPULATION

In this study both healthy volunteers and participants with high risk for Covid-19 who is, either ≥ 60 years of age or < 60 years of age with co-morbid conditions, and HCPs were recruited.

Participants who are < 60 years old will be categorized as at risk for severe COVID-19 illness if they have at least 1 of the following risk factors at Screening:

- Stable chronic lung disease (eg, emphysema and chronic bronchitis), idiopathic pulmonary fibrosis and cystic fibrosis) or mild to moderate asthma.
- Stable cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, hypertension, and pulmonary hypertension).
- Severe obesity (body mass index ≥ 35 kg/m2).
- Controlled Diabetes (Type 1, Type 2).
- Stable Liver disease.

Participants who has high risk for Covid-19 were summarized in the Table 2 (>60 Years) and Table 3 (< 60 with Co-morbid condition).

TABLE 2: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900) n (%)	Placebo (N= 12, 900) n (%)	Total (N = 25,800) n (%)
At Risk Participants at baseline, Age ≥ 60			

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years			
Stable chronic heart disease	158 (1.22)	142 (1.10)	300 (1.16)
Stable chronic lung disease	12 (0.09)	16 (0.12)	28 (0.11)
Controlled Diabetic	101 (0.78)	107 (0.83)	208 (0.81)
Stable Liver Disease	4 (0.03)	8 (0.06)	12 (0.05)
Severe obesity (BMI >35)	2 (0.02)	2 (0.02)	4 (0.02)
Other stable co-morbid condition	129 (1.00)	142 (1.10)	271 (1.05)
None of the above	32 (0.25)	28 (0.22)	60 (0.23)
Multiple risk categories*	245 (1.90)	296 (2.29)	541 (2.10)
Total number of At-risk participants ≥ 60 years	683 (5.29)	741 (5.74)	1424 (5.51)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

TABLE 3: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900) n (%)	Placebo (N= 12, 900) n (%)	Total (N = 25,800) n (%)
At Risk Participants at baseline, Age < 60 years			
Stable chronic heart disease	370 (2.87)	357 (2.77)	727 (2.82)
Stable chronic lung disease	108 (0.84)	148 (1.15)	256 (0.99)
Controlled Diabetic	593 (4.60)	613 (4.75)	1206 (4.67)
Stable Liver Disease	17 (0.13)	17 (0.13)	34 (0.13)
Severe obesity (BMI >35)	53 (0.41)	90 (0.70)	143 (0.55)
Other stable co-morbid condition	613 (4.75)	676 (5.24)	1289 (5.00)
None of the above	125 (0.97)	118 (0.91)	243 (0.94)
Multiple risk categories*	209 (1.62)	200 (1.55)	409 (1.59)
Total number of At-risk participants < 60 years	2088 (16.19)	2219 (17.20)	4307 (16.69)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

3.2 GENDER AND AGEWISE CLASSIFICATION OF THE PARTICIPANTS:

In the study both the genders were recruited, among 25800 participants 17332 (67.2%) were male and 8468 (32.8%) were female participants. Detailed description of the participants categorized by their age and gender was depicted in the Table 4.

TABLE 4: GENDERAND AGE WISE CLASSIFICATION OF THE PARTICIPANTS

Gender	≥18 to <50	≥51 to <60	≥60 to above
Male	13790 (53.45%)	2085 (8.08%)	1457 (5.65%)
Female	6242 (24.19%)	1250 (4.84%)	976 (3.78%)

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4. SAFETY

There are 25,800 participants were recruited in the study. It is decided to consider all AEs reported till 11 am (IST) March 1, 2021 for first 8000 enrolled participants. All the participants were followed up telephonically for 7 days after each dose of vaccination and reported all the solicited AEs. Unsolicited AEs from all the participants were reported throughout follow-up period (Till Day 42). A total of 655 adverse events were reported and equally distributed in both vaccine and placebo groups. Among these 655 AEs 605 were mild, 34 were moderate and 16 were severe and the severity of the AEs is similar in both the groups. All the AEs except 20 were resolved without sequelae. Detailed AEs list is summarized in the Table 6.

TABLE 6: SUMMARY OF ADVERSE EVENTS

Description	Treatment Arm		
	BBV152 (N=4,061) n (%)	**Placebo (N=3,804) n (%)**	**Total (N=7,865) n (%)**
No of Subject with at least one Adverse Event	335 (8.25)	300 (7.89)	635 (8.07)
No of Subjects with at least one Local Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	99 (2.44)	94 (2.47)	193 (2.45)
No of Subjects with at least one Local Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	55 (1.35)	39 (1.03)	94 (1.20)
No of Subjects with at least one Systemic Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	94 (2.31)	55 (1.45)	149 (1.89)
No of subjects with at least one Systemic Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	30 (0.74)	23 (0.60)	53 (No 0.67)
No of subjects with at least one Unsolicited Adverse Events	50(1.23)	67(1.76)	117 (1.49)
All Ongoing Adverse Events	9 (0.22)	11 (0.29)	20 (0.25)
Severity			
Mild	317 (7.81)	288 (7.57)	605 (7.69)
Moderate	17 (0.42)	17 (0.45)	34 (0.43)
Severe	9 (0.22)	7 (0.18)	16 (0.20)

4.1 SERIOUS ADVERSE EVENTS

All the participants (25800) were followed up for serious adverse events (SAEs) and 70 SAEs were reported till 7th April 202, and among those cases 48 were resolved, 14 cases are ongoing and 8 deaths were reported. All the SAEs were not related to the vaccine and distributed equally among the two treatment groups. Detailed description of the SAEs is given in the Table 7.

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TABLE 7: SAEs Line Listing

S. No	Study site (Screening Number)	Date of administration	Date of occurrence of SAE	Seriousness Criteria	Diagnosis of the Event	Causality Assessment by PI	Causality Assessment by Sponsor	Outcome of the Event
1	NIMS, Hyderabad (32000107)	19-11-2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	20-11-2020	Hospitalization	Road traffic accident (RTA)-Crush Injury left foot and Fracture neck of 2nd 3rd and 4thmetatarsal.	Unrelated	Unrelated	Recovered and discharged from hospital on 23rd Nov 2020.
2	NIMS, Hyderabad (32000073)	18-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	29-11-2020	Hospitalization	Uncontrolled Type-2 Diabetes mellitus with Diabetic ketoacidosis and dyselectrolytemia.	Unlikely	Unrelated	Recovered anddischarged from hospital on 12th Dec 2020
3	PGIMS, Rohtak (32100001)	20-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from hospital 30th Dec 2020 in stable condition
4	NIMS, Hyderabad (32000428)	28-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	Shortness of breath, pedal edema and fever (3 days).	Unlikely	Unrelated	Recovered and discharged from hospital 6th Dec 2020 in stable condition
5	NIMS, Hyderabad (32000272)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 11th Dec 2020 in stable condition
6	NIMS, Hyderabad (32000242)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	10-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 15th Dec 2020 in stable condition
7	Grant Medical College & JJ Hospital, Mumbai (31600192)	08-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	12-12-2020	Hospitalization	Homocysteine	Unrelated	Unrelated	Recovered and discharged from hospital in stable condition on 26th Dec 2020
8	SRM Medical College &Hospital, Chennai (32500018)	07-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	15-12-2020	Hospitalization	Clinical enteric fever with dehydration.	Unrelated	Unrelated	Recoveredand discharged from hospital on 17th Dec 2020
9	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900546)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	17-12-2020	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recoveredand discharged from hospital on 18th Dec 2020 with advice to follow up for further treatment plan
10	People's College of Medical	12-12-2020 (1st Dose) (Vaccine/Placeb	21-12-2020	Death	Death	Unrelated	Unrelated	Fatal

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	Sciences & Research Centre, Bhopal, Madhya Pradesh (30900809)	o; Blinded) 2nd dose was not administered						
11	MGMCRI-SBV, Puducherry (30800390)	26-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	01-01-2020	Hospitalization	"Hollow viscus perforation with Acute Kidney Injury -? Cause"	Unrelated	Unrelated	Recovered
12	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh(30900578)	10-12-2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	06-01-2021	Hospitalization	Liver abscess	Unrelated	Unrelated	Recovered and discharged from hospital on 15th Jan 2021
13	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore. (31100060)	09-12-2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-12-2020 (Date of awareness of SAE:06-01-2021)	Hospitalization	Left lung opacity-LRTI	Unrelated	Unrelated	Recovered and discharged from Hospital on 23rd December 2020
14	People's College of medical research center, Bhopal, Madhya Pradesh(30900546)	10/12/2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-01-2021	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from Hospital on 21stJan 2021.
15	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901496)	18-12-2020(1st Dose) (Vaccine/Placebo;blinded) 2nd dose was not administered	08-01-2021	Hospitalization	Injury in both the lower limbs (ankle)	Unrelated	Unrelated	Recoveredand discharged from Hospital on 19th Feb 2021.
16	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901257)	16/12/2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	30-12-2020 (Date of awareness of SAE:13/01/2021)	Hospitalization	Mature cataract	Unrelated	Unrelated	Recoveredand discharged from hospital on 1st Jan 2021.
17	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901279)	16/12/2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	03/01/2021 (Date of awareness of SAE:13/01/2021)	Hospitalization	CAD with hypertension with B/L Pneuminitis /ACS/TVD. She was also positive with COVID-19.	Unrelated	Unrelated	Recoveredand discharged from hospital on 6th Jan 2021.

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18	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901436)	17/12/2020(1st Dose) 14/01/2021(2nd Dose) (Vaccine/Placebo; Blinded)	15/01/2021	Hospitalization	Acute cholecystitis and cholelithiasis.	Unrelated	Unrelated	Recovered and discharged from the hospital on 22 -01-2021
19	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901004)	14-12-2020(1st Dose) 11-01-2021(2nd dose) (Vaccine/Placebo; Blinded)	18-01-2021	Hospitalization	Renal Calculi with Hepatomegaly.	Unrelated	Unrelated	Recoveredand discharged from the hospital on 19-01-2021
20	NIMS, Hyderabad (32001 145)	21-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-01-2021 (Date of awareness of the SAE:21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
21	Jawaharlal Nehru Medical college and Hospital,AMU, Aligarh (31300207)	25-11-2020(1st Dose) 24-12-2020(2nd dose) (Vaccine/Placebo; Blinded)	10-01-2021 (Date of awareness of the SAE-21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
22	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100290)	28-12-2020(1st Dose)(Vaccine/Placebo; Blinded) 2nd dose was not administered	11-01-2021 (Date of awareness of the SAE: 14-01-2021)	Hospitalization	Atypical viral pneumonia	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-01-2021
23	People's College of medical sciences and Research centre, Bhopal,Madhya Pradesh(30901512)	18-12-2020(1st Dose) 20-01-2021(2nd dose) (Vaccine/Placebo; Blinded)	21-01-2021	Hospitalization	Generalised body pain	Unrelated	Unrelated	Recovered and discharged from the hospital on 25-01-2021
24	AIIMS, New Delhi (30100090)	5-12-2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	22-01-2021 (Date of SAE Awareness: 24-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
25	GMERS Medical College and Civil Hospital, Sola, Ahmedabad (31500928)	28-12-2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	08-01-2021 (Date of awareness of SAE: 27-01-2021)	Death	Death	Unlikely	Unlikely	Fatal
26	People's College of medical sciences and Research centre,Bhopal,Madhya Pradesh (30900901)	13-12-2020(1st Dose) 10-01-2021(2ndDose) (Vaccine/Placebo; Blinded)	01-02-2021	Hospitalization	Right eye mature cataract and left eye pseudophakia	Unrelated	Unrelated	Recovered and discharged from Hospital on 12thFeb 2021.

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27	SRM Medical College Hospital & Research Centre, Kanchipuram, Tamil Nadu (32500447)	28-12-2020(1st Dose) 25-01-2021(2nd Dose) (Vaccine/Placebo; Blinded)	31-01-2021 (Date of awareness by Sponsor: 01-02-2021)	Death	Death	Unrelated	Unrelated	Fatal
28	SRM Medical College Hospital & Research Centre Kanchipuram, Tamil Nadu (32500303)	23-12-2021(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	27-01-2021 (Date of awreness-02-02-2021)	Hospitalization	Viral pneumonia due to COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 9th Feb 2021 in stable condition
29	People's College of medical sciences and Research centre,Bhopal , Madhya Pradesh (30900770)	12-12-2020 (1st Dose) 09-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Chronic Otitis media	Unrelated	Unrelated	Recovered and discharged from the hospital on18-02-2021
30	People's College of medical sciences and Research centre,Bhopal ,Madhya Pradesh(30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Bronchial asthma	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-02-2021
31	Maharaja Agrasen Super speciality Hospital, Jaipur (32700845)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
32	Maharaja Agrasen Super speciality Hospital, Jaipur (32700848)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
33	AIIMS, New Delhi (30100013)	27-11-2020 (1st Dose) 26-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	03-02-2021 (Date of awreness-06-02-2021)	Hospitalization	Immune Thrombocytopenia Purpura.	Could be associated with the vaccine.	Under Evaluation	Recovered and discharged from the hospital on 08-02-2021
34	Director of Public Health & Medicine study site, Chennai (31200001)	09-12-2020 (1st Dose) 06-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 16-02-2021
35	People's College of medical sciences and Research centre,Bhopal , Madhya Pradesh (30900391)	07-12-2020 (1st Dose) 05-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	Chronic otitis media	Unrelated	Un related	Recovered and discharged from the hospital on 22-02-2021

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36	Prakash Institute of Medical Science & Research, Sangli, Maharashtra (32900012)	30-12-2020 (1st Dose) 26-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	13-02-2021	Hospitalization	Fever, headache, and cough	Unrelated	Unrelated	Recovered and discharged from the hospital on 14-02-2021
37	AIIMS, New Delhi (30100044)	02-12-2020 (1st Dose) 30-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	19-02-2021	Hospitalization	Myocardial infarction (MI)	Unlikely	Unrelated	Recovered and discharged from the hospital on 01-03-2021
38	NIMS,Hyderabad(32001185)	22-12-2020 (1st Dose) 19-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	COVID-19	Unlikely	Under Evaluation	Ongoing at the time of submission of the report by the investigator
39	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi (32300066)	19-12-2020 (1st Dose) 20-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	Fever and body ache	Under Evaluation	Under Evaluation	Ongoing at the time of submission of the report by the investigator
40	Aligarh Muslim University, Aligarh (31300560)	30-11-2020 (1st Dose) 31-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 27-02-2021)	Hospitalization	Epistaxis	Unrelated	Under Evaluation	Recovered and discharged from the hospital on 27-02-2021
41	People's College of medical sciences and Research centre,Bhopal ,Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 03-03-2021)	Hospitalization	Acute exacerbation of COPD	Unrelated	Under Evaluation	Ongoing
42	AIIMS, New Delhi (30100314)	26-12-2020 (1st Dose) 23-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 05-03-2021)	Hospitalization	Cholecystitis	Unlikely	Under Evaluation	Recoveredand discharged from the hospital on 02-03-2021
43	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore(31100476)	06-01-2021 (1st Dose) 03-02-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	03-03-2021 (Date of Awareness:05-03-2021)	Death	Death	Under Evaluation	Under Evaluation	Fatal
44	Vydehi Institute of Medical Sciences and Research Centre, Bangalore (31100304)	29-12-2020 (1st Dose) 25-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	28-02-2021 (Date of Awareness-08-02-2021)	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged on 10-03-2021
45	Vydehi Institute of Medical Sciences and Research Centre, Bangalore (31100011)	05-12-2020 (1st Dose) 02-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	28-01-2021 (Date of Awareness-08-03-2021)	Hospitalization	Road traffic accident (RTA) with fracture of lower limb bones and diagnosed to have renal failure requiring dialysis	Unrelated	Unrelated	Discharged on last week of February

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46	AIIMS, New Delhi (30100004)	26-11-2020 (1st Dose) 26-12-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	04-03-2021 (Date of Awareness-04-03-2021)	Hospitalization	Liver Abscess with Right Pleural Effusion	Unrelated	Unrelated	Ongoing
47	AIIMS, Patna (30201190)	04-01-2020 (1st Dose) 01-02-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	08-03-2021 (Date of Awareness-08-03-2021)	Hospitalization	Diabetic Foot	Unrelated	Unrelated	Recovered and discharged on 17-03-2021
48	SRM, Chennai (32500483)	29-12-2020 (1st Dose) 28-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	18-03-2021 (Date of Awareness-19-03-2021)	Hospitalization	Alcohol induced liver disease, Portal hypertension, Oesophageal varice	Unrelated	Unrelated	Recovered and discharged on 20-03-2021
49	Prakash Medical College, Sangli (32900004)	29-12-2020 (1st Dose) 26-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	20-03-2021 (Date of Awareness-23-03-2021)	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged on 31st March 2021 and RT_PCR results were negative on 8th March 2021
50	Peoples College of Medical Sciences, Bhopal. (30901710)	21-12-2020 (1st Dose) 18-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	20-03-2021 (Date of Awareness-25-03-2021)	Hospitalization	Fracture Interochantric Femur Right Boyd and Griffin Type 2 with Fracture both bone leg left with fracture distal end Radius	Unrelated	Unrelated	Discharged from hospital on 24- 03-2021
51	GMERS, Gujarat, India. (31500235)	06-12-2020 (1st Dose) 03-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	25-03-2021 (Date of awareness-26-03-2021)	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged on 02-04-2021

5. IMMUNOGENICITY

The Immunogenicity assessment was planned on the subset of the 600 participants who were recruited in the category 3 sites. All the blood samples from these participants were collected on Day 0, Day 28, Day 56 and these samples are being analysed. The immunogenicity data in terms geometric mean titers (GMTs) by neutralizing antibody, S-protein, and RBD specific anti-IgG binding titer will be submitted to CDSCO and will be available by June 15th, 2021.

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6. EFFICACY (INTERIM ANALYSIS)

We are considering first 127 RT-PCR (2/3 of 130 as proposed in 2nd interim analysis) positive events and analysis has been done by taking data confirmed by sites. Participants who received two doses and not having PD (protocol deviation) are considered in efficacy population. The second interim analysis is based on 127 events, of which 104 events of COVID-19 were observed in the placebo group versus 23 events observed in the BBV152 (COVAXIN®) group, resulting in a point estimate of vaccine efficacy of 77.9%.

The initial second interim efficacy was planned to be triggered after accruing 87 events. However, due to the recent surge in India (Second Wave – April, 2021), the study accrued 127 events rapidly and were presented ot the DSMB.

TABLE 7: EFFICACY of BBV152

Description	**Treatment Arm**		
	BBV152 (N = 12219)	**Placebo (N=12198)**	**Total (N =24417)**
First occurrence of Virologically confirmed (RT-PCR) n (%)	23 (0.188)	104 (0.853)	127 (0.520)
VE (%)	77.9		
98.78% CI	[60.8, 88.4]		
p value	<0.0001		

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Among these 127 cases, we have assessed the efficacy of the BBV152 vaccine against severe COVID-19 cases and found to be 100% efficacious.

TABLE 8: Efficacy Analysis of Secondary Endpoint Severe Cases

Description	Treatment Arm		
	BBV152 (N=12219)	**Placebo (N=12198)**	**Total (N=24417)**
First occurrence of Virologically confirmed (RT-PCR), n (%)	0(0.000)	9 (0.074)	9 (0.037)
VE Point Estimate	**1.000**		
90% CI	**[0.605, 1.000]**		

Data available in Interim CSR (Available by June 30th, 2021)

1. Complete Statistical Report (25,800 participants):
    A. Solicited/Unsolicited/Serious AE's till 2-months post dose-2
    B. Efficacy of 130 Symptomatic Events
    C. Asymptomatic Efficacy from 36 events
    D. Efficacy against variants of concern
        i. Variants such as B.1.617 and 1.1.7

7. CONCLUSIONS

Phase 3 study was conducted to evaluate the efficacy and safety of the COVAXIN® vaccine. A total of 25800 participants were recruited, among these 67.2% were males and 32.8% were females. At-risk population, ages≥60 years (9.4%), participants (<60 Years) with co-morbid conditions (16.7%) were enrolled. COVID-19 seroprevalence was assessed among these 25800 participants at baseline and results reported that 34.3% of the participants were Seropositive.

All the participants were followed up for their safety, 70 SAEs were reported and among these 48 were resolved, 14 were ongoing and 8 deaths were reported. Among 25800 participants first 8000 enrolled participants AEs were recorded. A total of 655 AEs was reported and most of them were mild in severity. All the reported SAEs were not related to the vaccine.

COVAXIN® vaccine efficacy was assessed based on the 127 accrued COVID-19 cases and reported that the vaccine efficacy is 78%.

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SUBJECT DIARY CARD

Protocol No: BBIL/BBV-152C/2020

Study Site Name	
Site Address	
Study Investigator	
Site Contact Number	
Subject ID/Initials	
Date of Enrollment	
Date of Vaccination	
Visit Number	
Date of next visit	

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Instructions:

- Please mark all observed reactions.
- If any of the reactions mentioned below are experienced, please document how long each reaction lasted.
- Kindly document the date and time of reaction onset and when it was resolved for each adverse event.
- Please do this every day till next visit and return the completed form to BBIL.
- If there is any serious, unusual reaction or an emergency, please contact the phone number provided below or visits the hospital.

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A. **Solicited Local Adverse Event**

	Please Tick if you suffer from any of the following symptoms, and mention the time of occurrence and resolution							
Symptom	**Day0**	**Day1**	**Day 2**	**Day3**	**Day4**	**Day5**	**Day6**	**Day7**
1. Pain								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
2. Redness								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
3. Swelling								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
4.Induration (Hardness)								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
5.Any others								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__

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B. **Solicited Systemic Adverse Event**

	Please Tick if you suffer from any of the following symptoms, and mention the time of occurrence and resolution							
Symptom	**Day0**	**Day1**	**Day 2**	**Day3**	**Day4**	**Day5**	**Day6**	**Day7**
1. Fever (Record Temperature)								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__
2. Chills								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__
3. Headache								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__
4.Nausea								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__

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Symptom	Day0	Day1	Day 2	Day3	Day4	Day5	Day6	Day7
5.Vomiting								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
6.Fatigue/Weakness								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
7. Myalgia (Muscle/Body Pains)								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
8.Arthralgia (Joint Pains)								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
9.Any other								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__

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Did you use any medication for any of the above symptoms? Yes ☐ No ☐

If yes, please indicate the symptom and medication taken _____

Signature of the subject or subject's parent/legally acceptable representative_____

Diary card returned on __ __/__ __/__ __

Signature of study staff who received and reviewed the card_____

PARTICIPANT INFORMATION SHEET AND INFORMED CONSENT FORM

Protocol Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 to Years of Age.

.Protocol Number	:	BBIL/BBV152-C/2020
Version & Date	:	Version: 4.0; Dated 18Nov 2020
Sponsor	:	Bharat Biotech International Limited, Hyderabad, Telangana –500078
Study Investigator	:	
Study Site and address	:	
Phone number(s)	:	
Screening Number	:	

This consent form may contain words that you do not understand. Please ask the study doctor or the study staff to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making thedecision.

A person who takes part in a research study is called a research or study subject. In this consent form "you" always refers to the research (study) subject.

SUMMARY

You are being asked to participate in a research study. The purpose of this consent form is to help you decide your participation in this study. To be in this study you must provide informed consent. Please read this form carefully. "Informed consent" includes:

- Reading this document or having it read to you,
- Having the study doctor or study staff explain the study to you,
- Asking questions about anything that is not clear, and
- You may take home an unsigned copy of this document if you require time to think about it and to talk to family or friends before you make the decision.

You should not agree to participate in this study until all of your questions are answered satisfactorily.

After reading and discussing the information in this consent form you should know:

- Why this study is being done
- What will happen during the research
- What vaccine or procedures will be used
- Any possible benefits to your participation
- The possible risks to your participation

If you take part in this study, you will be given a copy of this signed and dated consent form.

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PURPOSE OF THE STUDY

BBV152 is an investigational COVID-19 vaccine. This study is to know whether the vaccine (BBV152) is producing desired effect (efficacy), safety, and immune response (immunogenicity). The study will recruit individuals until the total number of 130 required subjects are accrued, with a virologically (RT-PCR test positive) confirmed symptomatic cases (i.e. persons who are positive for RT-PCR and are having symptoms of coronavirus disease (COVID-19). After reaching the target number of 130 COVID-19 cases, study will continue to assess only the safety until the study completion.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your participation in this study is voluntary. You may decide not to participate in the study or you may leave the study at any time. Your decision will not cause any penalty or loss of benefits to which you are entitled.

The study doctor or the sponsor may stop your participation in this study at any time without your consent for any of the following reasons:

- It is in your best interest;
- You do not later consent to any future changes that may be made in the study plan; or
- For any other reason.

If you leave the study before the planned final visit, you may be asked by the study doctor to have some of the concluding procedures of the study so that we can record your general health condition and reasons for withdrawal.

STUDY PARTICIPATION AND PROCEDURES

A total of 25,800 subjects will be enrolled and randomly assigned equally to receive either BBV152 vaccine OR Placebo (i.e inert substance having no effect). You will be classified into three categories based on the sites where you have been enrolled. The study procedure will be different for each category.

Visit 1 Baseline (Month 0):
You will be checked whether you are eligible for the study based on the medical history and physical examination. If you are eligible (in good general health or stable pre-existing disease as per the discretion of the Principal investigator (doctor who is the main person responsible for conducting the study), blood sample (5 mL) and swab will be collected through nose (Nasopharyngeal swab) prior to vaccination. A study vaccine/placebo will be administered. Following vaccination, you will remain at the study site for at least 30 min of observation to record any immediate side effects.

Visit 2 (Month 1+2 days):
You will return to the OPD for vitals (Temperature, Pulse rate, BP, Respiratory rate, SpO2) physical examination (general and systemic examination), and specific symptoms for coronavirus disease (COVID-19). A study vaccine/placebo will be administered. Following vaccination, you

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will remain at the study site for at least 30 min of observation to record any side effects.

An additional 5 mL blood and nasopharyngeal swabs will be collected from the participants who met the efficacy criteria for future research purpose.

You will be telephonically followed-up from 3rd month to 12 month for safety.

RANDOMIZATION

You will be randomly assigned (1:1 randomization) to receive two doses of either BBV152 vaccine or placebo so that you will have equal chance of receiving either vaccine or placebo. If you have any underlying disease (based on your medical history and physican examination before the administration of vaccine or placebo, you will be randomly assigned to receive either vaccine or placebo based on your disease condition.

DURATION OF THE STUDY

Your participation in the study will be approximately 12 months.

YOUR RESPONSIBILITIES IN THE STUDY

1. You should not participate in any other clinical trial during the study period.
2. Available for clinical follow-up throughout the study period via telephone contact as well as clinic visits.
3. Agree to keep a daily record of symptoms for the duration of the study

Precautions need to be taken for Protect yourself and others from the spread COVID-19:

- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.
- Maintain at least 2 meter (6 feet) distance between yourself and others.
- Avoid going to crowded places.
- Avoid touching eyes, nose and mouth.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
- Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. Have someone bring you supplies. If you need to leave your house, wear a mask to avoid infecting others.
- If you have a fever, cough and difficulty breathing, seek medical attention, but call by telephone in advance if possible and follow the directions of your local health authority.
- Keep up to date on the latest information from trusted sources, such as WHO or your local and national health authorities.

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WHAT ARE THE RISKS OR DISCOMFORTS OF TAKING PART?

POTENTIAL BENEFITS OF STUDY PARTICIPATION

The target study population for this study is adults with no known history of SARS-CoV-2 infection but whose locations or circumstances put them at high risk of COVID-19. The following benefits may accrue to participants.

- The BBV152 vaccine may be an effective vaccine against COVID-19.
- Contributing to the development of a vaccine against COVID-19, a current pandemic disease.

RISKS FROM STUDY PARTICIPATION

Vaccination with corona virus vaccine, BBV152 is the first ever vaccine used in clinical trials. Based on experiences with other similar vaccines you may experience the following symptoms after vaccination:

- Anaphylaxis
- Pain at injection site
- Redness at injection site
- Swelling at injection site
- Hardness at injection site
- Systemic symptoms like raised temperature or fever, chills, headache, , nausea, , vomiting, weakness, muscle pains and joint pains.

You may experience some pain and/or swelling of your arm from having blood drawn the number of times specified in the study procedures above. Drawing of blood can cause local bruising and reactions at the site of injection such as redness, swelling, and heat sensation.

Previously, a finding of enhanced respiratory disease cases was reported in animal studies SARS-CoV-1 (in 2008). Hence, there may be a concern of enhanced respiratory disease with any BBV152 or any other COVID-19 vaccine.

WHAT WILL HAPPEN IF SOME NEW INFORMATION ABOUT THE VACCINE IS IDENTIFIED

Sometimes during the course of a research project, if new information becomes available about the vaccine, then you will be informed in a timely manner, as it may be relevant. During the study, we may find new medical information about the subject. We will share this with you right away if it is important to your health. We may advise you to do other tests to check this new information.

WHAT ARE BENEFITS & COSTS/PAYMENT FOR PARTICIPATION?

Benefits

By participating in this study, you will learn about Coronavirus (COVID-19) disease and how to prevent it. Your participation in this study will help in generating information about the effect of this novel vaccine and lead the direction for further development of the vaccine so that it can become available to general public. If successful, the vaccine will be able to prevent Coronavirus infection or the symptoms caused by it and will benefit a larger population.

Costs/payment

You will not have to bear any cost for participating in this study nor will you receive any monetary benefit from participating in the study. However, you will be reimbursed towards cost incurred for travel or loss of daily wages by you of XX$ for your participation in the study. Even if you do not complete the study for any reason, you will be reimbursed for each visit which you have completed.

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WHAT ARE THE ALTERNATIVE TREATMENTS?

Currently, there are no vaccines commercially available to prevent SARS-COV-2 virus infection or COVID-19 disease.

MAY I WITHDRAW OR REVOKE (CANCEL) CONSENT?

You may withdraw or take away consent to use and disclose your health information at any time without giving any reason. If you withdraw consent, your will not be able to stay in this study further.

When you withdraw consent, no new health information will be gathered after that date. Information that has already been gathered and the samples collected may still be used in the research and given to others.

CONFIDENTIALITY

All the details related to you will be kept confidential. We will use a number instead of your name or other items that could identify you and your family personally on the record. The study doctor, sponsor/agents for the sponsor, regulatory authorities, and the ethics committee at the site may get this information.
Study information collected about you will be given to the sponsor. "Sponsor" means any persons or companies that are working for or with the sponsor, or owned by the sponsor.
It will also be given to the regulatory authorities of India. It may be given to governmental agencies in other countries where the vaccine may be considered for approval. Medical records which identify you and the consent form signed by you may be looked at for research or regulatory purposes.

You should also keep the data confidential and do not disclose any information that may reveal your confidentiality.

Why will this information be used and/or given to others?

- To conduct the research,
- To interpret and analyze the results, and
- To see if the research was done correctly

If the results of this study are made public, information that identifies you will not be used.

COMPENSATION FOR INJURY

If you decide to participate in the study, you will have to undergo all the study procedures explained above and provide the study related information to the study doctor and strictly follow the instructions of study doctors. In the event of any injury that are related to the clinical trial you will be provided free medical care as advised by the study doctor as long as required or till such time it is established that the injury is not related to the clinical trial, whichever is earlier.

In the event of an injury or death that is related to the clinical trial, M/s. Bharat Biotech International Limited, Hyderabad shall provide financial compensation as per applicable guidelines of the national regulatory authority.

You (your nominee or legal heir, as applicable) have the right to contact the Sponsor (Bharat

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1115

Biotech International Ltd. or its representative) for the purpose of making claims in the case of study related injury or death. Contact information for the Sponsor (or its representative) is available with your studydoctor.

As a liability / responsibility of the Sponsor, you will be covered by an insurance policy.

SOURCE OF FUNDING FOR THE STUDY

Bharat Biotech International Limited will fund for the study

WHO SHOULD I CALL IF I HAVE ANY QUESTIONS?

If you have any questions about the study or your participation in it or if you feel that you have had a research related injury or have a bad reaction to the study vaccine, you should contact Dr. _____principal investigator of this study at telephone number _____ or another studystaff.

If you have any questions about the rights you have while taking part in this study, call the Secretary of IEC, Mr/Mrs._____at telephonenumber_____.

Sign the participant informed consent form only if your questions have been answered to your satisfaction.

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PARTICIPANT INFORMED CONSENT FORM

Study Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Protocol Number: BBIL/BBV152-C/2020 **Version Number & Dated:** 4.0, 18 Nov 2020

Subject Initials:_____ **Subject Name**:_____

Screening Number: _____ **Date of Birth and Age:**_____

Educational Qualification: _____

Occupation: Student/Self-Employed/ Service/Housewife/Others (Please tick as appropriate)

Address of the subject: _____

_____

Contact Number: _____

Annual Income of the subject: _____

Site Name: _____

Name and Address of the Nominee to the subject (In case of death):

_____

Relationship to subject:

		Initial the box (Subject)
(I)	I confirm that I have read/have had it read and understood the information sheet dated 18Nov 2020 for the above study and have had the opportunity to ask questions.	[ ]
(II)	I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	[ ]
(III)	I understand that the sponsor of the clinical trial, others working on the sponsor's behalf, the ethics committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw my consent from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties orpublished.	[ ]
(IV)	I agree not to restrict the use of any data or results that arise from this study provided such use is only for scientific purpose(s)	[ ]
(VI)	I agree to allow storage and future use of my blood sample for research.	[ ]
(VII)	I agree to take part in the above study.	[ ]

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Subject'sName: _____

Signature or thumbImpression: _____

Date &Time: _____

Name of participant's Parent/ LAR and relationship to participant

_____

Parent's/LAR's Signature/Thumb Impression _____

Date &Time:_____

Principal Investigator/Designee taking Consent:

Name: _____

Signature: _____

Date&Time: _____

Name of the ImpartialWitness _____

(*In case subject is illiterate*)

Signature: _____

Date &Time_____

Contact Details of ImpartialWitness_____

(A copy of the participant Information Sheet and duly filled Informed Consent Form shall be handed over to subject or his/her attendant)

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1118

AUDIO-VISUAL RECORDING CONSENT FORM

BBIL/BBV152-C/2020: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

ProtocolNumber:BBIL/BBV152-C/2020 **Version Number & Dated:** 4.0,18 Nov2020

SubjectInitials:_____

ScreeningNumber: _____ **Date ofBirth** _____

Age_____**SiteName**_____

I do not have any objection for the audio video recording of the informed consent process which will be conducted by the Investigator/designee.

I have been informed that the recording of informed consent process will be undertaken by site staff in a confidential manner protecting my identity. The recorded clipping will not be used for any purpose other than review/verification of informed consent process by regulatory authorities/ Institutional Ethics Committee. I have been informed that the recorded clipping will be coded so that no personally identifiable information is visible on them, the recordings will be archived securely at site with other studydocuments.

I hereby voluntarily confirm my willingness for audio video recording of informed consent process for the above mentioned clinical trial.

_____

Name of participant's Parent/ LAR and relationship to participant

_____ _____

Parent's/LAR'sSignature/ThumbImpression Date &Time

_____ _____

Signature of person delegated to conduct informedconsentdiscussion Date &Time

_____ _____

InvestigatorSignature Date &Time

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Questionnaire for Telephonic Follow-up for Suspected COVID-19:

TELEPHONIC FOLLOW UP FOR SUSPECTED COVID-19			
Was the Participant followed up for COVID-19?	Yes ☐ No ☐	Date of Follow up:	D D M M Y Y Y Y

Time of Follow up: (HH:MM): _ _:_ _ (24 hrs format)

Criteria for swab collection:
1. Fever (for >24 hrs) 2. New or increased cough (for >24 hrs) 3. Shortness of breath/Difficulty in breathing (for >24 hrs)
4. Congestion/Runny Nose (for >48hrs)5. Sore throat (for >48hrs)6. Chills (for >48 hrs)7. Myalgia/Fatigue (for >48 hrs)
8. Headache (for >48 hrs) 9. New onset Anosmia/Ageusia (for >48 hrs) 10. Diarrhea (for >48 hrs) 11. Nausea/Vomiting

Were any of the criteria for swab collection met? ☐ Yes ☐ No

If Yes, Inform the PI, and plan for medical management. (Submit -> Notify PI, Sponsor, and CRO)

If yes, Collect the Nasopharyngeal swab, and sent to lab for analysis

Is the Swab submitted for RT-PCR test? ☐ Yes☐No

Swab collection Date (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _ Swab collection Time (HH:MM): _ _:_ _ (24 hrs format)

Results of RT-PCR test:☐Positive ☐Negative

Medical Management as Per PI: ☐ Home quarantine-based treatment ☐ Hospitalization

If No, specify the symptom(s) that did not meet the criteria or any other symptom(s):

Symptom I (Mention the symptom):
Date of symptom onset (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of since onset (HH:MM): _ _:_ _ (24 hrs format)
Symptom II (Mention the symptom):
Date of symptom onset (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of since onset (HH:MM): _ _:_ _ (24 hrs format)
Symptom III (Mention the symptom):
Date of symptom onset (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of since onset (HH:MM): _ _:_ _ (24 hrs format)

If the symptom(s) worsen(s), then re-assess for Suspected COVID-19 criteria. If the criteria are met, then, collect the Nasopharyngeal swab, and sent to lab for analysis.

If the participant is symptomatic, Assess for Severe COVID-19 criteria (If Yes, Please Tick if any as applicable)

1. Did the Participant has any symptoms Clinical signs at rest indicative of severe systemic illness? (respiratory rate >30/min, heart rate >125/min, SpO2<93%): **[Yes ☐ No ☐]**
2. Did the participant has Respiratory failure? (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation or ECMO): **[Yes ☐ No ☐]**
3. Did the Participant have any symptoms general Evidence of shock? (SBP <90 mm Hg, DBP <60 mm Hg, or requiring vasopressors: **[Yes ☐ No ☐]**
4.Did the Participant have any symptoms Significant acute renal, hepatic, or neurologic dysfunction?**[Yes ☐ No ☐]**
5.Did the Participant have Admission to an ICU?**[Yes ☐ No ☐]**
6.Mortality: **[Yes ☐ No ☐]**

If the participant is meet the Severe COVID-19 criteria, Assess for VAERD:

1. Oxygen saturation (SpO2) _____%
2. Need for oxygen therapy: [Yes ☐ No ☐]
3. Respiratory Rate: _____breaths/min
4. Need for ventilator support: [Yes ☐ No ☐]
5. Imaging test Report: _____
6. Blood test Report: _____
7. Any other clinical finding(s): _____

TELEPHONIC FOLLOW UP FOR SUSPECTED COVID-19

Outcome of the Event:

Symptom I (Mention the symptom):
Outcome:☐ Recovered without any sequelae☐ Recovering ☐Continuing☐ Recovered with Sequelae ☐ Fatal

If recovered, Date of resolution (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of resolution (HH:MM): _ _:_ _ (24 hrs format)

Symptom II (Mention the symptom):
Outcome:☐ Recoveredwithout any sequelae☐ Recovering ☐Continuing☐ Recovered with Sequelae ☐ Fatal

If recovered, Date of resolution (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of resolution (HH:MM): _ _:_ _ (24 hrs format)

Symptom III (Mention the symptom):
Outcome:☐ Recoveredwithout any sequelae☐ Recovering ☐ Continuing☐ Recovered with Sequelae ☐ Fatal

If recovered, Date of resolution (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of resolution (HH:MM): _ _:_ _ (24 hrs format)

Was the participant hospitalized?☐Yes ☐No

If yes,Date of Hospitalization: _ _/_ _ _/_ _ _ Time of Hospitalization (HH:MM): _ _:_ _ (24 hrs format)

Date of Hospitalization Discharge: _ _/_ _ _/_ _ _ _ Time of Discharge(HH:MM): _ _:_ _ (24 hrs format)

(Attach the Picture or PDF copy of the hospital record and discharge summary)

Note: If the participant was hospitalized, collect the hospital record including RT-PCT test report, and discharge summary. If the participant is hospitalized and not discharged, ensure whether RT-PCR test was done? If not, then request for RT-PCT test.

Was the participant admitted to ICU? ☐Yes ☐No

If yes, Date of ICU admission: _ _/_ _ _/_ _ _ _ Time of ICU admission (HH:MM): _ _:_ _ (24 hrs format)

Was the outcome fatal?☐Yes ☐No

Date of Death: _ _/_ _ _/_ _ _ _ Time of Death (HH:MM): _ _:_ _ (24 hrs format)

Date of Autopsy: _ _/_ _ _/_ _ _ _ Time of Autopsy (HH:MM): _ _:_ _ (24 hrs format)

Autopsy Report (Collected): Yes ☐No☐(Attach Picture or PDF copy)

Description of the event:

TELEPHONIC FOLLOW UP FOR SUSPECTED COVID-19

Treatment for the symptoms as applicable: ☐ Yes ☐ No

Drug Name (Generic)	Brand Name	Start Date	Stop date	Dose	Frequency

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 31 de maio de 2021 16:18
Para: Ariadne Gisele Muniz Bonvino; William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo; LISTA - DIVISÃO DE IMPORTAÇÃO
Cc: Alex Lial Marinho; Rodrigo Otavio Moreira da Cruz
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: CLINICAL_RESPONSES_COVAXIN_PARTE_I-4.pdf; Mock_Shell _2021-05-07 _BBIL-BBV152-C-2020 IA3 Version 1 MK ST.pdf; BBV152 C SAP_IA 2.pdf; Development-and-Licensure-of-Vaccines-to-Prevent-COVID-19_09-24_ 2020[1].pdf; CRF_COVID Phase 3_IM.doc; Diary Card - COVID-19 - IM - Phase 3.doc; ICD_Efficacy-Phase 3.doc; Questionaire for telephonic Follow-up.docx

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Monday, 31 May 2021 21:41
To: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Cara Ariadne, boa tarde.

Compartilho protocolo realizado para envio do relatório de validação do método de controle da proteína S1(antígeno) junto ao CBPF.

Informo que a potência foi concluída no sábado e eles estão encerrando a compilação para o relatório final. Informei a ANVISA que como ultrapassamos as 21h aqui, o relatório será protocolado amanhã no primeiro horário.

Gostaria de pedir a gentileza que consultem junto a ANVISA qual o prazo de análise que eles optaram por seguir, se 7 ou 30 dias.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 25 May 2021 22:09
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana

<william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Bom dia a todos,

O novo documento enviado foi protocolado, conforme comprovante anexo.
O Processo da Anvisa continua o mesmo: 25351.915151/2021-48.

Att.,

Atenciosamente,
Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 25 de maio de 2021 13:18
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, bom dia.

Conforme falamos, recebemos a confirmação de protocolo do GMP IFA.

Peço que identifique na declaração anexa,

Mais uma vez, permanecemos a disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 25 May 2021 02:02
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados,

Solicitação protocolada no SEI/Anvisa conforme Protocolo anexo.
Irei avisar à Anvisa de Imediato.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 24 de maio de 2021 17:17
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Senhores,

Em continuação, apresento os documentos conforme a seguir.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Certa de sua compreensão, conto com apoio no sigilo desse processo bem como no direcionamento a Precisa Medicamentos em qualquer necessidade eventual.

Segue meu contato direto 11 93257 4642. Estou a integral disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Tuesday, 25 May 2021 01:24
To: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Caros, boa tarde.

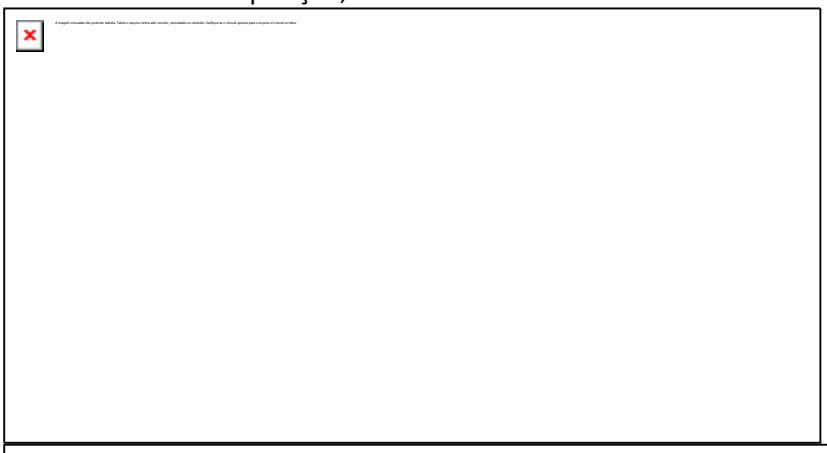
Conforme alinhado em reunião, apresento os documentos para submissão do protocolo. Sendo: declaração e documentos anexos conforme a mesma.

Estamos encerrando a elaboração dos anexos conforme a seguir, e enviaremos em poucos minutos.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Permanecemos a disposição,



From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 24 May 2021 22:37
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezada Emanuela Medrades,

Boa tarde!

A pedido do Coordenador-Geral de Logistica de Insumos Estratégicos para Saúde (CGLOG) venho por meio deste, *mui respeitosamente,* solicitar vossos préstimo quanto ao envio dos documentos elencados na Resolução da Diretoria Colegiada (RDC) 476, de 10 de março de 2021 para que esta coordenação possa solicitar junto a Agencia Nacional de Vigilância Sanitária (ANVISA) o pedido de concessão de excepcionalidade para a importação do objeto disposto no Contrato 52/2021.

Ficamos no aguardo.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
lista.divisaoimportacao@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

À AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA
QUESTIONAMENTOS REFERENTE PARTE CLÍNICA.

Hyderabad, 22 de maio de 2021

Ref.: Vacina Covid-19, Virion Inteiro Inativado (BBV152) / Submissão Prévia para Autorização de Uso Emergencial

A Precisa Comercialização de Medicamentos em atendimento ao estabelecido como estratégia de atuação da Agência nesse cenário de Pandemia apresenta através deste documento as suas respostas, considerações e compromissos com cada um dos itens a seguir.

A. QUESTIONAMENTOS SOBRE OS ESTUDOS CLÍNICOS:

1. Apresentar os protocolos, com descrição das respectivas emendas aprovadas, de todos os estudos clínicos conduzidos com a vacina.
   Resposta:

S No.	Title of the study	Status
1.	An adaptive, Seamless Phase 1, Followed by Phase 2 Randomized, Double-blind, Multicenter Study to evaluate the Safety, Reactogenicity, Tolerability and Immunogenicity of the Whole-Virion Inactivated SARS-CoV-2 Vaccine (BBV152) in Healthy Volunteers.	Study is ongoing.
2.	An adaptive, Seamless Phase 1, Followed by Phase 2 Randomized, Double-blind, Multicenter Study to evaluate the Safety, Reactogenicity, Tolerability and Immunogenicity of the Whole-Virion Inactivated SARS-CoV-2 Vaccine (BBV152) in Healthy Volunteers.	
3.	An Event-driven, Phase3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to evaluate the Efficacy, Safety, Immunogenicity and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.	Study is ongoing.

Tabela 1 - Tabular listing of All Clinical Studies Módulo 5 CTD.

As Informações detalhadas de cada um dos estudos, como os protocolos solicitados estão no Módulo 5 do CTD peticionado no expediente nº 1214929212 na data de 30 de março 2021.

Todos os módulos do CTD estão sendo revisados e atualizados, e terão tais atualizações marcadas para melhor identificação da ANVISA.

Conforme informado pela BBIL, receberemos os documentos atualizados em 10 de junho de 2021.

2. Apresentar o relatório de Imunogenicidade atualizado e completo, contendo os resultados de todos os parâmetros imunológicos (anticorpos de ligação, neutralizantes e reposta celular) avaliados nos estudos clínicos. O relatório deve incluir resultados individuais tabelados para todos os participantes avaliados e apresentação dos resultados de avaliação de anticorpos em título geométrico médio e aumento de título de anticorpos. Todos os resultados disponíveis até momento, para todos os pontos de tempo de coleta, devem ser apresentados.
Resposta:

A avaliação de imunogenicidade foi planejada no subconjunto dos 600 participantes que foram recrutados nos centros de categoria 3. Todas as amostras de sangue desses participantes foram coletadas no Dia 0, Dia 28, Dia 56 e essas amostras estão sendo analisadas. Os dados de imunogenicidade em termos de títulos médios geométricos (GMTs) por anticorpo neutralizante, proteína S e título de ligação anti-IgG específico de RBD serão submetidos ao CDSCO (Agência Indiana) e estarão disponíveis em 15 de junho de 2021.

3. Apresentar os dados de segurança acumulados dos estudos de fase 1 e 2, com foco nos eventos adversos graves, eventos adversos de interesse especial e casos graves de Covid-19, acompanhados das respectivas narrativas detalhadas.
Resposta:

Dados disponíveis no CSR interino que será disponibilizado até 30 de junho de 2021, contendo também:

1. Relatório estatístico completo (25.800 participantes):
A. EA sério / não solicitado / sério até 2 meses após a dose-2;
B. Eficácia de 130 eventos sintomáticos;
C. Eficácia assintomática de 36 eventos;
D. Eficácia contra variantes preocupantes;

4. Apresentar os relatórios completos com resultados atualizados para os desfechos primários, secundários e exploratórios, dos estudos clínicos fase 1, 2 e 3, que incluam as informações conforme o definido no guia do ICH E 3, Estrutura e conteúdo dos relatórios de estudos clínicos.
Resposta:

Relatórios disponíveis apresentados no Módulo 5 do eCTD peticionado no expediente nº 1214929212 na data de 30 de março 2021.

5. Ressaltamos que os seguintes pontos referentes ao estudo fase 3, protocolo BBIL/BBV152-C/2020, devem ser claramente esclarecidos, justificados e/ou descritos:

   i. Data de corte dos dados para a avaliação interina de eficácia e segurança.
   Resposta:

   - 2° Report Interino com data de corte para eficácia em 08 de maio de 2021.

- Para monitoramento de segurança, todas os eventos adversos não graves foram apresentados para os primeiros 8.000 (oito mil) participantes recrutados inicialmente até o dia 01/03/2021, completando 42 dias de monitoramento.
- Todos as EAGs foram apresentadas até o dia 07 de abril de 2021.

ii. Descrição detalhada e justificativa da estratégia de randomização adotada.
Resposta:

Todo o plano de randomização foi evoluído e explicado no documento denominado "RESPONSES CLÍNICAL ANVISA QUERIES", através das respostas as questões 3.7 e justificado na resposta 3.13, além do Plano de Randomização constar no Anexo 9 do documento peticionado no expediente nº 1214929212 na data de 30 de março 2021.

iii. Descrição detalhada sobre a disposição dos participantes e representação em fluxograma para as populações de eficácia, Imunogenicidade e segurança no estudo fase 3, com uma contabilidade clara de todos os pacientes que foram incluídos e dos que foram retirados do estudo. O número de pacientes que foram randomizados, incluídos e retirados por semana do estudo deve ser fornecido, bem como os motivos para todas as interrupções pós-randomização, agrupados por tratamento e motivo principal (perda seguimento, evento adverso, não conformidades, etc.). Deve ser também fornecido o número de participantes triados para inclusão no estudo e uma análise das razões para a exclusão de participantes durante a triagem. Informar quantos participantes receberam uma dose da vacina e quantos receberam duas doses até o momento. Todos os dados sobre disposição de participantes solicitados devem ser apresentados também para cada categoria 1, 2 e 3 de participantes definida no estudo e para cada centro do estudo.
Resposta:

Essas informações foram solicitadas a IQVIA e serão enviadas para a ANVISA.

Compartilhamos o projeto de análise (Mock Shells) no Anexo 1 que detalham todas as tabelas, listas de segurança e números para o relatório final já no formato que será apresentado no CSR.

E a seguir o layout da disposição dos participantes e os dados que serão detalhados.

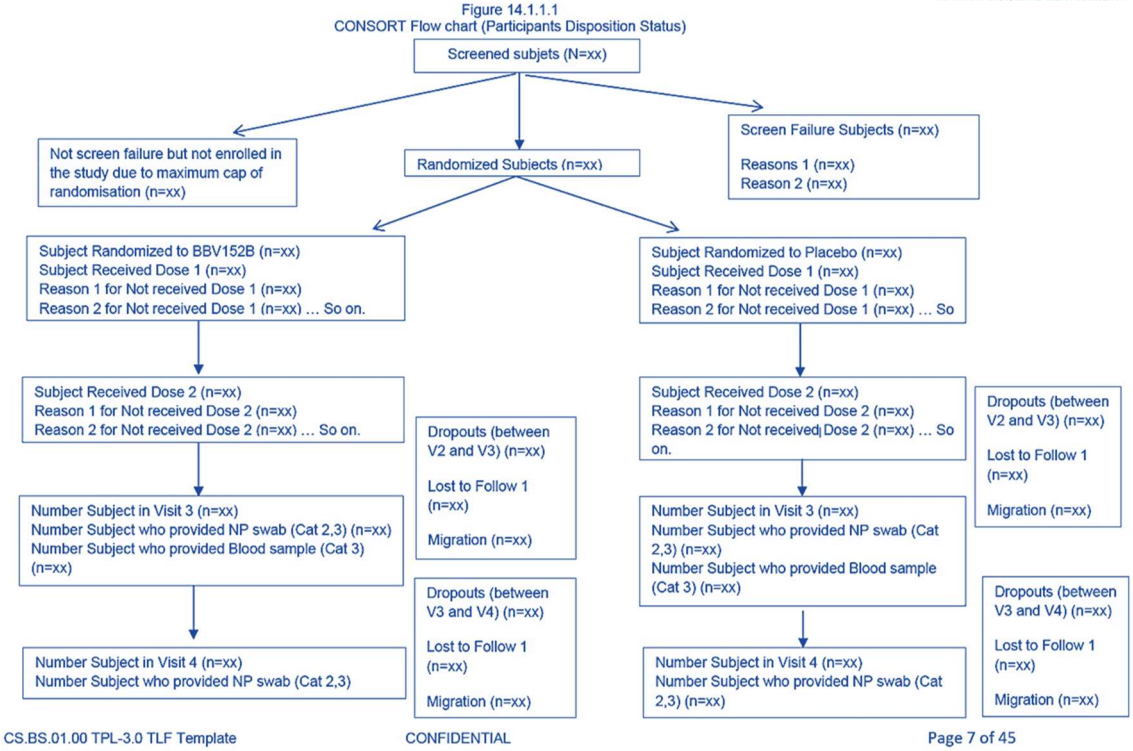

Figura 1 - Consort Flow Chart (Participants Disposition Status).

iv. Informar qual o número total de participantes que foram incluídos na avaliação interina de eficácia. Apresentar detalhamento sobre essa população considerada para análise interina de eficácia, descrevendo quantos tinham recebidos duas doses da vacina e dentre esses quantos tinham acompanhamento total de 42 dias no momento de corte de dados para a análise de eficácia. Informar também quantos participantes tinham recebido apenas uma dose da vacina no momento de corte de dados para análise interina. Descrever qual era a população considerada para análise por protocolo e por intenção de tratar.
Resposta:

Foram incluídos na segunda avaliação interina de eficácia do desfecho primário o total de 24.417 (vinte e quatro mil, quatrocentos e dezessete) participantes, todos já com a segunda dose da vacina/placebo há duas semanas, ou seja, total de 42 dias, sendo dividido conforme tabela abaixo.

Description	**Treatment Arm**		
	BBV152 (N = 12219)	**Placebo (N=12198)**	**Total (N =24417)**
First occurrence of Virologically confirmed (RT-PCR) n (%)	23 (0.188)	104 (0.853)	127 (0.520)
VE (%)	77.9		
98.78% CI	[60.8, 88.4]		
p value	<0.0001		

Tabela 2 – Segunda avaliação interina.

Para avaliação da eficácia não foram considerados os participantes com desvios de protocolo.

O SAP (Statistical Analisys Plan) com as descrições das populações PPs (per-protocol-set) e FAS (Full Analysis Set) está sendo inserido neste documento conforme a seguir.

Anexo 2. SAP BBV152.

v. Informar quantos casos Covid positivo ocorreram no braço vacinados e placebo conforme a categoria 1, 2 e 3, definida pela empresa.

S No.	Site	Category	Number of Cases
1	AIIMS, Delhi	Symptomatic	2
2	Director of Public Health – Chennai	Symptomatic	1
3	Government Fever Hospital – Guntur	Symptomatic	7
4	ICMR – Kolkata	Symptomatic	12
5	Jeevan Rekha – Belgavi	Symptomatic	8
6	Lokmanya Tilak Municipal Medical College & General Hospital-Mumbai	Symptomatic	1
7	Maharaja Agrasen Multi speciality Hospital- Jaipur	Symptomatic	17
8	Nizam's institute of Medical Sciences – Hyderabad	Symptomatic	15
9	Prakash institute of Medical Science & Research – Sangli	Symptomatic	4
10	Prakhar Hospital – Kanpur	Symptomatic	19
11	Rahate surgical Hospital & ICU	Symptomatic	21
12	RCSMGMC & CPR Hospital – Kolhapur	Symptomatic	6
13	Redkar Hospital - Goa	Symptomatic	6
14	Vydehi Institute of Medical Sciences & Research Centre – Bangalore	Symptomatic	2
15	All India Institute of Medical Sciences - (Patna)	Symptomatic	-
16	ESIC Medical College and Hospital - (Faridabad)	Symptomatic	-
17	MG Medical College, Sri Balaji Vidyapeeth - (Pondicherry)	Symptomatic	3
18	People's University - (Bhopal)	Symptomatic	1
19	Gangaram - (New Delhi)	Symptomatic	-
20	Aligarh Muslim University - (Uttar Pradesh)	Symptomatic	-
21	Gmers Medical College and Civil Hospital - (Ahmedabad)	Symptomatic	4
22	Sir J.J. Group of Hospitals - (Mumbai)	Symptomatic	-
23	(IMS) & SUM Hospital - (Bhubaneswar)	Symptomatic	-
24	SRM Hospital & Research Center – (Chennai)	Symptomatic	1
25	PGIMS - (Rohtak)	Symptomatic	-
			130

Tabela 3 - Caso de Covid por Site.

S No.	Site Name and Location	Subjects completed 1st dose	Subjects completed 2nd dose	Subjects Completed follow up (Day 42)
	Category 1: Sites			
1	All India Institute of Medical Sciences - (New Delhi)	659	629	629
2	All India Institute of Medical Sciences - (Patna)	1216	1137	1129
3	ESIC Medical College and Hospital - (Faridabad)	1126	1002	997
4	ICMR-National Institute of Cholera and Enteric Diseases - (Kolkata)	988	969	967
5	Lokmanya Tilak Municipal General Hospital - (Mumbai)	197	191	191

6	MG Medical College, Sri Balaji Vidyapeeth - (Pondicherry)	901	868	831
7	People's University - (Bhopal)	1725	1426	1424
8	Rahate Surgical Hospital & ICU - (Nagpur)	1670	1594	1579
9	Vydehi institute of Medical Sciences - (Bangalore)	496	476	429
10	Director of Public Health & Preventive Medicine - (Chennai)	29	27	27
11	Gangaram - (New Delhi)	318	276	276
12	Prakhar Hospital – (Kanpur)	2250	2244	2243
13	Jeevan Rekha – (Karnataka)	2227	2216	2216
14	Maharaja Agrasen Multi speciality Hospital - (Jaipur)	1494	1431	1124
15	Sunita Jaiprakash Ramanand - RCSMGMC & CPR Hospital - (Kolhapur)	887	882	737
16	Vijaykumar Patil - Prakash Institute of Medical Science & Research - (Sangli)	611	594	409
	Category 2: Sites			
17	Aligarh Muslim University - (Uttar Pradesh)	1008	938	937
18	Gmers Medical College and Civil Hospital - (Ahmedabad)	1081	1018	1018
19	Sir J.J. Group of Hospitals - (Mumbai)	438	379	378
20	Government Fever Hospital - (Guntur)	1358	1351	1350
21	(IMS) & SUM Hospital - (Bhubaneswar)	510	495	494
22	SRM Hospital & Research Center – (Chennai)	603	446	404
	Category 3: Sites			
23	Nizam's institute of Medical Sciences - (Hyderabad)	1998	1888	1883
24	PGIMS - (Rohtak)	456	433	433
25	Redkar Hospital and Research Centre - (Goa)	1554	1544	1544
	Total	**25800**	**24454**	**23649**

Tabela 4 - Categoria e quantidade de participantes por site.

vi. Esclarecer, quanto ao acompanhamento dos participantes para detecção de casos suspeitos e confirmação de Covid, como o contato telefônico de 15 em 15 dias garantiu que os indivíduos sintomáticos tivessem amostras biológicas coletadas no intervalo de tempo adequado para confirmação virológica por PCR. A empresa deve apresentar justificativa, incluindo dados científicos e discussão sobre a diminuição da carga viral ao longo do tempo a partir do início dos sintomas e a sensibilidade comprovada do teste PCR.
Resposta:

Para os casos sintomáticos, todos os participantes foram acompanhados por telefone. O questionário de acompanhamento telefônico cobre todos os sintomas e, a critério dos PIs, todos os suspeitos foram chamados ao local e foram coletadas amostras para confirmação do quadro de doença COVID-19. Portanto, há menor chance de perder os casos sintomáticos.

Todas as chamadas telefônicas de 15 dias foram realizadas em todos os sites da categoria de forma dilatada.

É importante mencionar que visitas de doença não programadas foram incentivadas para os participantes até o dia 360. Todos os participantes receberam contatos da equipe de estudo na assinatura do consentimento informado e foram instruídos a contatar a equipe conforme necessário.

vii. Ainda quanto aos critérios para identificar um caso suspeito de COVID-19 sintomático a empresa informa que os participantes com qualquer sintoma de COVID-19 com duração de pelo menos 48 horas (exceto para febre e/ou sintomas respiratórios) visitarão a clínica ou serão visitados em casa por uma equipe médica qualificada dentro de 72 horas para coletar uma amostra de swab nasofaríngeo (NF) para teste de RT-PCR para SARS-CoV-2. Esclarecer como foi garantido que a coleta de swab NF para teste PCR foi feita em período de tempo máximo adequado após o início dos sintomas suspeitos, visto que foi estabelecido apenas um prazo mínimo a partir do início de sintomas, e não foi estabelecido também o necessário prazo máximo a partir do início de sintomas**.**
Resposta:

Para os casos sintomáticos, todos os participantes foram acompanhados por telefone. O questionário de acompanhamento telefônico cobre todos os sintomas e, a critério dos PIs, todos os suspeitos foram chamados ao local e foram coletadas amostras para confirmação do quadro de doença COVID-19. Portanto, há menor chance de perder os casos sintomáticos.

viii. Esclarecer se foram definidos critérios de avaliação dos casos Covid-19 positivos de acordo com gravidades leve, moderada e grave. Apresentar documentação que comprove qual escala de gravidade foi adotada, com descrição dos respectivos sintomas para definição de gravidade.
Resposta:

Os critérios de avaliação dos casos graves de Covid19, bem como identificação de sintomas de desfechos primários, foram realizados com base no *Development and Licensure of Vaccines to Prevent COVID-19 – Guidance for Industry* do FDA, conforme a seguir:

Identificação de sintomas para desfecho primário em acordo com o guia do FDA e também aplicado a outros estudos clínicos de vacinas contra SARS- CoV-2 como por exemplo no COV-02-IB (ClinicalTrials.gov NCT04456595).

- Fever or chills.
- Cough.
- Shortness of breath or difficulty breathing.
- Fatigue.
- Muscle or body aches.
- Headache.
- New loss of taste or smell
- Sore throat.
- Congestion or runny nose.
- Nausea or vomiting.
- Diarrhea.

Case Definition of symptomatic COVID-19 (Severe)	Virologically confirmed (RT-PCR positive) SARS-CoV-2 Severe Respiratory tract infection with one or more of the following symptoms: 1. Clinical signs at rest indicative of severe systemic illness (respiratory rate >30/min, heart rate >125/min, SpO2<93%) 2. Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation, or ECMO) 3. Evidence of shock (SBP <90 mm Hg, DBP <60 mm Hg, or requiring vasopressors) 4. Significant acute renal, hepatic, or neurologic dysfunction 5. Admission to an ICU 6. Death

Tabela 5 - Definição de casos graves de Covid-19 conforme protocolo 3.0 BBV152.

E por fim, a definição de casos graves descritas nas páginas 13 e 14 do documento inserido no Anexo 3:

> As it is possible that a COVID-19 vaccine might be much more effective in preventing severe versus mild COVID-19, sponsors should consider powering efficacy trials for formal hypothesis testing on a severe COVID-19 endpoint. Regardless, severe COVID-19 should be evaluated as a secondary endpoint (with or without formal hypothesis testing) if not evaluated as a primary endpoint. FDA recommends that severe COVID-19 be defined as virologically confirmed SARS-CoV-2 infection with any of the following:
>
> - Clinical signs at rest indicative of severe systemic illness (respiratory rate ≥ 30 per minute, heart rate ≥ 125 per minute, SpO2 ≥ 93% on room air at seas level or PaO2/FiO2 > 300 mmHg).
> - Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation or ECMO) .
> - Evidence of shock (SBP < 90 mm Hg, DBP < 60 mm Hg, or requiring vasopressors).
> - Significant acute renal, hepatic, or neurologic dysfunction.
> - Admission to an ICU.
> - Death.
>
> SARS-CoV-2 infection (whether or not symptomatic) should be evaluated as a secondary or exploratory endpoint, if not evaluated as a primary endpoint.
> The above diagnostic criteria may need to be modified in certain populations; for example, in pediatric patients and those with respiratory comorbidities. Sponsors should discuss their proposed case definitions with the Agency prior to initiating enrollment.

ix. Esclarecer se, no caso de um participante com suspeita de COVID-19 que teve um primeiro resultado negativo no teste de confirmação virológica por PCR, coletas adicionais de amostras clínicas foram estabelecidas como necessárias para novo teste por PCR em

diferentes períodos desde o início dos sintomas, para descarte definitivo de possibilidade de um caso positivo de COVID-19.
Resposta:

As coletas adicionais ou realizações de novo teste após RT-PCR negativo eram definidas pelo PI/site e justificada com racional caso fosse conduzido uma nova testagem de confirmação.

x. Esclarecer quais foram os critérios para permitir a administração da segunda dose da vacina nos participantes do estudo. Esclarecer se os participantes que foram positivos para COVID-19 entre a primeira e a segunda doses puderam receber a segunda dose.
Resposta:

Conforme descrito no protocolo BBV152 versão 3.0 nos critérios de elegibilidade, a revacinação não acontecerá nas seguintes condições:

- Pregnancy.
- History of virologically (RT-PCR) confirmed SARS-CoV-2 infection
- Anaphylactic reaction following administration of the investigational vaccine.

xi. Justificar a definição de casos graves de Covid no estudo fase 3, que está em desacordo com as definições harmonizadas internacionalmente e conforme o preconizado pela OMS.
Resposta:

Os critérios de avaliação dos casos graves de Covid19, bem como identificação de sintomas de desfechos primários, foram realizados com base no *Development and Licensure of Vaccines to Prevent COVID-19 – Guidance for Industry* do FDA, conforme a seguir:

Identificação de sintomas para desfecho primário em acordo com o guia do FDA e também aplicado a outros estudos clínicos de vacinas contra SARS- CoV-2 como por exemplo no COV-02-IB (ClinicalTrials.gov NCT04456595).

- Fever or chills.
- Cough.
- Shortness of breath or difficulty breathing.
- Fatigue.
- Muscle or body aches.
- Headache.
- New loss of taste or smell
- Sore throat.
- Congestion or runny nose.
- Nausea or vomiting.
- Diarrhea.

Case Definition of symptomatic COVID-19 (Severe)	Virologically confirmed (RT-PCR positive) SARS-CoV-2 Severe Respiratory tract infection with one or more of the following symptoms: 1. Clinical signs at rest indicative of severe systemic illness (respiratory rate >30/min, heart rate >125/min, SpO2<93%) 2. Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation, or ECMO) 3. Evidence of shock (SBP <90 mm Hg, DBP <60 mm Hg, or requiring vasopressors) 4. Significant acute renal, hepatic, or neurologic dysfunction 5. Admission to an ICU 6. Death

Tabela 6 - Definição de casos graves de Covid-19 conforme protocolo 3.0 BBV152.

E por fim, a definição de casos graves descritas nas páginas 13 e 14 do documento inserido no Anexo 4:

> As it is possible that a COVID-19 vaccine might be much more effective in preventing severe versus mild COVID-19, sponsors should consider powering efficacy trials for formal hypothesis testing on a severe COVID-19 endpoint. Regardless, severe COVID-19 should be evaluated as a secondary endpoint (with or without formal hypothesis testing) if not evaluated as a primary endpoint. FDA recommends that severe COVID-19 be defined as virologically confirmed SARS-CoV-2 infection with any of the following:
>
> - Clinical signs at rest indicative of severe systemic illness (respiratory rate ≥ 30 per minute, heart rate ≥ 125 per minute, SpO2 ≥ 93% on room air at seas level or PaO2/FiO2 > 300 mmHg).
> - Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation or ECMO) .
> - Evidence of shock (SBP < 90 mm Hg, DBP < 60 mm Hg, or requiring vasopressors).
> - Significant acute renal, hepatic, or neurologic dysfunction.
> - Admission to an ICU.
> - Death.
>
> SARS-CoV-2 infection (whether or not symptomatic) should be evaluated as a secondary or exploratory endpoint, if not evaluated as a primary endpoint.
> The above diagnostic criteria may need to be modified in certain populations; for example, in pediatric patients and those with respiratory comorbidities. Sponsors should discuss their proposed case definitions with the Agency prior to initiating enrollment.

xii. Apresentar os resultados de eficácia da vacina proposta para os subgrupos de acordo com a soro positividade dos participantes para SarsCov-2 em linha de base, no momento da inclusão no estudo.
Resposta:

Dado indisponível no momento. Dados de eficácia em participantes soropositivos serão apresentados em desfechos secundários.

A análise primária avalia a eficácia contra a primeira ocorrência de casos sintomáticos de COVID-19 confirmados virológicos (RT-PCR). Os participantes que forem soropositivos no início do estudo não entrarão na análise de eficácia primária. No entanto, como um desfecho secundário no protocolo, estamos avaliando a eficácia do BBV152 em indivíduos soropositivos. Isso foi feito para limitar o recrutamento de participantes soropositivos para o estudo. No entanto, ~ 35% da soro positividade foi observada.

xiii. Esclarecer como será avaliada a eficácia da vacina e perda de proteção em longo prazo, após a ocorrência de 130 casos Covid-19 no estudo, conforme planejado pelo desenvolvedor.
Resposta:

No estudo de Fase 3, um subgrupo (600) dos participantes será avaliado quanto à imunogenicidade em termos de GMT e soro conversão do título de anticorpos neutralizantes contra o vírus SARS-CoV-2 no Mês 0, Mês 1, Mês 2, Mês 3, Mês 6 , Mês 9 e mês 12.

xiv. Justificar a utilização do adjuvante Alum no grupo controle, visto que os eventos adversos causados pelo adjuvante terão análise prejudicada por não haver um controle sem o adjuvante Alum. Apresentar análise dos eventos adversos no grupo placebo e sua relação potencial com o adjuvante Alum.
Resposta:

Conforme mencionado anteriormente, o adjuvante IMDG possui um efeito imunomodulador independentemente de sua associação com um antígeno, e isso poderia prejudicar a análise da eficácia da Covaxin, ainda que este efeito não seja tão representativo.

Por isso, optou-se pela utilização do adjuvante Alum no grupo controle. Além do fato de também conter base de alumínio também presente no IMDG.

Description	Treatment Arm		
	BBV152 (N=4,061) n (%)	Placebo (N=3,804) n (%)	Total (N=7,865) n (%)
No of Subject with at least one Adverse Event	335 (8.25)	300 (7.89)	635 (8.07)
No of Subjects with at least one Local Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	99 (2.44)	94 (2.47)	193 (2.45)
No of Subjects with at least one Local Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	55 (1.35)	39 (1.03)	94 (1.20)
No of Subjects with at least one Systemic Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	94 (2.31)	55 (1.45)	149 (1.89)
No of subjects with at least one Systemic Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	30 (0.74)	23 (0.60)	53 (No 0.67)

No of subjects with at least one Unsolicited Adverse Events	50(1.23)	67(1.76)	117 (1.49)
All Ongoing Adverse Events	9 (0.22)	11 (0.29)	20 (0.25)
Severity			
Mild	317 (7.81)	288 (7.57)	605 (7.69)
Moderate	17 (0.42)	17 (0.45)	34 (0.43)
Severe	9 (0.22)	7 (0.18)	16 (0.20)

Tabela 7 - Eventos adversos reportados para 7.865 participantes.

xv. Esclarecer como os participantes do estudo foram instruídos sobre como registrar os potenciais eventos adversos, solicitados ou não, locais e sistêmicos. Apresentar os formulários e/ou diários, eletrônicos ou não, que foram utilizados pelos participantes do estudo. Informar quais os equipamentos para permitir medição e temperatura, pressão e outras avaliações foram fornecidos aos participantes do estudo.
Resposta:

Anexo 5 diário do participante com as informações a serem preenchidas pelos participantes. E instruções. Cada participante recebeu 01 (um) termômetro junto ao ICF e Diário. Os instrumentos são para aferir os sinais solicitados tanto no diário, quanto nas ligações de acompanhamento ou nas ligações de suspeita de Covid19.

Anexo 6. Diário do participante;
Anexo 7. CRF.

xvi. Informar quais foram os eventos adversos solicitados definidos no estudo.
Resposta:

Solicited Local AEs	**Solicited Systemic AEs**
• Pain at the injection site; • Swelling at the injection site; • Induration (hardness) at the injection site; • Erythema (redness) at the injection site	• Fever; • Chills; • Headache; • Nausea; • Vomiting; • Fatigue; • Myalgia; • Arthralgia

Tabela 8 - Eventos adversos relacionados ao estudo.

Na tabela a seguir, a classificação desses eventos solicitados.

Reaction	**Grade 0**	**Grade 1**	**Grade 2**	**Grade 3**	**Grade 4**
Injection site pain	None	Does not interfere with the activity	Repeated use of over-the counter pain reliever > 24 hours or	Any use of prescription pain reliever or prevents	Requires emergency room visit or hospitalization

			interferes with the activity	daily activity	
Injection site erythema (redness) < 25 mm/ < 2.5 cm 25 in diameter	< 25 mm/ < 2.5 cm	25 - 50 mm/ 2.5 - 5 cm	51 - 100 mm/ 5.1 - 10 cm	> 100 mm/ > 10 cm	Necrosis or exfoliative dermatitis
Injection site swelling/induration (hardness)	< 25 mm/ < 2.5 cm in diameter	25 - 50 mm/ 2.5 - 5 cm in diameter	51 - 100 mm/ 5.1 - 10 cm in diameter	> 100 mm/ > 10 cm in diameter	Necrosis
Fever (oral)	< 38.0°C or <100.4°F	38.0 – 38.4°C or 100.4 – 101.1°F	38.5 – 38.9° C or 101.2 – 102.0°F	39.0 – 40.0°C or 102.1 – 104.0°F	< 40.0°C or <104.0°F
Chills	None	No interference with activity	Some interference with activity not requiring medical intervention	Prevents daily activity and requires medical	Requires emergency room visit or hospitalization
Headache	None	No interference with activity	Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity	Significant; any use of prescription pain reliever or prevents daily activity	Requires emergency room visit or hospitalization
Nausea	None	No interference with activity or 1-2 episodes/ 24 hours	Some interference with activity or > 2 episodes/24 hours	Prevents daily activity, requires outpatient intravenous hydration	Requires emergency room visit or hospitalization for hypotensive shock
Vomiting	None	No interference with activity or 1-2 episodes/ 24 hours	Some interference with activity or > 2 episodes/24 hours	Prevents daily activity, requires outpatient intravenous hydration	Requires emergency room visit or hospitalization for hypotensive shock
Fatigue	None	No interference with activity	Some interference with activity	Significant;	Requires

				prevents daily activity	emergency room visit or hospitalization
Myalgia (muscle aches all over the body)	None	No interference with activity	Some interference with activity	Significant; prevents daily activity	Requires emergency room visit or hospitalization
Arthralgia (joint aches in several joints)	None	No interference with activity	Some interference with activity	Significant; prevents daily activity	Requires emergency room visit or hospitalization

Tabela 9 - Classificação dos eventos solicitados.

Reference: Brighton classification case definition or common terminology criteria for adverse events (CTCAE) version 5.0.

xvii. Apresentar as narrativas completas de eventos adversos graves, incluindo óbitos, e eventos adversos de interesse especial. As narrativas devem incluir a natureza e intensidade do evento, idade e sexo do paciente; condição clínica geral do paciente, o curso clínico que levou ao evento e opinião do investigador e do patrocinador sobre causalidade. Deve ser informado também as doenças concomitantes/anteriores relevantes com detalhes de ocorrência/duração e medicação concomitante/anterior com detalhes da dosagem. A empresa também deve fornecer a avaliação de causalidade em relação a esses eventos.
Resposta:

Apresentando os casos de óbitos no expediente nº 2032599211 na data de 26 de maio de 2021.

Anexo 8. – Com o mesmo tratamento para as outras EAGs.

xviii. Informar o número de lote, data de fabricação e extensão da utilização de cada lote utilizado nos estudos clínicos.
Resposta:

NÚMERO DE LOTE	TAMANHO DO LOTE	DATA	FINALIDADE
37520001A	500 mL	23/05/2020	Estudo pré-clínico e de fase 1
37520002A	500 mL	27/05/2020	Estudo pré-clínico
37520003A	500 mL	30/05/2020	Estudo clínico fase I
37520011A	1,5 L	05/07/2020	Estudo clínico fase II e fase III
37520012A	1,5 L	09/07/2020	Estudo clínico fase II e fase III

Tabela 10 - Lotes utilizados nos estudos clínicos.

Tables, Listings & Figures Mock shells
For Interim Analysis 3

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2.0, Dated: 09/04/2021</td></tr>
<tr><td>Author:
Mayur Kharche,
Biostatistician,
Cytespace Research Pvt Ltd.</td><td colspan="2">Internal reviewers:
Samir Thaker, Biostatistician
Sponsor reviewer:
Mr. Vamshi Krishna Sarangi, Senior. Executive-Biostatistician
Sponsor approver:
Dr. Raches Ella, Head - Business Development & Advocacy</td></tr>
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1 General Programming Note:

- N =number of participants in the relevant population per cohort and n= The number of participants, % = n/N *100
- m= Count of Events (One participant may be counted more than once)
- For Decimal point of statistics of respective parameter please use the SAP Section Appendix 1
- For individual TLFs Footnotes must be left justified except “page x of y” (where Y is the total number of pages for the individual TLF output) which must be right justified.
- In compiled TLFs for the page identification in the format Page X of Y (where Y is the total number of pages for the TLF) should appear in row 2, In header which must be right justified.
- All TLFs will be based on SDTM/ADaM or Derived datasets and the SDTM/ADaM or Derived dataset used to create respective TLFs will be provided in the footnote “Source” as appropriate.

2 General Notes:

- Treatment: BBV152B and Placebo. In BBV152B: BBV152B Lot 1, BBV152B Lot 2, BBV152B Lot 3.
- The section headings/TOC provided in Mock Shell document is only for the mock shell for reference purpose and actual mock shell for respective TLFs Output will start form the “table number, table title and population information for example (Table 14.1.1.1 Participants Disposition Status by Treatment Group (Enrolled Analysis Set)) column.

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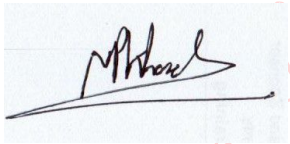
3 Signature Page

Authored by:

Mayur Kharche, Biostatistician

Cytespace Research Pvt. Ltd.

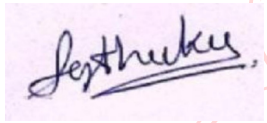


Signature and date

Internal reviewers:

Samir Thaker, Biostatistician

Cytespace Research Pvt Ltd.



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4 TFLs

4.1 Table

14.1.1 Disposition and Analysed Datasets

Figure 14.1.1.1
CONSORT Flow chart (Participants Disposition Status)

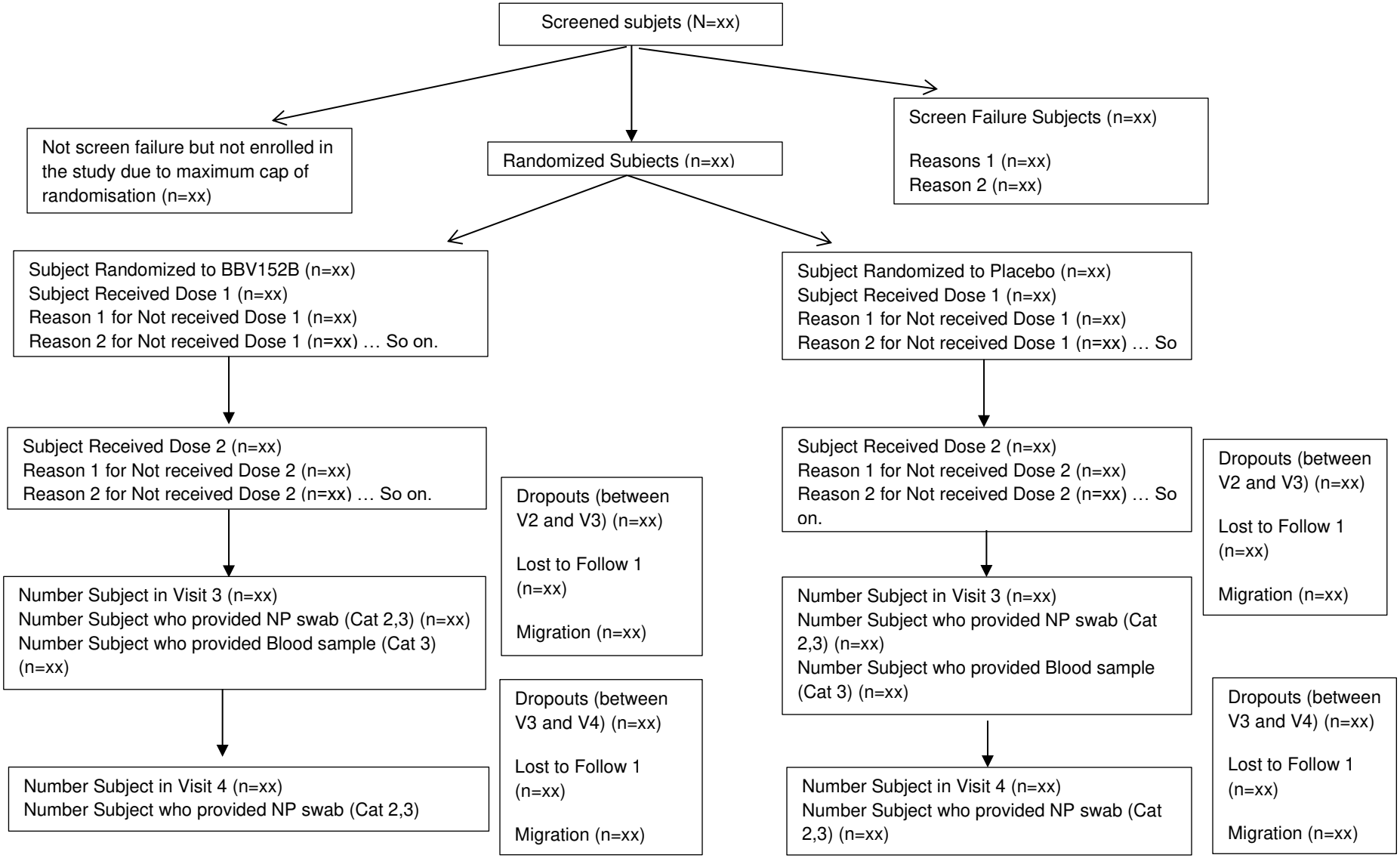

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Table 14.1.1.1a
Participants Disposition Status

Description	BBV152B N=xx n (%)	Placebo N=xx n (%)	Total N=xx n (%)
Screened participants			xx
Screen failure			xx
Screen but not enrolled^			xx
Enrolled participants	xx (xx.x)	xx (xx.x)	xx (xx.x)
Ongoing participants	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of completed participants	xx (xx.x)	xx (xx.x)	xx (xx.x)
Randomization Analysis Set	xx (xx.x)	xx (xx.x)	xx (xx.x)
Full Analysis Set (FAS)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Per-protocol Analysis Set (PP)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Immunogenicity Analysis Subset (IAS)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Safety Analysis Set (SAF)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Discontinued participants	xx (xx.x)	xx (xx.x)	xx (xx.x)
Category of Site			
Category 1 (Symptomatic)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Category 2 (Symptomatic/Asymptomatic)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Category 3 (Symptomatic/Asymptomatic + Immunogenicity)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Visit 1 completed	xx (xx.x)	xx (xx.x)	xx (xx.x)
Visit 2 completed	xx (xx.x)	xx (xx.x)	xx (xx.x)
Visit 3 completed	xx (xx.x)	xx (xx.x)	xx (xx.x)
Visit 4 completed	xx (xx.x)	xx (xx.x)	xx (xx.x)
Reasons for Discontinuation			
Adverse event/serious adverse event	xx (xx.x)	xx (xx.x)	xx (xx.x)
Protocol violation	xx (xx.x)	xx (xx.x)	xx (xx.x)
Consent withdrawal	xx (xx.x)	xx (xx.x)	xx (xx.x)
Migration from the study site	xx (xx.x)	xx (xx.x)	xx (xx.x)
Lost to follow-up	xx (xx.x)	xx (xx.x)	xx (xx.x)
Pregnancy	xx (xx.x)	xx (xx.x)	xx (xx.x)
Screen Failure	xx (xx.x)	xx (xx.x)	xx (xx.x)
Physician decision	xx (xx.x)	xx (xx.x)	xx (xx.x)
Sponsor termination	xx (xx.x)	xx (xx.x)	xx (xx.x)
Prohibited Medication	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)

Note: ^Participants who signed ICF and not screen failure but not enrolled in the study due to maximum cap of randomisation participants reached.
This table will be prepared based on available data till cut off date.
Ongoing participants: Subjects who ongoing in the trial till cut off date will be assumed to have Ongoing participants.
Completed participants: Subjects who completed the trial on or before cut off date, as indicated in the Study Phase Disposition eCRF form, will be assumed to have completed participants.
% = n/N *100 Where, N = number of enrolled participants and n = Number of participants

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Table 14.1.1.2
Summary of Analysis Population
(Randomization Analysis Set)

Analysis Populations	BBV152B N=xx n (%)	Placebo N=xx n (%)	Total N=xx n (%)
Randomization Analysis Set (a)	xx (100.0)	xx (100.0)	xx (100.0)
Full Analysis Set (b)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Per-protocol Analysis Set (c)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Immunogenicity Analysis Subset (d)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Safety Analysis Set (e)	xx (xx.x)	xx (xx.x)	xx (xx.x)

Note:
(a) All randomized participants classified according to the study product (vaccine or placebo) to which they were randomized.
(b) All randomized participants who received at least one dose of IP and had no immunologic evidence of prior COVID-19 (i.e, negative against SARS-CoV-2 antibodies) at Visit 1 before the first dose of IP. Participants will be analysed according to the study product (vaccine or placebo) received.
(c) All participants in the FAS who received planned doses of IP per schedule, seronegative for SARS-CoV-2 Antibody by ELISA at baseline, and have no major protocol deviations, as determined, and documented by the Sponsor. Participants will be analysed according to the study product (vaccine or placebo) received.
(d) Designated participants at study sites included in the immunogenicity study (Category 3) who had received both doses of IP.
(e) The Safety Set consists of all randomized participants who received at least one dose of IP, classified according to the study product received.
% = n/N *100 Where, N = number of enrolled participants and n = Number of participants

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_xx.sas, ddmmmyyyyy hh:mm

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Table 14.1.1.3
Summary of Immunogenicity Analysis Population by BBV152B Lots and Placebo
(Randomization Analysis set (Catetegory 3))

Population	BBV152B Lot 1 (N=xxx)	BBV152B Lot 2 (N=xxx)	BBV152B Lot 3 (N=xxx)	BBV152B All Lots (N=xxx)	Placebo (N=xxx)	Total (N=xxxx)
Randomization Analysis Set (a)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Full Analysis Set (b)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Per-protocol Analysis Set (c)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Immunogenicity Analysis Subset (d)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Safety Analysis Set (e)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

Note: All randomized participants classified according to the study product (vaccine or placebo) to which they were randomized.
(a) All randomized participants who received at least one dose of IP and had no immunologic evidence of prior COVID-19 (i.e, negative against SARS-CoV-2 antibodies) at Visit 1 before the first dose of IP. Participants will be analysed according to the study product (vaccine or placebo) received.
(b) All participants in the FAS who received planned doses of IP per schedule, seronegative for SARS-CoV-2 Antibody by ELISA at baseline, and have no major protocol deviations, as determined, and documented by the Sponsor. Participants will be analysed according to the study product (vaccine or placebo) received.
(c) Designated participants at study sites included in the immunogenicity study (Category 3) who had received both doses of IP.
(d) The Safety Set consists of all randomized participants who received at least one dose of IP classified according to the study product received.
% = n/N *100 Where, N = number of Enrolled participants and n = Number of participants

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_xx.sas, ddmmmyyyyy hh:mm Page x of y

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14.1.2 Demography and Baseline Characteristics

Table 14.1.2.1
Baseline Demographic Characteristics
(Full Analysis Set)

Baseline Demographic Variables Statistics	BBV152B (N=xx)	Placebo (N=xx)	Total (N=xx)
Sex, n (%)			
Male	xx (xx.x)	xx (xx.x)	xx (xx.x)
Female	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)
Age (years)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
Race, n (%)			
Asian	xx (xx.x)	xx (xx.x)	xx (xx.x)
Black	xx (xx.x)	xx (xx.x)	xx (xx.x)
Caucasian	xx (xx.x)	xx (xx.x)	xx (xx.x)
Native American	xx (xx.x)	xx (xx.x)	xx (xx.x)
Pacific Islander	xx (xx.x)	xx (xx.x)	xx (xx.x)
Unknown	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)
Ethnicity, n (%)			
Hispanic Or Latino	xx (xx.x)	xx (xx.x)	xx (xx.x)
Not Hispanic Or Latino	xx (xx.x)	xx (xx.x)	xx (xx.x)
Unknown	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)
Weight (kg)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x

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Min; Max	xx; xx	xx; xx	xx; xx
Height (cm)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
BMI (kg/m2)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
Temperature (°C)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
Results (Serology Test)			
Positive	xx (xx.x)	xx (xx.x)	xx (xx.x)
Negative	xx (xx.x)	xx (xx.x)	xx (xx.x)
Pregnancy test result			
Positive	xx (xx.x)	xx (xx.x)	xx (xx.x)
Negative	xx (xx.x)	xx (xx.x)	xx (xx.x)
RT-PCR Result			
Positive	xx (xx.x)	xx (xx.x)	xx (xx.x)
Negative	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cycle threshold (CT) value - E Gene			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx

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Cycle threshold (CT) value - ORF Gene			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
Age >=60 (years)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
At Risk Participants#	xx (xx.x)	xx (xx.x)	xx (xx.x)
At Risk Participants, Age < 60 years	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable chronic heart disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable chronic lung disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Controlled Diabetic	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable Liver Disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Severe obesity (BMI >35)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other stable co-morbid condition	xx (xx.x)	xx (xx.x)	xx (xx.x)
None of the above	xx (xx.x)	xx (xx.x)	xx (xx.x)
Multiple risk categories*	xx (xx.x)	xx (xx.x)	xx (xx.x)
At Risk Participants, Age >= 60 years	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable chronic heart disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable chronic lung disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Controlled Diabetic	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable Liver Disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Severe obesity (BMI >35)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other stable co-morbid condition	xx (xx.x)	xx (xx.x)	xx (xx.x)
None of the above	xx (xx.x)	xx (xx.x)	xx (xx.x)
Multiple risk categories*	xx (xx.x)	xx (xx.x)	xx (xx.x)

Note: N = number of participants in the relevant population, n = Number of participants, % = n/N *100
#The participants with age >= 60 and the participants with age < 60 who satisfies at least one comorbidity conditions will be considered as at-risk participants
*Multiple risk categories count contains for participant selected multiple categories (i.e. more than one)

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Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_xx.sas, ddmmmyyyyy hh:mm

Programming Note: Baseline results will be used to create this table.

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14.2 Efficacy Endpoints

14.2.1 Primary Efficacy Endpoints

Table 14.2.1.1
Primary Endpoint: First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19
(Per Protocol Set)

	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
First occurrence of virologically confirmed n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
VE Point Estimate	xx.xx		
95.006% CI	[xx.xx, xx.xx]		

Note: CI=Confidence Interval. VE= vaccine efficacy.
The estimate VE is given in terms of parameter P (i.e. Proportion of cases in the vaccine group) and the ratio h = Fp/Fv, which is expected to be very close to 1, since R = hP / (1-P) and thus VE = 1 – hP / (1-P). A two-sided confidence interval (CI) around the estimated VE will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)].
Fv and Fp are the corresponding total lengths of follow-up in years in the two groups from Day 42, with follow-up in years defined as a follow-up in days divided by 365.25. We have considered ratio of Fp/Fv=1 for this analysis.
N = number of participants in the relevant population,
n = Number of participants with First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19. (The symptomatic COVID-19 cases include any participant who meets the Case Definitions for symptomatic endpoint or severe symptomatic COVID-19)., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95.006% Confidence interval will be presented as appropriate.
Point estimate and CI based on the number of participants.

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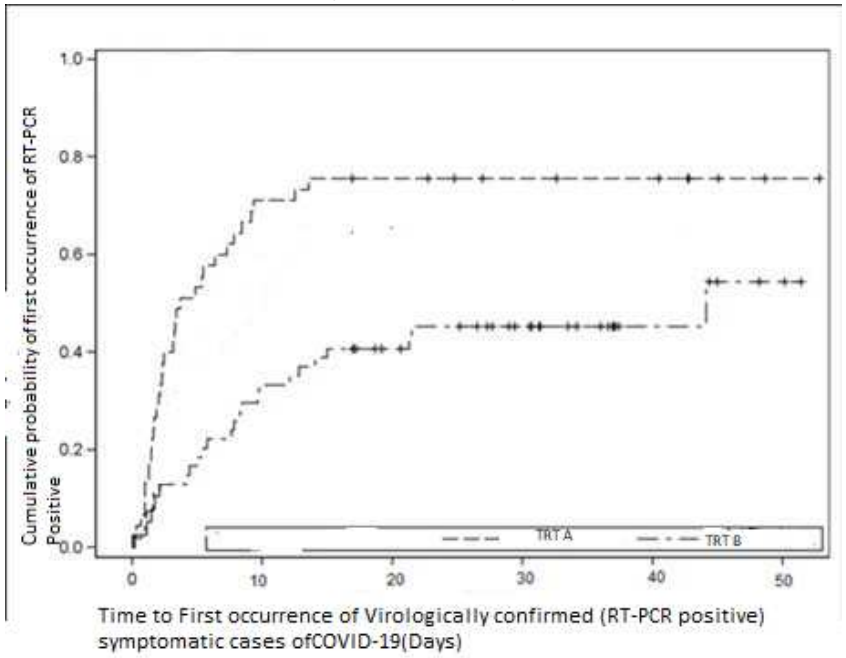
Figure 14.2.1.1a
Primary Endpoint (Kaplan Meier Plot): First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19
(Per Protocol Set)



The symptomatic COVID-19 cases include any participant who meets the Case Definitions for symptomatic endpoint or severe symptomatic COVID-19 were considered.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note: *This Figures is only for sample purpose, in actual figure each treatment BBV152B and placebo will be presented and use X axis label as "Time to First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases ofCOVID-19." and Y axis label as "Cumulative probability of first occurrence of RT-PCR Positive".*

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Table 14.2.1.2
First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 by >=60 years of age
(Per Protocol Set)

	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
First occurrence of virologically confirmed n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
VE Point Estimate	xx.xx		
95% CI	[xx.xx, xx.xx]		

Note: CI=Confidence Interval. VE= vaccine efficacy.
The estimate VE is given in terms of parameter P (i.e. Proportion of cases in the vaccine group) and the ratio h = Fp/Fv, which is expected to be very close to 1, since R = hP / (1-P) and thus VE = 1 – hP / (1-P). A two-sided confidence interval (CI) around the estimated VE will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)].
Fv and Fp are the corresponding total lengths of follow-up in years in the two groups from Day 42, with follow-up in years defined as a follow-up in days divided by 365.25. We have considered ratio of Fp/Fv=1 for this analysis.
N = number of participants in the relevant population,
n = Number of participants with First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19. (The symptomatic COVID-19 cases include any participant who meets the Case Definitions for symptomatic endpoint or severe symptomatic COVID-19) and Age>=60. Years (, % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95% Confidence interval will be presented as appropriate.
Point estimate and CI based on the number of participants.
Footnote will be added for table 14.2.1.2, Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment

Repeat for the following table and update the first column 1st row accordingly:

Table 14.2.1.3 First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 by 18-59 years of age (Per Protocol Set)
Table 14.2.1.4 First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 of At-risk particpants (Per Protocol Set)

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14.2.2 Secondary Efficacy Endpoints

Table 14.2.2.1
Secondary Endpoint: First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 based on the case definition for the secondary efficacy symptomatic endpoint
(Per Protocol Set)

	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
First occurrence of virologically confirmed, n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
VE Point Estimate	xx.xx		
95% CI	[xx.xx, xx.xx]		

Note: CI=Confidence Interval. VE= vaccine efficacy.
The estimate VE is given in terms of parameter P (i.e. Proportion of cases in the vaccine group) and the ratio h = Fp/Fv, which is expected to be very close to 1, since R = hP / (1-P) and thus VE = 1 – hP / (1-P). A two-sided confidence interval (CI) around the estimated VE will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)].
Fv and Fp are the corresponding total lengths of follow-up in years in the two groups from Day 42, with follow-up in years defined as a follow-up in days divided by 365.25. We have considered ratio of Fp/Fv=1 for this analysis.
N = number of participants in the relevant population,
n = Number of participants with First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 based on the case definition for the secondary efficacy symptomatic endpoint., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95% Confidence interval will be presented as appropriate. Point estimate and CI based on the number of participants.

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Table 14.2.2.2
Secondary Endpoint: Virologically confirmed (RT-PCR positive) severe cases of COVID-19
(Per Protocol Set)

	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
Virologically confirmed (RT-PCR positive) severe cases of COVID-19, n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
VE Point Estimate	xx.xx		
90% CI	[xx.xx, xx.xx]		
P-value	x.xxxx		

Note: Confidence interval (CI) around the estimated VE of point estimate will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)]. Fv and Fp are the corresponding total lengths of follow-up in years in the two groups from Day 42, with follow-up in years defined as a follow-up in days divided by 365.25. We have considered ratio of Fp/Fv=1 for this analysis.
P-value is calculated by using z-test of proportions or for a number of severe cases < 5 in either the vaccine or placebo group, a one-sided Fisher exact test.
N = number of participants in the relevant population,
n = Number of participants with Virologically confirmed (RT-PCR positive) severe cases of COVID-19., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm

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Table 14.2.2.3
Secondary Endpoint: Virologically confirmed First COVID-19 asymptomatic cases
(Per Protocol Set)

	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
First occurrence of virologically confirmed, n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
VE Point Estimate	xx.xx		
95% CI	[xx.xx, xx.xx]		

Note: CI=Confidence Interval. VE= vaccine efficacy.
The estimate VE is given in terms of parameter P (i.e. Proportion of cases in the vaccine group) and the ratio h = Fp/Fv, which is expected to be very close to 1, since R = hP / (1-P) and thus VE = 1 – hP / (1-P). A two-sided confidence interval (CI) around the estimated VE will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)].
Fv and Fp are the corresponding total lengths of follow-up in years in the two groups from Day 42, with follow-up in years defined as a follow-up in days divided by 365.25. We have considered ratio of Fp/Fv=1 for this analysis.
N = number of participants in the relevant population,
n = Number of participants with First occurrence of Virologically confirmed (RT-PCR positive) first asymptomatic cases of COVID-19 Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95% Confidence interval will be presented as appropriate. Point estimate and CI based on the number of participants.
For table number 14.2.2.4 “Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment” and add the same in the footnote.
For table number 14.2.2.6 “Includes cases that were seropositive at baseline. Excludes cases in which vaccination was incomplete” and add the same in the footnote In all below tables update the footnote of “n” as appropriate.

Repeat for the following table and update the title and footnote accordingly:

Table 14.2.2.4 Secondary Endpoint: Virologically confirmed COVID-19 asymptomatic and symptomatic cases occurring from two weeks after the second vaccination (Per Protocol Set)

Table 14.2.2.5 Secondary Endpoint: The number of participants with virologically confirmed COVID-19 deaths (Per Protocol Set)

Table 14.2.2.6 Secondary Endpoint: The number of participants with virologically confirmed symptomatic COVID-19 (Seropositive at Baseline) (Safety Analysis Set)

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Table 14.2.2.7

Secondary Endpoint: The first occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19(by variants)

(Per Protocol Set)

	variants Name	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
First occurrence of virologically confirmed n (%)	XXX	xx (xx.x)	xx (xx.x)	xx (xx.x)

Note: N = number of participants in the relevant population,
n = Number of participants with First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 based on participant who meets the Case Definitions for Symptomatic Endpoint or Severe Symptomatic COVID-19., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note: Data for this table will be received from external source not from eDC.

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Table 14.2.2.8
Comparison of CT (E and ORF gene) values between BBV152B and placebo in first Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 (Per Protocol Set)

Description Statistics	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
Cycle threshold (CT) value - E Gene			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Geometric mean	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
Cycle threshold (CT) value - E Gene			
Point Estimate	xx.xx		
95% CI	[xx.xx, xx.xx]		
P-value	x.xxxx		
Cycle threshold (CT) value - ORF Gene	…	…	…
…			

Note: Point estimate, 95% CI and P-value will be calculated by using t test. CI=Confidence interval.
N = number of participants in the relevant population,
n = Number of participants with Virologically first confirmed (RT-PCR positive) symptomatic cases of COVID-19., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95% Confidence interval will be presented as appropriate. Point estimate and CI based on the number of participants.

Repeat for the following table and update the title and footnote accordingly:

Table 14.2.2.9 Comparison of CT (E and ORF gene) values between BBV152B and placebo in first Virologically confirmed (RT-PCR positive) Asymptomatic cases of COVID-19 (Per Protocol Set)

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14.3 Adverse Event

Table 14.3.1.1
Summary of Adverse Events
(Safety Analysis Set)

Adverse Events	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
All Adverse Events	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
All solicited adverse event	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Solicited AEs within 7 days post dose 1	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Solicited AEs within 7 days post dose 2	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unsolicited adverse events	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
All Medically Attended Adverse Events (MAAEs)	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Immediate adverse events within 30 minutes post each dose	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Immediate AEs within 30 minutes post dose 1	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Immediate AEs within 30 minutes post dose 2	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
All Adverse Event of Special Interest (AESI)	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
All Ongoing Adverse Events	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Severity*			
Mild	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
moderate	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
severe	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Outcome			
Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Related AEs			
Certain	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Probable/Likely	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Possible	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

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Unlikely	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unrelated	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
AEs Action Taken			
Dose Not Changed	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Temporarily stopped drug	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Dose Reduced	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Dose Increased	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
INV withdrawn	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Not applicable	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
SAEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
AEs Leading to Discontinuation from the Study	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
AEs Leading to Death	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Related AEs Leading to Death	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

Note: N = number of participants in the relevant population, n = Number of participants, m = Count of Events (One participant may be counted more than once), % = n/N *100
*Maximum severity will be considered for respective subjecs.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm

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Table 14.3.1.2
Incidence of Adverse Events by System Organ Class and Preferred Term
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Any AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

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Note: * Terms that have not been coded yet are displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class.
In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.1.3
Incidence of Solicited Adverse Events within Day 7 of dose 1 vaccination by System Organ Class and Preferred Term
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Any Solicited Local AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Any Solicited Systemic AEs	…	…	…
…			
Any Solicited not Local and Systemic AEs	…	…	…
…			

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class.
In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.
Repeat for the following table:

Table 14.3.1.4 Incidence of Solicited Adverse Events within Day 7 of dose 2 vaccination by System Organ Class and Preferred Term (Safety Analysis Set)

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Table 14.3.1.5
Incidence of Adverse Events by System Organ Class and Preferred Term and by Severity
(Safety Analysis Set)

System Organ Class Preferred Term	Severity	BBV152B (N=XX) m, n (%)	Placebo (N=XX) m, n (%)	Total (N=XX) m, n (%)
AEs	Mild	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Moderate	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Severe	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
UNCODED*	Mild	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Moderate	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Severe	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
UNCODED*	Mild	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Moderate	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Severe	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
<System Organ Class 1>	Mild	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Moderate	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Severe	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
<Preferred Term 1>	Mild	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Moderate	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Severe	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
.....				

MedDRA version xx.x
Note: *Terms that have not been coded yet were displayed as "UNCODED". Verbatim terms were provided in the listings.
N = number of participants in the relevant population, n = Number of participants, % = n/N *100.
Maximum severity for the respective subject and adverse event will be considered.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class and severity.
In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.1.6
Incidence of Adverse Events by System Organ Class and Preferred Term and by Outcome
(Safety Analysis Set)

System Organ Class Preferred Term	Outcome	BBV152B (N=XX) m, n (%)	Placebo (N=XX) m, n (%)	Total (N=XX) m, n (%)
AEs	Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
...				

MedDRA version xx.x
Note: *Terms that have not been coded yet were displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm

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Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class.
In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.1.7
Safety Secondary Endpoints: Incidence of Solicited local and systemic adverse events by System Organ Class and Preferred Term
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Any solicited local and systemic AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)
All solicited local and systemic adverse events occurred within 7 days post each vaccination will be considered.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class. In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

Solicited Local Adverse Events will be included: Pain at the injection site, Swelling at the injection site, Induration (hardness) at the injection site, and Erythema (redness) at the injection site within 7 days post each vaccination.
Solicited Systemic Adverse Events will be included: Fever, Chills, Headache, Nausea, Vomiting, Fatigue, Myalgia, and Arthralgia within 7 days post each vaccination

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Table 14.3.1.8

Safety Secondary Endpoints: Incidence of Unsolicited adverse events (AEs) occurring between the vaccination and 28 days after the final vaccination by System Organ Class and Preferred Term

(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Unsolicited AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)
An unsolicited AE is any AE reported by the participant that is not specified as solicited AEs, but starts 7 days after administration BBV152B/Placebo.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class. In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

An unsolicited AE is any AE reported by the participant that is not specified as a solicited AE in the protocol, or is specified as solicited AEs in the protocol, but starts 7 days after administration Vaccine/Placebo.

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Table 14.3.1.9
Safety Secondary Endpoints: Incidence of Immediate adverse events within 30 minutes post each vaccination
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Immediate AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED". Verbatim terms are provided in the listings.
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participants may be counted more than once)

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class. In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.1.10
Safety Secondary Endpoints: Incidence of Medically attended adverse events (MAAEs) or AEs leading to withdrawal
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152 (N= xx) m, n (%)	Placebo (N= xx) m, n (%)	Total (N= xx) m, n (%)
Medically Attended AEs or AE leading to Withdrawal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Medically Attended AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
…	…	…	…
AE leading to Withdrawal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
…	…	…	…

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED". Verbatim terms are provided in the listings.
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once).
All medically attended adverse events or AE leading to withdrawal will be considered.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class. In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.1.11
Safety Secondary Endpoints: Incidence of Adverse Event of Special Interest (AESI).
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
AEs of Special Interest	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED". Verbatim terms are provided in the listings.
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class. In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.2.1
Summary of Serious Adverse Events
(Safety Analysis Set)

Serious Adverse Events	BBV152B (N=XX) m, n (%)	Placebo (N=XX) m, n (%)	Total (N=XX) m, n (%)
All SAEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Related	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Not Related	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
SAEs Relationship			
Certain	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Probable/Likely	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Possible	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unlikely	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unrelated	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
All Ongoing SAEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Outcome			
Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
SAEs Action Taken			
Dose Not Changed	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Temporarily stopped drug	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Dose Reduced	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Dose Increased	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Drug withdrawn	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Not applicable	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Seriousness Criteria			
Death	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Life Threatening	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Requires inpatient hospitalization or prolongation of existing hospitalization	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Significantly or permanently disabling or incapacitating	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Congenital anomaly or birth defect	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Other medically important serious event	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
SAEs Leading to Death	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Related SAEs Leading to Death	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
SAEs leading to Hospitalization	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

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Note: N = number of participants in the relevant population, n = Number of participants, m = Count of Events (One participant may be counted more than once), % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm

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Table 14.3.2.2
Incidence of Serious Adverse Events by System Organ Class and Preferred Term
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Any AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class.
In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

Repeat for the following table and update the first column 1st row accordingly:

Table 14.3.2.3 Incidence of Serious Adverse Events by System Organ Class and Preferred Term for >60 years particapants (Safety Analysis Set)

Table 14.3.2.4 Incidence of Related Serious Adverse Events by System Organ Class and Preferred Term (Safety Analysis Set)

Table 14.3.2.5 Incidence of Death by System Organ Class and Preferred Term (Safety Analysis Set)

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Table 14.3.2.6
Safety Secondary Endpoints: Serious Adverse Events (SAEs) occurring at any time in all study participants
(Safety Analysis Set)

	BBV152B (N=xx)		Placebo (N=xx)	Total (N=xx)
Number of at Least one SAE, m, n (%)	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Point Estimate	xx.xx		xx.xx	
95% CI	[xx.xx, xx.xx]		[xx.xx, xx.xx]	
P-value		x.xxxx		
Seriousness criteria for SAE, m, n (%)	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Death	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Life Threatening	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Requires inpatient hospitalization or prolongation of existing hospitalization	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Significantly or permanently disabling or incapacitating	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Congenital anomaly or birth defect	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Other medically important serious event	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Number of at Least one Related SAE, m, n (%)	xx, xx (xx.xx)		xx, xx (xx.xx)	xx, xx (xx.xx)
Point Estimate	xx.xx		xx.xx	
95% CI	[xx.xx, xx.xx]		[xx.xx, xx.xx]	
P-value		x.xxxx		
Seriousness criteria for Related SAE, m, n (%)	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
…	…	…	…	…

Note: CI=Confidence Interval. Point Estimate and 95% Confidence Intervalare calculated for each treatment group using the Cloper Pearson test and P-value for the between BBV152B and Placebo group comparison are calculated using Fisher/ Chi-square test based on all AEs data.
N = number of participants in the relevant population, n = Number of participants, m = Count of Events (One participant may be counted more than once) % = n/N *100
For seriousness criteria, if one subject observed multiple seriousness criteria then same subject will be counted in respective cateogories.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95% Confidence interval will be presented as appropriate.

Table 14.3.2.**7** Safety Secondary Endpoints: Serious Adverse Events (SAEs) occurring at any time for 18-59 years particapants (Safety Analysis Set)
Table 14.3.2.**8** Safety Secondary Endpoints: Serious Adverse Events (SAEs) occurring at any time for >60 years particapants (Safety Analysis Set)
Table 14.3.2.9 Safety Secondary Endpoints: Serious Adverse Events (SAEs) occurring at any time for At-risk particapants (Safety Analysis Set)

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14.4.1 Secondary Endpoints (Immunogenicity)

Table 14.4.1.1
Secondary Endpoints (Immunogenicity): Geometric Mean Titer (GMT) of SARS-CoV-2 Specific Neutralizing Antibody (nAb)
(Immunogenicity Analysis Subset)

Time Point	Statistics	BBV152B Lot 1 (N=xx)	BBV152B Lot 2 (N= xx)	BBV152B Lot 3 (N= xx)	BBV152B All Lots (N= xx)	Placebo (N= xx)	Total (N= xx)
Day xx	n	xx	xx	xx	xx	xx	xx
	Point estimate of GMT	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	95% CI of GMT	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	95% CI of Mean	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]
	Median (Q1; Q3)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)

…

n= Number of participants; GMT= Geometric Mean Titre; SD = Standard Deviation; Q1 = First Quartile; Q3 = Third Quartile; CI = Confidence Interval, point estimate and 95% CI are calculated using t-test.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
In Timepoint variable, Day xx= respective available timepoints in the datasets.

Repeat for the following table

Table 14.4.1.2 Secondary Endpoint: Geometric Mean Titer (GMT) of SARS-CoV-2 S1 protein-specific Binding Antibody (bAb) (Immunogenicity Analysis Subset)

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Table 14.4.1.3
Secondary Endpoints (Immunogenicity): Lot-to-Lot consistency based on the neutralizing titer of the three consistent lots at Day 56
(Immunogenicity Analysis Subset)

Statistics	BBV152B Lot 1 Vs Lot 2	BBV152B Lot 1 Vs Lot 3	BBV152B Lot 2 Vs Lot 3
Point estimate of GMT Ratio	xx.xx	xx.xx	xx.xx
95% CI of GMT Ratio	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]

CI = Confidence Interval, Point estimate and 95% CI are calculated form differences between means of log10(titer) using t-test.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm

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14.4.2 Immunogenicity Analysis

Table 14.4.2.1
Immunogenicity Analysis: Geometric Mean Titer (GMT) of SARS-CoV-2 RBD-specific Binding Antibody (bAb)
(Immunogenicity Analysis Subset)

Time Point	Statistics	BBV152B Lot 1 (N=xx)	BBV152B Lot 2 (N= xx)	BBV152B Lot 3 (N= xx)	BBV152B All Lots (N= xx)	Placebo (N= xx)	Total (N= xx)
Day xx	n	xx	xx	xx	xx	xx	xx
	Point estimate of GMT	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	95% CI of GMT	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	95% CI of Mean	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]
	Median (Q1; Q3)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)

…

n= Number of participants; GMT= Geometric Mean Titre; SD = Standard Deviation; Q1 = First Quartile; Q3 = Third Quartile; CI = Confidence Interval, point estimate and 95% CI are calculated using t-test.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
In Timepoint variable, Day xx= respective available timepoints in the datasets.

Repeat for the following table

Table 14.4.2.2 Secondary Endpoint: Geometric Mean Titer (GMT) of SARS-CoV-2 NP-specific Binding Antibody (bAb) (Immunogenicity Analysis Subset)

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16.2 Listings

Listing 16.2.2.1
Adverse Events
(Full Analysis Set)

Patients ID/Treatment	System organ class/ Preferred Term/ Investigator Term	Start/End Date (Relative Day) of AE	Duration of AE (days)	Serious AEs (Yes/No)	Severity	Relationship to the IP	Action Taken	Outcome
xxxx	XXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXX	DDMMMYYYY/ DDMMMYYYY (xx)	…	…	…		…	… …

Note: MedDRA version xx.x

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x.sas, ddmmmyyyyy hh:mm

Programming Note: Sort by Patients ID and alphabetically for primary system organ class and preferred term within each system organ class. If adverse event is ongoing then present “ONGOING” in End date column. UNCODED term will be presented at end of the listing.

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Listing 16.2.2.2
Serious Adverse Events
(Full Analysis Set)

Patients ID/Treatment	System organ class/ Preferred Term/ Investigator Term	Start/End Date (Relative Day) of SAE	Duration of SAE (days)	Fatal (Yes/No)	Severity	Relationship to the IP	Action Taken	Seriousness Criteria	Study Drug Related to SAE	Outcome
Xxxx	XXXXXXXXXXXXXXX/	DDMMMYYYY/								
	XXXXXXXXXXXXXXX/	DDMMMYYYY	…	…	…		…	…	…	…
	XXXXXXXXXXXXXXX	(xx)								

Note: MedDRA version xx.x

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x.sas, ddmmmyyyyy hh:mm

Programming Note: Sort by Patients Number and alphabetically for system organ class and preferred term within each system organ class. If serious adverse event is ongoing then present “ONGOING” in End date column. UNCODED term will be presented at end of the listing.

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STATISTICAL ANALYSIS PLAN

Protocol title: An Event-Driven, Phase3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults≥18Years of Age.	
Protocol number: BBIL/BBV152-C/2020	**Applicable Protocol Version: 4.0; Dated: 11/03/2021**
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The layout of this document is based on the Guideline on the International Conference on Harmonization (ICH E9).

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Glossary of abbreviations

ABBREVIATION	DESCRIPTION
AE	Adverse event
AEFI	Adverse Event Following Immunization
ATC	Anatomical Therapeutic Chemical
Anti-IgG	Anti-Immunoglobulin G
BBIL	Bharat Biotech International Ltd.
BBV152	A Whole Virion Inactivated SARS-CoV-2 vaccine
CI	Confidence interval
COVID 19	Corona virus disease 2019
CV	Coefficient of variation
DBL	Database lock
eCRF	Electronic case report form
eDC	Electronic data capture
ELISA	Enzyme-Linked Immunosorbent Assay
FAS	Full Analysis Set
GCP	Good Clinical Practice
GMT	Geometric Mean Titers
IEC	Independent Ethics Committee
ICH	International Conference on Harmonisation
IC	Informed Consent
IMP	Investigational medicinal product
ITT	Intent-to-treat
IWRS	Interactive web response systems
MAAE	Medically Attended Adverse Event
MedDRA	Medical dictionary for regulatory activities
N	Population Size
N	Sample Size
NP	Nasopharyngeal
ODS	Output delivery system
PP	Per Protocol
PT	Preferred term
PCR	Polymerase chain reaction
RTF	Rich text format
SAE	Serious adverse event
SAF	Safety Analysis Flag
SAP	Statistical Analysis Plan
UIP	Universal Immunisation Program
URTI	Upper Respiratory Tract Infection

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SD	Standard deviation
SOC	System organ class
TEAEs	Treatment-emergent adverse events
TLFs	Tables, data listings and figures
WBC	White Blood Cell
WHO	World Health Organization
WHO-DD	WHO Drug Dictionary

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1. Overview

1.1 Introduction

The purpose of this Statistical Analysis Plan (SAP) is to provide details of the statistical analyses that have been outlined within the Protocol Version 4.0 for BBIL/BBV152-C/2020, dated 11/03/2020. The scope of this plan includes the final analysis, which will be executed by the Biostatistics department unless otherwise specified.

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2. Trial objectives

The following objectives are those stated in the protocol.

2.1 Primary Objectives (Efficacy)

- To evaluate the efficacy of BBV152 to prevent symptomatic COVID-19.

2.2 Secondary Objectives (Efficacy)

- To evaluate the efficacy of BBV152 to prevent COVID-19 based on the case definition for the secondary efficacy symptomatic endpoint.
- To evaluate the efficacy of BBV152 to prevent severe COVID-19.
- To evaluate the efficacy of BBV152 to prevent any severity COVID-19 by age.
- To evaluate the efficacy of BBV152 to prevent asymptomatic COVID-19.
- To evaluate the efficacy of BBV152 to prevent COVID-19 regardless of symptomatology or severity.
- To evaluate the efficacy of BBV152 to prevent COVID-19 related deaths.
- To evaluate the efficacy of BBV152 to prevent symptomatic COVID-19, regardless of the previous infection.

2.3 Secondary Objectives (Safety)

- To assess the safety of BBV152

2.4 Secondary Objectives (Immunogenicity)

- To evaluate the immunogenicity of BBV152

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3. Endpoints

3.1 Primary Endpoint

- First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19. (The symptomatic COVID-19 cases include any participant who meets the Case Definitions for Symptomatic Endpoint or Severe Symptomatic COVID-19).
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].

3.2 Secondary Endpoints (Efficacy)

- First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 based on the case definition for the secondary efficacy symptomatic endpoint.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].
- Virologically confirmed (RT-PCR positive) severe cases of COVID-19.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].
- Virologically confirmed COVID-19 cases of any severity occurring among participants 18 through 59 years of age and ≥60 years of age.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].
- Virologically confirmed COVID-19 asymptomatic cases. Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment.
  [Time Frame: Month 2 to Month 12].
- Virologically confirmed COVID-19 asymptomatic and symptomatic cases occurring from two weeks after the second vaccination. Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].
- The number of participants with virologically confirmed COVID-19 deaths.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].
- The number of participants with virologically confirmed symptomatic COVID-19. Includes cases that were seropositive at baseline. Excludes cases in which vaccination was incomplete.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].

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3.3 Secondary Endpoints (Safety)

- Serious Adverse Events (SAEs) occurring at any time in all study participants; SAE rates will be analyzed when the primary efficacy endpoint (130 cases) is reached and at the study end.
  [Time Frame: Throughout the study period].
- Solicited local and systemic adverse events (AEs).
  [Time Frame: within 7 days post each vaccination]
- Unsolicited adverse events (AEs) occurring between the vaccination and 28 days after the final vaccination, among all study participants.
  [Time Frame: Within 28 days post vaccination]
- Immediate adverse events with 30 minutes of vaccination
  [Time Frame: within 30 minutes post each vaccination]
- Medically attended adverse events (MAAEs) or AEs leading to withdrawal through the entire study period.
- The occurrence of enhanced respiratory disease episodes reported by patient/documented in hospital records throughout the trial.
  [Time Frame: Throughout the study period]
- Adverse Event of Special Interest (AESI).
  [Time Frame: Throughout the study period]

3.4 Secondary Endpoints (Immunogenicity)

- Geometric Mean Titer (GMT) of SARS-CoV-2 Specific Neutralizing Antibody (nAb)
  [Time Frame: Month 0 to Month 12]
- Geometric Mean Fold Rise (GMFR) of SARS-CoV-2 Neutralizing Antibody (nAb) at Month.
  [Time Frame: Month 0 to Month 12]
- Geometric Mean Titer (GMT) of SARS-CoV-2 S1 protein-specific Binding Antibody (bAb).
  [Time Frame: Month 0 to Month 12]
- Lot-to-Lot consistency will be assessed based on the neutralizing titer of the three consistent lots used in the trial.
  [Time Frame: Month 0 to Month 2]

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4. Trial design

This is a randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.

A total of 25,800 subjects will be enrolled and randomized in a 1:1 ratio to receive BBV152 vaccine and placebo. All participants will be assessed for efficacy and safety endpoints and provide a NP swab and blood sample before the first dose of IP. The NP swab and blood collected will be subject to RT-PCR and Anti-SARS-CoV-2 IgG antibodies. The results of this will not affect enrolment of the participant. Participants who are found to be positive for either RT-PCR Or Anti-SARS-CoV-2 IgG antibodies will be excluded from the primary efficacy analysis.

In addition, sites will be segregated based on the study objectivise:

Category 1 (Symptomatic): In addition to administering the IP, a series of post-dose telephonic follow-up visits will be scheduled to detect suspect symptomatic COVID-19 infections. If a suspect is identified, a nasopharyngeal sample will be collected from the participant for detecting the presence of COVID-19 infection. Telephonic follow-up will occur at 15 ±2 -day intervals.

Category 2 (Symptomatic/Asymptomatic): In addition to administering the IP and telephonic follow-up visits scheduled to detect suspect symptomatic COVID-19 infections, a series of post-dose Nasopharyngeal samples for detecting incidence of Asymptomatic COVID-19 infection at 1-Month intervals will be collected.

Category 3 (Symptomatic/Asymptomatic+Immunogenicity): In addition to administering the IP and telephonic follow-up visits scheduled to detect suspect symptomatic COVID-19 infections, repeated NP swabs for asymptomatic, and a series of blood samples will be collected for analyzing serum for immunological assessments.

Efficacy assessments will include surveillance for COVID-19 with RT-PCR confirmation of SARS-CoV-2 infection after the first and second dose of IP. As noted above, this is a case (event) driven study: if the prespecified criterion for early efficacy is met at the time of interim analysis (IA) and the Data and Safety Monitoring Board (DSMB) recommends stopping for demonstrated efficacy, or efficacy is established by the planned primary analysis after 130 primary endpoint events have accrued, a study

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report describing the efficacy and safety of BBV152 will be prepared based on the data available at that time. Five millilitre of blood will be collected from all the RT-PCR confirmed symptomatic COVID-19 participants.

If success criteria are met either at the time of the interim analyses or when the total number of cases toward the primary endpoint has accrued, participants will continue to be followed in a blinded fashion until Month 12, to enable assessment of long-term safety (all category sites) and immunogenicity (only for category 3 [immunogenicity] sites).

The design and focus of the study are dependent on the current COVID-19 pandemic, requiring identification of participant candidates at high risk of SARS-CoV-2 infection. The Sponsor may adjust the size of the study or duration of follow-up based on the blinded review of the total number of cases of COVID-19 (based on appropriate quantum of symptomatic or severe cases) accrued during the study, in addition to estimated percentages of study participants with immunologic evidence of SARS-CoV-2 infection at baseline.

If achieving 130 cases of COVID-19 is manifestly unattainable based on plausible expansions of sample size or increased follow-up, an analysis of blinded data may be performed and change of the study design such as changing the required lower bound for the primary analysis may be proposed.

4.1 Blinding

The placebo is identical to the vaccine. Sufficient measures will be taken to assure that blinding of participants and evaluation staff is maintained. Study product assignments will be accessible to the data coordinating centre staff and others who are required to know this information to ensure proper trial conduct. The DSMB members may also be unblinded to treatment assignment as required to review vaccine safety and efficacy. Emergency unblinding decisions are expected to be rare and justified only when that information is needed for the future clinical management of that participant.

If in the opinion of the investigator, the event the health and safety of the participant will benefit from knowing the treatment code, efforts will be made to contact the medical monitor as long as Subject safety is not at imminent risk. If the Subject is at imminent

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risk, the investigator should have the ability to unblind although should notify the Medical Monitor (MM) and Sponsor as soon as possible thereafter.

4.2 Planned number of sites.

Multicentre study

4.3 Planned number of subjects.

A total sample size of 25,800 volunteers, ages ≥18 years and above will receive selected formulation of BBV152 vaccine and placebo in a 1:1 ratio. Recruitment should support the generalizability of results, including enrolment of healthy participants as well as participants at risk for severe COVID-19, such as persons ≥60 years of age and those individuals with stable co-morbid diseases such as hypertension, diabetes, obesity, chronic kidney disease, chronic obstructive pulmonary disease (COPD), and chronic heart disease.

The study is designed to obtain a two-sided 95% CI for vaccine efficacy with a lower bound ≥ 30%. (A slight adjustment, to a 95.3% CI, will be necessary at the final analysis if there is an interim analysis with possible early stopping for demonstrated efficacy.) For assumed true efficacy of 60%, the required number of cases for 85% power is 130. The total number of participants required depends on the assumed incidence during the follow-up period. We assume an average incidence among placebo recipients of 1% during follow-up beginning 14 days after the second dose; thus, the expected number of participants required to accrue 130 cases is approximately 18,572. Allowing for baseline seropositivity and RT-PCR confirmed COVID-19 cases as exclusions (20%) and other losses (loss to follow-up, etc.) of 10%, the number becomes 25,794. It is planned to randomize approximately 25,800 study participants.

The assumption of Vaccine Efficacy of 60% is for sample size estimation only. The intended success criteria for vaccine efficacy are 50% (in agreement with the minimum requirement given in the WHO Target Product Profile). Based on appropriate accrual of symptomatic or severe cases, the Sponsor may increase the sample size or increase the follow-up time. These changes will be reflected in future amendments. The null hypothesis Vaccine Efficacy value may be adaptively modified to below 30% during the trial, based on a lower-than-projected COVID-19 attack rate or case accrual rate, with collaborative decision-making by DSMB. Starting with a 30% null hypothesis

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VE value rather than a lower value helps assure that vaccine efficacy is estimated with sufficient precision to support decision-making about a vaccine, which may include regulatory approval and acceptance of the vaccine for manufacturing and widespread use

4.4 Treatment Intervention and Dose

Whole-Virion Inactivated SARS-CoV-2 vaccine (BBV152) will be administered as two-dose intramuscular injection 28 days apart.

BBV152B:

Note: BBV152B (Based on Phase 1 trial interim report) The dose selected for this study (6 µg of Antigen & Adjuvant-IMDG) is based on the assessment of available safety and immunogenicity data from Phase 1 studies (NCT04471519) and animal studies infusion

- Dosage Form and Route of Administration: COVID-19 Vaccine (BBV152), is a liquid 0.5 mL Vero cell-derived inactivated vaccine containing NLT 6µg and administered as a two-dose regimen intramuscularly (IM) 4 weeks apart.
- Dose Regimen: Vaccine is administered as two doses, on Day 0 and Day 28.

4.5 Success Criteria for Final Anlaysis

Success will be defined by a two-sided 95% CI for vaccine efficacy (adjusted as necessary for interim monitoring) with a lower bound ≥ 30% with point estimate >50%. The International Coalition of Medicines Regulatory Authorities noted that “a specific

Active Ingredient	Quantity
Whole Virion, Inactivated Corona Virus Antigen (Strain: NIV-2020-770)	BBV152B
	6µg
Inactive Ingredients	
Aluminium Hydroxide Gel equivalent to Al^{+++}	250 mcg
TLR7/8 Agonist	15 mcg
2-Phenoxyethanol (2PE) I.P.	2.5 mg
Phosphate Buffered Saline	q.s. to 0.5 mL

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numeric value to be used for the lower bound and vaccine efficacy point estimate was not agreed upon at this stage". It was also reflected that efficacy estimates crossing a certain pre-specified lower bound for efficacy, due to factors such as epidemiological evolution of the pandemic, would not preclude the possibility of a positive benefit-risk conclusion if there also were other data supportive of efficacy. will be more than 250 ml due to addition of the drug solution to 250 mL of 0.9% Sodium Chloride solution.

4.6 Premature Discontinuation of The Trial

The Premature termination or temporary suspension of the study may be done if there is sufficient reasonable cause. Written notification, documenting the reason for study suspension or termination, will be provided by the suspending or terminating party. If the study is prematurely terminated or suspended, the Investigator will promptly inform the Ethics Committee (EC) and will provide the reason(s) for the termination or suspension. Circumstances that may warrant termination or suspension include, but are not limited to:

- Determination of unexpected significant, and unacceptable risk to subjects.
- Due to protocol non-compliance and/or any other reason, data generated is insufficient and is non-evaluable.
- Plans to modify, suspend, or discontinue the development of the investigational vaccine.

If the study is suspended it may resume once concerns about safety, protocol compliance, data quality, etc. are addressed and satisfy the Sponsor, IEC, and/or regulatory authority.

4.7 Early Discontinuation from of The Study

Failure of the participants to comply with the requirements of the protocol will lead to early discontinuation from the study. The discontinuation from the study will be considered by the investigator if it is in the participants or legally acceptable representative's best interest. A participants whose data is complete for all the observations is considered to have completed the study.

It will be specified on the study conclusion page of the CRF as to which of the following reasons were responsible for the withdrawal of the participants from the study.

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- Adverse Event/Serious Adverse Event
- Protocol violation
- Consent withdrawal, not due to an adverse event
- Migration from the study site
- Lost to follow-up.
- Pregnancy
- Screen Failure
- Physician decision
- Sponsor termination
- Prohibited Medication
- Death
- Others

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4.8 Schedule of Study Visits and Procedures

Table 1: Study Flow Chart of Phase 3 study Category 1 Site (Symptomatic):

Parameters	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10	Visit 11	Visit 12	Visit 13
	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Informed consent	✓												
Inclusion/ exclusion criteria	✓												
Screening number	✓												
Demography	✓												
Urine pregnancy test	✓	✓	✓										
Blood sample for Immunogenicity	✓												
Nasopharyngel Swab	✓												
Randomization	✓												
Vitals (Including pulse Oximetry) & General & Systemic Examination	✓	✓											
Investigational vaccine administration	✓	✓											
Subject Diary distribution	✓	✓											
Concomitant medication	✓	✓	As applicable for treatment of SAE and MAAE										
Current Health Status	✓	✓											
COVID-19 Symptoms examination	✓	✓											
Adverse event recording	✓	✓	✓	SAEs and MAAEs									
Telephonic follow-up (2 times/month) [Current health, General History, COVID-19 Symptom history, Adverse Event recording]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Table 2: Study Flow Chart of Phase 3 study Category 2Site (Symptomatic/Asymptomatic):

Parameters	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10	Visit 11	Visit 12	Visit 13
	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Informed consent	✓												
Inclusion/ exclusion criteria	✓												
Screening number	✓												
Demography	✓												
Randomization	✓												
Vitals (Including pulse Oximetry) & General & Systemic Examination	✓	✓	✓	✓	✓	✓	✓	✓					
Urine pregnancy test	✓	✓	✓										
Blood sample for Immunogenicity	✓												
Nasopharyngeal Swab (asymptomatic participants only)	✓		✓	✓	✓	✓	✓	✓					
Investigational vaccine administration	✓	✓											
Subject Diary distribution	✓	✓											
Concomitant medication	✓	✓	✓	✓	✓	✓	✓	✓	As applicable for treatment of SAE and MAAEs				
Current Health Status	✓	✓	✓	✓	✓	✓	✓	✓					
COVID-19 Symptoms examination	✓	✓	✓	✓	✓	✓	✓	✓					
Adverse event recording	✓	✓	✓	✓	✓	✓	✓	✓	SAE and MAAEs				
Telephonic follow-up (2 times/month) [Current health, General History, COVID-19 Symptom history, Adverse Event recording]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Table 3: Study Flow Chart of Phase 3 study Category 3Site (Symptomatic/Asymptomatic+Immunogenicity)

Parameters	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10	Visit 11	Visit 12	Visit 13
	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Informed consent	✓												
Inclusion/ exclusion criteria	✓												
Screening number	✓												
Demography	✓												
Randomization	✓												
Vitals (Including pulse Oximetry) & General & Systemic Examination	✓	✓	✓	✓	✓	✓	✓	✓					
Urine pregnancy test	✓	✓	✓										
Blood sample for Immunogenicity	✓	✓*	✓*	✓*			✓*			✓*			✓*
Nasopharyngeal Swab (asymptomatic participants only)	✓		✓	✓	✓	✓	✓	✓					
Investigational vaccine administration	✓	✓											
Subject Diary distribution	✓	✓											
Concomitant medication	✓	✓	✓	✓	✓	✓	✓	✓	As applicable for treatment of SAE and MAAEs				
Current Health Status	✓	✓	✓	✓	✓	✓	✓	✓					
COVID-19 Symptoms examination	✓	✓	✓	✓	✓	✓	✓	✓					
Adverse event recording	✓	✓	✓	✓	✓	✓	✓	✓	SAEs and MAAEs				
Telephonic follow-up (2 times/month) [Current health, General History, COVID-19 Symptom history, Adverse Event recording]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

*** Blood sample for subset 600 subjects in the immunogenicity cohort will be collected to assess immunogenicity (Only 3 sites).**

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5. Changes/deviations from the planned analysis

The trial has accrued confirmed symptomatic COVID-19 cases faster than expected. Hence, the second interim analysis will be conducted on more than the planned 87 participants with confirmed symptomatic COVID-19. The IWRS system was used for randomization of the participant during the visit. As there are several data entry activities ongoing across all sites in the eDC, the IWRS is considered to have all participants with the intended allocation. Hence, for the purpose of the interim analysis, the unblinded statistician will consider the IWRS dataset. All available participants with confirmed symptomatic COVID-19 cases will be included in the second interim analysis, using IWRS source data instead of eDC data and assuming the ratio of total length of follow-up (placebo to vaccine) is 1. However, the final analysis will be performed based on source data from the eDC on at least 130 confirmed symptomatic COVID-19 cases and the observed ratio Fp/Fv of follow-up time in the placebo group to follow-up time in the vaccine group.

Any deviation in implementing the original statistical plan will be described and justified in the final clinical study report.

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6. Surveillance and case identification

In addition, different procedures will be followed to identify potential cases based upon the site. The three categories of procedures are as follows:

6.1 Category 1 (Symptomatic):

In addition to administering the IP, a series of post-dose telephonic follow-up visits will be scheduled to detect suspect symptomatic COVID-19 infections. If a suspect is identified, a nasopharyngeal sample will be collected from the participant for detecting the presence of COVID-19 infection. Telephonic follow-up will occur at 15-day intervals.

6.2 Category 2 (Symptomatic/Asymptomatic):

In addition to administering the IP and periodically detecting suspect symptomatic COVID-19 infections, a series of post-dose Nasopharyngeal samples for detecting incidence of Asymptomatic COVID-19 infection at 1-Month intervals will be collected.

6.3 Category 3 (Symptomatic/Asymptomatic+Immunogenicity):

In addition to administering the IP and periodically detecting suspect symptomatic COVID-19 infections, repeated NP swabs for asymptomatic, a series of blood samples will be collected for analyzing serum for immunological assessments.

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7. Analysis populations

Agreement and authorization of participants included/excluded from each analysis population will be reached prior to Interim/final database hard lock. IQVIA and Sponsor will supply a list of all participants to be excluded from the relevant analysis populations, including the reason(s) for exclusion from the analysis populations.

The serum will be collected on Day 0, before vaccination, for assessment of seroprevalence (presence of binding antibody titers to COVID-19) at baseline. At a later time, point, once these samples are analyzed, participants who are positive at baseline will be excluded from immunogenicity and efficacy analyses, but they will continue to be followed up for safety outcomes.

7.1 Enrolled Population

All participants who sign the Informed consent form.

7.2 Randomization Analysis Set

All randomized participants classified according to the study product (vaccine or placebo) to which they were randomized.

7.3 Full Analysis Set (FAS)

All randomized participants who received at least one dose of IP and had no immunologic evidence of prior COVID-19 (i.e, negative against SARS-CoV-2 antibodies) at Visit 1 before the first dose of IP. Participants will be analysed according to the study product (vaccine or placebo) received.

7.4 Per-protocol (PP) Set

All participants in the FAS who received planned doses of IP per schedule, seronegative for SARS-CoV-2 Antibody by ELISA at baseline, and have no major protocol deviations, as determined, and documented by the Sponsor. Participants will be analysed according to the study product (vaccine or placebo) received.

7.5 Immunogenicity Analysis Subset

Designated participants at study sites included in the immunogenicity study (Category 3 and Category 4) who had received both doses of IP.

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7.6 Safety Analysis Set (SAS)

The Safety Set consists of all randomized participants who received at least one dose of IP and contributed any solicited AE information, classified according to the study product received.

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8. General Considerations

8.1 Visit and date Conventions.

Visit day will be calculated from the reference start date which will be used to present start/stop day of assessments and events. The reference start date is defined as the date of first study drug administration.

The following conventions will be used for visit references:

- $Visit\ day = (date\ of\ event - reference\ start\ date)$ +1
- $Visit\ week = \frac{visit\ day}{7},\ rounding\ up\ to\ next\ whole\ number$
- $Visit\ month = \frac{visit\ day}{30.44},\ rounding\ up\ to\ next\ whole\ number$

8.2 Visit Windows

Inclusion within the visit window should be based on the actual date and not the intended date of the visit. The window for the visits following baseline (including unscheduled visits) will be constructed in such a way that the upper limit of the interval falls half way between the two visits

For laboratory and non-laboratory parameters, unless otherwise specified, if a patient has more than one measurement included within a window, the assessment closest to the target day will be used. In case of ties between observations located on different sides of the target day, the earlier assessment will be used. In case of ties located on the same side of the target day (i.e. more than one value for the same day but different time), the value with the earlier entry date/time will be used

Table - Visit Windows

Assessment	Visit	Month	Target Day	Day Range
Baseline	**Visit 1**	**Month 0**	**<30**	
Month 1	**Visit 2**	**Month 1**	**30**	**30-32**
Month 2	**Visit 3**	**Month 2**	**60**	**53-67**

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Month 3	**Visit 4**	**Month 3**	**90**	**83-97**
Month 4	**Visit 5**	**Month 4**	**120**	**113-127**
Month 5	**Visit 6**	**Month 5**	**150**	**143-158**
Month 6	**Visit 7**	**Month 6**	**180**	**173-187**
Month 7	**Visit 8**	**Month 7**	**210**	**213-217**
Month 8	**Visit 9**	**Month 8**	**240**	**233-247**
Month 9	**Visit 10**	**Month 9**	**270**	**263-277**
Month 10	**Visit 11**	**Month 10**	**300**	**193-307**
Month 11	**Visit 12**	**Month 11**	**333**	**323-337**
Month 12	**Visit 13**	**Month 12**	**360**	**353-367**
Unscheduled Illness Visit:	**Visit 999**	**US**		**<367**

8.3 Baseline

Baseline is the closest recorded measurement before the administration of the first dose of IP. If the measurement is done on the same day as the first dose and the exact measurement time relative to the first dose is unknown, it will be assumed the measurement is done before the administration of the first dose of IP. If a participants does not receive IP, baseline is the closest recorded measurement on or before the enrolment date.

8.4 End of Study

The end of study date is defined as the date when the last participants is assessed or receives an intervention for evaluation in the study (i.e., last Subject last visit), following any additional parts in the study (e.g., long-term follow-up), as applicable.

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8.5 Study Day 1

The first day of study vaccine administration

8.6 Study Dates

Informed Consent (IC) Date

The date on which the study informed consent form is signed.

Screening Date

The screening date is the informed consent (IC) date.

Enrolment Date

The date on which the investigator confirms that the participants has met all eligibility criteria and the enrolment in the study.

End of Study Date

The date recorded on the End of Study eCRF

8.7 Stratifications and Subgroups

In this study primarily BBV152 will be compared with Placebo. For analysis purposes, trial participants may be sub-classified into the following three stratification levels, The three Stratifications of study are as follows

- >=60 years of age with expected ratios of 30-40%
- <60 Year of age and a HCP with expected ratios of upto 5%
- <60 with co-morbid condition with expected ratios of 55-65%

Immunogenicity Subset

Designated participants at study sites included in the immunogenicity study who had a valid immunogenicity test result before the first dose of IP and at least 1 valid result after the first dose of IP, classified according to the study product received.

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8.8 Interim analysis

Formal interim analyses are planned when at least approximately 1/3 (43 cases) and 2/3 (87 cases) of the target number of 130 participants with confirmed symptomatic COVID-19 have been accrued, to determine 1) whether vaccine efficacy (VE) has been demonstrated and, if not, 2) whether the sample size and/or length of follow-up should be increased.

The analysis for demonstrated efficacy, with possible early stopping, will test the null hypothesis that VE ≤ 30% using the Lan-DeMets O'Brien-Fleming-like α-spending function framework to define the boundary to be used as a guideline. For 43 of 130 cases at the first interim analysis and 87 of 130 cases at the second interim analysis, the one-sided α for determination of efficacy will be 0.0001 and 0.0061, respectively. This is equivalent to requiring a two-sided 99.98% confidence interval (CI) for VE with lower bound ≥ 30% at the first interim analysis and a two-sided 98.78% CI for VE with lower bound ≥ 30% at the second interim analysis. For interim analyses at exactly 43 and 87 of a total of 130 cases, the test for efficacy ≥ 30% at the final analysis would be done at the one-sided 0.0231 significance level (i.e., the CI for VE would be a two-sided 95.38% CI). If the interim analyses are done at different numbers of cases than 43 and 87, the same boundaries as indicated above will be used, and the test and CI at the final analysis will be adjusted accordingly. The use of these relatively stringent criteria for demonstrated efficacy at the interim analyses means that only a slight correction in the significance level and CI will be necessary at the final analysis if the study is not stopped early.

If needed, the analysis for possible increase of sample size will be done on unblinded data using the method of Chen, DeMets, and Lan. It is planned to increase sample size only for conditional power ≥ 50%, assuming the true VE is as observed in the interim data, or for an unexpectedly low COVID-19 event rate.

In addition to the analyses described above, if efficacy is not demonstrated at the second interim analysis, an analysis for possible early stopping for futility (low efficacy or negative efficacy), using conditional power calculations, will be done. The DSMB will be asked to consider a recommendation to stop the study for futility if conditional power ≤ 20% to show any significant VE (i.e., a two-sided 95% CI for VE with lower bound > 0), assuming true VE = 60%.

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Finally, additional interim analyses will be conducted on all severe PCR-confirmed COVID-19 cases occurring since vaccination, if the number of such cases is at least 5. The purpose of these analyses is to identify possible vaccine-associated enhanced disease (VAED) – i.e., severe disease occurring due to the vaccine. The guideline for possible study pausing for these analyses, based on a comparison of proportions of severe cases in vaccine and placebo recipients, will be a one-sided p-value ≤ 0.05 in the direction of a higher proportion of severe cases in vaccine recipients. The test may be done by a z-test of proportions or, for a number of severe cases < 5 in either the vaccine or placebo group, a one-sided Fisher exact test. For example, assuming equal numbers of participants in the two groups, a case split of 5 vaccine: 0 placebo would meet the guideline, by a one-sided Fisher exact test. If the guideline is met, the DSMB may recommend that the study be paused and a thorough review of all severe cases be conducted by the DSMB. After a pause, the study may continue if agreed to by the DSMB and the FDA. These analyses will be done at the time of the interim and final analyses of vaccine efficacy, as long as at least 5 severe cases have occurred, or at other times at the discretion of the DSMB, depending on the observed number of severe cases.

Review of interim efficacy and safety data and recommendations based on the data will be within the purview of the external DSMB. The DSMB may recommend stopping the study because of concerns for participant safety at the time of a formal interim analysis or at any other time it reviews safety data.

The below mentioned analyses will be presented in the interim analysis 2 using PP population set; in most of these analyses, two-sided 95% CIs for VE will be presented. The exception is the analysis of virologically confirmed severe cases of COVID-19, in which a two-sided 90% CI will be presented, and the null hypothesis that the proportion of severe cases in placebo recipients is equal to or higher than the proportion in vaccine recipients will be tested at a one-sided 0.05 significance level by a z-test of proportions or, if the number of severe cases in either group is less than 5, by a Fisher exact test.

- Primary endpoint: first occurrence of virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 at least two weeks after the second dose of vaccine or placebo.

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- Additional analysis on primary endpoint: First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (18 to 59 years).
- Additional analysis on primary endpoint: First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (18 to 59 years) with comorbidity.
- Additional analysis on primary endpoint: First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (18 to 59 years) without comorbidity.
- Additional analysis on primary endpoint: first occurrence of virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (>= 60 years).
- Additional analysis on primary endpoint: first occurrence of virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (>= 60 years) with comorbidity.
- Additional analysis on primary endpoint: first occurrence of virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (>= 60 years) without comorbidity.
- Secondary endpoint (efficacy): virologically confirmed (RT-PCR positive) severe cases of COVID-19.
- Secondary endpoint (efficacy): virologically confirmed COVID-19 asymptomatic cases. Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment.

Addendum to CSR will be generated for the extended follow up phase.

8.9 Final analysis

The final analysis of all 25800 participants randomized in the study and of the data collected up to end of the study for all endpoints to be analysed according to the protocol. The final analysis shall be done after the last participant/last visit has been completed.

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8.10 Publication of Results

Any formal presentation or publication of data from/ during this trial will be considered jointly between the investigator and the sponsor, as indicated in the contract agreement undersigned by both parties.

8.11 Software

All analyses will be conducted using SAS® Version 9.4.

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9. Statistical Considerations

9.1 Multicentre studies

25800 subjects were randomised in 25 sites across India.

9.2 Missing data

Missing data is assumed to be missing and no imputation will be performed. Partial date imputation will be performed for the concomitant medication data please refer appendix 2.

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10. Output Presentations

Programs will be developed and maintained and output will be verified in accordance with current risk-based quality control procedures.

Tables, figures, and listings will be produced with validated.

The production environment for statistical analysis consists of statistical analysis software; for example, the SAS System version 9.4 or later.

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11. Participant disposition and withdrawal

11.1 Variables and derivations

End of trial classifications are defined as follows.

- Screen failure: Subject for whom informed consent was obtained and documented in writing (i.e., the participant signed an informed consent form), but who did not meet inclusion and exclusion criteria.
- Completed trial: Subjects who completed the trial, as indicated in the Study Phase Disposition eCRF form, will be assumed to have completed trial.
- Discontinued subjects: subjects who discontinued the trial, as indicated in the Study of study eCRF form, will be assumed to have discontinued subjects if at least one partial/full vaccine administrated from trial.

The following parameters will be summarized for the Subject's disposition table as per eCRF:

- Number of screening failure subjects
- Number of Enrolled subjects
- Number of Randomized subjects
- Number of completed subjects.
- Number of discontinued subjects
- in Randomization population Set.
- in FAS population
- in PP population Set.
- in Immunogenicity population Subset.
- in Safety population Set.
- in Category 1 (Symptomatic)
- in Category 2 (Symptomatic/Asymptomatic):
- in Category 3 (Symptomatic/Asymptomatic+Immunogenicity):

The following parameters will be summarised for the study discontinuation table as per eCRF Subject's primary reason for discontinuation (reasons mentioned in eCRF end of study form) which is as follows:

- Adverse Event/Serious Adverse Event
- Protocol violation
- Consent withdrawal
- Migration from the study site

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- Physician decision
- Sponsor termination
- Prohibited Medication
- Death
- Lost to follow-up.
- Others

Derivation:

- indicated as “screen failure” in the eCRF End of study form as “primary reason for study discontinuation” will be assumed screen failure for the trial.
- status is indicated as “COMPLETED” (as per eCRF study End of study form) to ensure that completes as per CRF design.
- Subject status is indicated as “DISCONTINUED” (as per eCRF study EOS form) to ensure that discontinued the as per CRF design.

11.2 Analysis

disposition and Withdrawal will be summarised (frequency and percentages) and the screening failure participants will be summarised (frequency) for the enrolled population by treatment group and participants listing, participant number for the Enrolled Set population by treatment and Subject number.

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12. Participant demographics and other baseline characteristics

12.1 Variables and derivations

The following demographic and other baseline characteristics will be summarized:

- Age (in Years)
- Age Groups
- Stratification Groups (>= 60 Years age, a HCP and <with any comorbidity)
- Gender
- Race
- Ethnicity
- Height (cm)
- Weight (kg)
- BMI (kg/m2)
- Temperature (°C)
- Results (Serology Test)
- Pregnancy test result
- RT-PCR Result
- Cycle threshold (CT) value - E Gene
- Cycle threshold (CT) value - ORF Gene
- Stable chronic lung disease at baseline
- Stable cardiac disease at baseline
- Severe obesity (body mass index ≥ 35 kg/m2) at baseline
- Controlled Diabetes (Type 1, Type 2) at baseline
- Stable Liver disease at baseline

12.2 Analysis

The following demographic and others baseline characteristics will be summarized for the FAS population by treatment group and presented in data listings for the Randomization Set population by treatment group and Subject number.

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13. Exposure and Compliance to Study Drug

13.1 Variables and derivations

In eCRF “Vaccine Administration” form we are capturing the treatment dosing related data.

Subject will be considered compliant with overall treatment COVID-19 Vaccine (BBV152) Vaccine/Placebo. if they received the scheduled administration of all doses within the schedule visits

The following parameters will be summarised for the treatment exposure.

- Number of Investigational vaccine administration
- Number of participants that received two doses
- Number of participants that received one dose
- Average number of doses administered.

13.2 Analysis

Treatment exposure and the compliance will be summarised (frequency, missing frequency and percentages) for table for SAF and the listing will be provided for Randomized population set by treatment and Subject number.

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14. Medical and Co morbidities history

14.1 Variables and derivations

Medical history information will be coded using the MedDRA central coding dictionary Version 23.1 or later. All conditions, which are pre-existing prior to study vaccine administration, must be recorded on the study participant's eCRF

Partial date imputation is not done for Medical and treatment history.

- The following parameters will be summarised for the Subject's Medical history/ Co morbidities as mentioned in eCRF.
- Number of subjects with at least one medical history
- Number of subjects for each medical history by SOC and PT

The following variables will be listed:

- Subject number
- System organ class/ Preferred terms / Reported terms.
- Start date of medical history.
- End date of medical history (If the medical history is ongoing then "Ongoing" text will populate in this variable)

Derivation:

Subject medical history status is indicated as "ongoing" at day 1 (as per eCRF medical history form) is all pre-medical condition at day 1.

14.2 Analysis

Medical history will be summarized by system organ class (SOC), and preferred term (PT), only for the SAF. Medical history/ Co morbidities will be presented as data listings for the randomization population by treatment group and participant number.

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15. Prior Concomitant, and other medications

15.1 Variables and derivations

In eCRF “Prior or Concomitant Medications” form we are capturing the prior and concomitant medication related data.

All medications will be coded using the WHO Drug dictionary Global B3 format September 1, 2020 or later

‘Prior medications’ are defined any medication prior to first administration of the study drug.

Concomitant medications are defined as any medication taken after or on the first administration of the study drug till the end of the trial.

Prior, Concomitant medication (CM) records will include the medication, Description for CM, Indication, Dose and unit, Frequency, route and start and end date of concomitant medication.

As per eCRF If the question “Was the medication/therapy taken prior to the study” is answered as “YES” then we will consider it as “prior concomitant medication” otherwise If the question “Was the medication/therapy taken prior to the study” is answered as “NO” then we will not consider it as “concomitant medication”

In Appendix 2 the algorithm is given for calculation of partial date imputation for Concomitant Medication and it will be used for partially missing Concomitant Medication start and end date imputation.

The following parameters will be summarised for the Subject’s prior and concomitant medication:

- Number of subjects with at least one prior and concomitant medication
- Number of subjects for each prior and concomitant medication by ATC-2 and PT.

Derivations:

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- All medications captured on the “Prior or Concomitant Medications” form of the eCRF will be categorised (prior and concomitant medication), which are identifies as follows:

15.2 Analysis

Prior and concomitant treatment medications will be summarized only for the SAF population and presented in data listings for the Randomization Set population by Treatment group and number.

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16. Adverse events

16.1 Variables and derivations

Adverse Events (AEs) will be coded using MedDRA central coding dictionary, Version 23.1 or later.

- An adverse event (AE) is any untoward medical occurrence in a participants or clinical investigation Subject administered an INV and which does not necessarily have a causal relationship with this treatment.

- SAE is any untoward medical occurrence that at any dose: Please refer protocol section 26.5

- Adverse Events of Special Interest (AESI): An AESI can be either serious or non-serious. Serious AESIs will be recorded and reported as per reporting guidelines for SAEs. The following AESIs (if any) will be evaluated during the study period.

    - Anaphylaxis
    - Vaccine-associated enhanced respiratory disease (VAERD)
    - Generalized convulsion

The following parameters will be summarised for the Participants adverse events as mentioned in eCRF.

- Number of Participants with at least one AEs
- Number of Participants with at least one drug related AE.
- Number of Participants with at least one serious AEs
- Number of Participants with at least one drug related serious AEs.
- AEs by Severity
- AEs leading to Death.
- Drug-related AEs leading to Death.
- AEs leading to early withdrawn of study.
- AEs by Age group

Derivations:

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- The question “Relationship to study drug” is answered as “Certain”, “Probable/Likely” and “Possible” then respective AEs will be considered as drug related AE.
- the question “Is this AEs serious” is answered as “YES” then respective AE will be considered as serious AEs.
- the question “Is this AEs serious” is answered as “YES” and answered as “Certain”, “Probable/Likely” and “Possible” then respective AEs will be considered as drug related SAEs.
- Subject’s primary reason for discontinuation is “DEATH” then we will consider it as AEs leading to death.
- If Relationship to the investigational product is indicated as “RELATED” and Subject’s primary reason for discontinuation is “DEATH” then we will consider it as drug related AEs leading to death
- Subject’s primary reason for discontinuation ADVERSE EVENT” then we will consider it as AEs leading to early withdrawal from study.

16.2 Analysis

An overall summary will be presented as the number of participants within each of the event type categories described in the sub-sections below, including the incidence of AEs by SOC and PT, unless otherwise specified. Both number of participants, number of event (One subject may be counted more than once) and percentage will be provided for the SAF population.

A data listing with all AEs (including coding details [SOC, PT and verbatim term only]) will be presented for the randomized population set by treatment group and Patient number.

16.2.1 Incidence of AEs

The incidence of all AEs by alphabetically SOC and PT will be presented for the SAF population.

16.2.2 Incidence of Solicited adverse event.

The incidence of all Solicited Local AEs will be summarised by Local Reaction, by maximum severity and Solicited Systemic AEs (please refer section 24.2 in protocol)

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by alphabetically SOC and PT within each SOC and severity will be presented for the SAF population.

16.2.3 Incidence of Medically Attended Adverse Events (MAAEs)

The incidence of all AEs by alphabetically SOC and PT will be presented for the SAF population.

16.2.4 Incidence of Adverse Event of Special Interest (AESI)

The incidence of all AEs by alphabetically SOC and PT will be presented for the SAF population.

16.2.5 AEs by severity

The incidence of all AEs will be presented by SOC, PT and severity for the SAF population.

16.2.6 AEs by Outcome

The incidence of all AEs will be presented by SOC, PT and outcome for the SAF population.

16.2.7 Drug-related AEs

The incidence of all drug related AEs will be presented by SOC and PT for the SAF population.

16.2.8 Serious AEs

Serious AEs are defined as AEs for which seriousness is indicated as “yes”.

The incidence of all serious AEs will be presented by SOC and PT. A data listing of serious adverse events (SAEs) will also be presented for the SAF population.

16.2.9 AEs leading to early withdrawal from study.

The incidence of all serious AEs leading to early withdrawal will be presented by SOC and PT. A data listing of AEs leading to early withdrawal from study will be presented for the SAF population.

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16.2.10 AEs leading to death.

The incidence of all AEs leading to death will be presented by SOC and PT. A data listing of all AEs for deceased participants will be presented for the SAF population.

16.2.11 AEs Age wise adverse events

The incidence of all AEs leading to death will be presented by SOC and PT. A data listing of all AEs for deceased participants will be presented for the SAF population.

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17. Vital (Including Pulse Oximetry) &General & Systemic Examination

All summaries for vital signs will be based on the SAF population, unless otherwise specified. Data listings for the will be based on the ITT population.

17.1 Variables and derivations

For vital signs, baseline is defined as the last observation made prior to the first administration of study drug.

The following vital signs will be reported for this study:

- Temperature (°C)
- Pulse (beats/min)
- Systolic blood pressure (mmHg)
- Diastolic blood pressure (mmHg)
- Respiratory rate (breaths/min)
- Oxygen saturation (SpO2) %

17.2 Analysis

The Vital sign will be summarized by visit for the SAF. presented in data listings for the Randomized population by treatment group and Subject number Vital sign test and by visit.

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18. General Examination

18.1 Variables and derivation

The General examination will be measure on scheduled visits (visit 1 through visit 7)

General Examination for Body systems parameters will be examined as follows:

- Pallor
- Cyanosis
- Hair
- Nails
- Icterus
- Edema
- Lymphadenopathy
- Other General examination observation

These above other general examination observation measurements will be categorised and summarised as follow:

- NORMAL
- ABNORMAL

Note: If the General examination data will be found missing then new category “MISSING” will be added in the summary table.

18.2 Analysis

The General examination will be summarized by visit for the SAF. presented in data listings for the Randomized population by treatment group and Subject number, General examination test and by visit.

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19. Primary endpoint assessments

The primary endpoint parameter is mention below.

19.1 Variables and derivations

19.1.1 First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19.

The following variables will be reported for this study:

- Start Date of dose administration ("Vaccine Administration" form in eCRF)
- The symptomatic COVID-19 cases include any participant who meets the Case Definitions for Symptomatic Endpoint or Severe Symptomatic COVID-19
- Start Date of Virologically confirmed
- Time Frame: Day 42 to Month 12.

Derivation:

Follow-up (days)= (date of Last followup – Date of Day 42) +1

Total length of follow up (years) in vaccine/placebo = sum (Follow-up (days))/ 365.25 in respective treatment group.

19.2 Primary endpoint analysis

Estimation of vaccine efficacy (VE) in this study is based on person-time incidence rates: VE = 1 – (nv/Fv)/ (np/Fp) = 1 – R, where R = (nv/Fv) / (np/Fp); nv and np are the numbers of participants who develop PCR-confirmed symptomatic COVID-19 among BBV152 vaccine and placebo recipients, respectively, and Fv and Fp are the corresponding total lengths of follow-up in years in the two groups, with follow-up in years defined as a follow-up in days divided by 365.25. VE will typically be expressed as a percentage. We assume that nv and np follow Poisson distributions with respective parameters λvFv and λpFp; the true (unknown) VE is 1 – λv / λp. Then, conditional on n = nv + np, the total number of participants who develop symptomatic COVID-19, the number nv in the vaccine group follows a binomial distribution with n trials and probability parameter λvFv / (λvFv + λpFp), estimated by P = nv / (nv+np). The estimate VE can be given in terms of P and the ratio h = Fp/Fv, which is expected to be very close to 1, since by the above definitions R = hP / (1-P) and thus VE = 1 –

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hP / (1-P). A two-sided confidence interval (CI) around the estimated VE will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)].

The primary analysis of VE will be based on the per-protocol population, excluding participants who were positive for binding antibody titters to SARS-CoV-2 on Day 0, with follow-up for each participant beginning 14 days after the second dose of vaccine or placebo and continuing until the onset of a confirmed COVID-19 case, a protocol deviation that could affect the risk of COVID-19 (for example, receipt of another vaccine against a viral disease), or the end of follow-up. To keep the overall type I error rate for estimating VE at two-sided 0.05, the CI for VE will be adjusted from a 95% CI as needed to account for interim analyses.

Additionally, the same analysis will be performed using the FAS population. Also, subgroup analyses will be done by age group (18-59 years and 60+ years) and by subgroups with and without co-morbidities, using the per-protocol population.

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20. Secondary Endpoints (Efficacy)

20.1 First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 based on the case definition for the secondary efficacy symptomatic endpoint. [Time Frame: Day 42 to Month 12].

20.1.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) severe cases of COVID-19
- Start Date of Virologically confirmed

20.2 Virologically confirmed (RT-PCR positive) severe cases of COVID-19. [Time Frame: Day 42 to Month 12].

20.2.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) severe cases of COVID-19
- Start Date of Virologically confirmed

20.3 Virologically confirmed COVID-19 cases of any severity occurring among participants 18 through 59 years of age and ≥60 years of age. [Time Frame: Day 42 to Month 12].

20.3.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) severe cases of COVID-19
- Start Date of Virologically confirmed

20.4 Virologically confirmed COVID-19 asymptomatic cases. Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment.

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[Time Frame: Month 2 to Month 12].

20.4.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) asymptomatic cases of COVID-19
- Start Date of Virologically confirmed
- Serology results at time of enrolment

20.5 Virologically confirmed COVID-19 asymptomatic and symptomatic cases occurring from two weeks after the second vaccination. Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment. [Time Frame: Month 2 to Month 12]

20.5.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) asymptomatic and symptomatic cases of COVID-19
- Start Date of Virologically confirmed
- Serology results at time of enrolment

20.6 The number of participants with virologically confirmed COVID-19 deaths. [Time Frame: Day 42 to Month 12].

20.6.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) cases of COVID-19
- Start Date of Virologically confirmed
- Date of death (related to COVID-19)

20.7 The number of participants with virologically confirmed symptomatic COVID-19. Includes cases that were seropositive at baseline. Excludes cases in which vaccination was incomplete. [Time Frame: Day 42 to

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Month 12].

20.7.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19
- Start Date of Virologically confirmed
- Serology results at baseline

20.8 Analyses

Vaccine efficacy will be estimated for confirmed symptomatic SARS-CoV-2 infection in the vaccinated population, excluding participants who were seropositive for SARS-CoV-2 on Day 0 and any participants who inadvertently received one dose of vaccine and one dose of placebo. In addition, VE will be estimated for the period between the first dose and 14 days after the second dose.

Other secondary efficacy analyses will compare the treatment groups with regard to 1) severe PCR confirmed COVID-19 disease and 2) PCR-confirmed SARS-CoV-2 infection, regardless of symptomatology. In addition, VE estimation will be done in linear models with the study site as a random effect and with adjustment for covariates (e.g., age, presence of co-morbidities at baseline). These analyses will be done for endpoint events with onset 14 days or more after the second dose and also for all participants with events after the first dose. VE and its 95% CI will be estimated as in the primary analysis PP populations. Additional that same analysis will be perform for stratification analysis.

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21. Secondary Endpoints (Safety)

21.1 Serious Adverse Events (SAEs) occurring at any time in all study participants; SAE rates will be analyzed when the primary efficacy endpoint (130 cases) is reached and at the study end.

21.1.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of SAE (“Adverse Event” form in eCRF)
- Is this AE (“Adverse Event” form in eCRF)
- Causality related to Treatment.
- Seriousness of SAEs
- Death date
- Number of Death

Time Frame: Throughout the study period]. Data will be collected on immediate adverse events (AEs) within 2 hours of vaccination,

21.1.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of Serious adverse events will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.2 Solicited local and systemic adverse events (AEs).

21.2.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of Solicited local and systemic adverse events (“AE form in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)

Time Frame: within 7 days post each vaccination,

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21.2.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of Solicited local and systemic adverse events will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.3 Unsolicited adverse events (AEs) occurring between the vaccination and 28 days after the final vaccination, among all study participants.

21.3.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of unsolicited local and systemic adverse events (“Post Vaccination in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)
- Time Frame: Within 28 days post vaccination,

21.3.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of unsolicited local and systemic adverse events will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.3.3 Immediate adverse events with 30 minutes of vaccination

21.3.4 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of Solicited local and systemic adverse events (“AE form in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)
- Time Frame: within 30 minutes post each vaccination.

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21.3.5 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of Immediate adverse events with 30 minutes will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.4 Medically attended adverse events (MAAEs) or AEs leading to withdrawal through the entire study period

21.4.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of Medically attended adverse events (MAAEs) or AEs leading to withdrawal through the entire study period (“AEs form in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)

21.4.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of Medically attended adverse events (MAAEs) or AEs leading to withdrawal through the entire study period will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.5 The occurrence of enhanced respiratory disease episodes reported by patient/documented in hospital records throughout the trial of hospitalization.

21.5.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)

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- Start Date of enhanced respiratory disease episodes reported events (“AEs form in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)

21.5.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of The occurrence of enhanced respiratory disease episodes reported by patient/documented in hospital records throughout the trial of hospitalization will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.6 Adverse Event of Special Interest (AESI).

21.6.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of adverse Event of Special Interest (AESI) (“AEs in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)

21.6.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of adverse Event of Special Interest (AESI) will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

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22. Secondary Endpoints (Immunogenicity)

22.1 Geometric Mean Titer (GMT) of SARS-CoV-2 Specific Neutralizing Antibody (nAb)

22.1.1 Variables and derivations

Neutralizing Antibody (nAb)

[Time Frame: Month 0 to Month 12]

22.1.2 Analyses

GMTs of SARS-CoV-2 Specific Neutralizing Antibody (nAb) will be summarised by point estimate and the corresponding 95% CI. Summary statistics for nAb (n, mean, SD, median, Q1 and Q3, 95% CI of Mean, geometric mean, 95% CI of geometric mean) will be calculated using PROC MEANS. Analysis will be done based on Immunogenicity analysis set.

22.2 Geometric Mean Fold Rise (GMFR) of SARS-CoV-2 Specific Neutralizing Antibody (nAb

22.2.1 Variables and derivations

Neutralizing Antibody (nAb)

[Time Frame: Month 0 to Month 12]

22.2.2 Analyses

GMFR of SARS-CoV-2 Specific Neutralizing Antibody (nAb) will be summarised by point estimate and the corresponding 95% CI. Analysis will be done based on Immunogenicity analysis set.

22.3 Geometric Mean Titer (GMT) of SARS-CoV-2 S1 protein-specific Binding Antibody (bAb).

22.3.1 Variables and derivations

Anti- S1 IgG, Anti-N IgG, Anti-RBD, IgG

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[Time Frame: Month 0 to Month 12]

22.3.2 Analyses

GMTs of SARS-CoV-2 S1 protein-specific Binding Antibody (bAb) will be summarised by point estimate and the corresponding 95% CI. Summary statistics for bAb (n, mean, SD, median, Q1 and Q3, 95% CI of Mean, geometric mean, 95% CI of geometric mean) will be calculated using PROC MEANS based on S1 protein-specific binding antibody titer. Analysis will be done based on Immunogenicity analysis set.

22.4 Lot-to-Lot consistency will be assessed based on the neutralizing titer of the three consistency lots used in the trial.

22.4.1 Variables and derivations

Microneutralization Test (MNT_{50}) and Plaque Reduction Neutralization Test ($PRNT_{50}$)

[Time Frame: Month 0 to Month 12]

22.4.2 Analyses

A total of 600 participants were randomised to the BBV152 lot consistency study in a 3:1 ratio of Vaccine to Placebo (Lot 1, Lot 2, Lot 3, Placebo)). The 3 lots were 3 consecutively manufactured lots. Thus, 450 participants (150 in each lot) in the BBV152 group and 150 participants in the Placebo group were included. The analysis of lot consistency will be based on the GMTs of neutralizing antibodies at Day 56. Summary statistics for neutralizing antibody titer at Day 56 (n, mean, SD, median, Q1 and Q3, 95% CI of Mean, geometric mean, 95% CI of geometric mean) will be calculated using PROC MEANS. Analysis will be done based on Immunogenicity analysis set.

GMT ratios of neutralizing antibodies at Day 56 for each pair of lots (point estimate and 95% confidence interval) will be calculated. The 95% CIs will be calculated from CIs on differences between means of log10(titer), using SAS PROC TTEST).

Lot consistency will be assessed using the criterion that 95% CIs for GMT ratios for all pairs of lots must be contained within the interval [0.5, 2.0], as well as the criterion that all 95% CIs for GMT ratios must be within the interval [0.67, 1.5] for US-FDA.

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23. Revision history

Version	Date	Change
1	23-Feb-2021	Initial Version
2	09-Apr-2021	Section 5, 8.8, 19 and 22 updated. Variables added in the section 20.4 to 20.7

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24. Appendix 1: Programming Conventions for Tables, Data Listings and Figures (TLFs)

All percentages (%) for a specific summary are calculated using the total number of subjects included in the relevant analysis population as the denominator, unless otherwise specified.

Data listings will be based on all subjects, unless otherwise specified.

In general, if we have no response or record for respective parameter in data (i.e. n=0) then while presenting statistics in table only n will be presented as “0” and other statistics will be left blank. In case, we have only one response or record for respective parameter (i.e., n=1) in data then statistic (S.D) in table will be presented blank.

By default, for continuous measures, summary statistics will include, unless otherwise specified:

• Sample Size (N)
- n
- Mean
- Median
- Maximum
- Minimum
- SDs, and
- Frequency of Missing Values.

For categorical measures, summary statistics will include, unless otherwise specified:

- Sample Size (n)
- Frequency of non-missing values
- Percentage, and
- Frequency of Missing Values.

For efficacy tables, below statistics will be included, unless otherwise specified:

- Estimate
- 95 % Confidence Interval
- P-value

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24.1 Paper Size, Orientation and Margins

The margin, page size and line size specifications as stipulated in Table 23.1 will be used for the presentation of all TLFs.

Table 23.1: Output margin, page size and line size specifications

	Landscape	Portrait
Margins (Inches):		
Top	1.25	1
Bottom	1	1
Left	1	1.25
Right	1	1
Header (Inches)	0.5	0.5
Footer (Inches)	0.5	0.5
SAS® specifications:		
PAGESIZE	46	67
LINE SIZE	134	93
Body Font Size	10	10
Heading font Size	12	12

24.2 Fonts

The font type “Times New Roman” must be used for tables, listings, and figures, with a font size of minimum 9 and it should be consistent for the whole report. The font colour must be black for tables, listings, and figures.

Colours are allowed for figures if the data series can be distinguished clearly if printed in black and white paper.

24.3 Header Information

Headers should be defined as follows:

- The header should be placed at the top of the page (same place on each page).
- The header should be placed at the top of the page (same place on each page).
- The sponsor name should appear in row 1, left-aligned in header.

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- The word “Interim Analysis/Final analysis” would be appeared in row 1, centered aligned in header.
- The protocol number should appear in row 2, left-aligned in header.
- The word “Cut-off date: DDMMMYYYY” would appear in row 2, centre aligned in header
- The word “CONFIDENTIAL” should appear in row 1, centered aligned at footer in compiled file only.
- The TLF identification number should appear in row 3, centered in header.
- The TLF title should start in row 4, centered in header.
- The TLF population should appear in row 5, centered in header. The population should be spelled out in full, e.g., Enrolled Analysis Set.
- Row 6 in header should be a continuous row of underscores (‘_’) (the number of underscores should equal the line size).
- Row 7 in header should be a blank line.
- Sentence case should be used for titles in header.
- Titles should not contain quotation marks or footnote references.
- The column headings should be underlined with a row of underscores (‘_’).
- Column headings spanning more than one column should be underlined and have underscores on either side of the title and should be centered.
- Column headings containing numbers should be centered.
- Column headings would be in mixed case.
- In general, the analysis population count should appear in the column header in the form “(N=XX)”.
- The page identification in the format Page X of Y (where Y is the total number of pages for the TLF) should appear in row 2, right aligned at Footer for compiled TLFs if required.

24.4 Table and Data Listing Table, Listing and Figure (TLF) Conventions

24.4.1 General

- The first row in the body of the table or data listing will be blank.
- The left-hand column should start in Column 1.
- Rounding will be done with the SAS® function ROUND if applicable.
- Numerical values in tables should be rounded and not truncated as per section (26.4.2) for respective statistics.

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- Numerical values will be center aligned.
- Text values should be left aligned.
- The first letter of a text entry should be capitalized.
- The study drug will be appeared first in tables with treatment group as columns.
- The width of the TLF should match the line size.

24.4.2 Univariate statistics

- Statistics should be presented in the same order across tables (i.e., n, mean, SD, minimum, median and maximum).
- If the original data has N decimal places, then the summary statistics would have the following decimal places:
- Minimum, maximum: N.
- Mean and median: N +1.
- SD: N + 2.
- CI: N+1
- Point estimate: N+1.

24.4.3 Frequencies and percentages [n, (m) and %]

- Count values should be reported, with one space between the right the percent inside parentheses and the left the mention. Parentheses should be justified to accept a maximum of 100.0 as a value and padded with blank space if the percent is less than 100.0. An example is given below:
- 156, 77, (100.0)
- 56, 50, (64.9)
- 0, (0.0)
- Percent values should be reported inside parentheses, with one space between the right parenthesis of the mention and the left parenthesis of the percentage. Parentheses should be justified to accept a maximum of 100.0 as a value and padded with blank space if the percent is less than 100.0. An example is given below:
- 77 (100.0)
- 50 (64.9)
- 0 (0.0)
- Percentages may be reported to 0 decimal places as appropriate (for example, where the denominator is relatively small).

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- Where counts are zero, mentions of 0 and percentages of 0.0 should appear in the table.

24.4.4 Confidence intervals (CIs)

- CIs would be presented with one additional decimal place as that of the raw data.
- CIs will be presented as [lower bound, upper bound].

24.4.5 P-values

- P-values should be reported to four decimal places.

24.4.6 Ratios/Estimate

- Ratios/estimate would be reported with one additional decimal place as that of the raw data.

24.4.7 Spacing

- There should be a minimum of 1 blank space between columns (preferably 2).

24.4.8 Missing values

- A “0” should be used to indicate a zero frequency.
- A blank will be used to indicate missing data in data listings.

24.5 Tables, Listings and Figure output conventions

The compiled file will be presented in PDF format with TOC for listing and table/figures separately.

The Table, Listing and Figures will be provided in RTF and PDF files using the SAS® Output Delivery System (ODS) and in addition all listings also be provided in excel file.

All percentages (%) for a specific summary are calculated using the total number of subjects included in the relevant analysis population as the denominator, unless otherwise specified.

Data listings will be based on all subjects treated, unless otherwise specified.

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By default, descriptive statistics for quantitative measurements will include the number of subjects (n), mean, standard deviation (SD), minimum, median and maximum.

24.6 Dates and times

In footer of the TLFs date and time will be presented in format ddmmyyyy and hh: mm. and Depending on data available, dates and times will take the form ddmmyyyy and hh:mm.

24.7 Spelling format

The spelling format to be used is English US.

24.8 Presentation of treatment

Treatment: BBV152 vaccine and placebo,

24.9 Presentation of visits

- Baseline (Month 0)
- Visit 1 (Month 1+2 days)
- Visit 3 (Month 2±1 week
- Visit 4 (Month 3±1 week)
- Visit 5 (Month 4±1 week)
- Visit 6 (Month 5±1 week):
- Visit 7 (Month 6±1 week)
- Visit 8 (Month 7±1 week):
- Visit 9 (Month 8±1 week
- Visit 10 (Month 9±1 week)
- Visit 11 (Month 10±1 week)
- Visit 12 (Month 11±1 week)
- Visit 13 (Month 12±1 week):

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25. Appendix 2: Partial date conventions and Concomitant medication guidelines

The whole missing date will not be imputed for this study and only partial date imputation will be performed. Conventions pertaining to partial dates are presented.

25.1 Table: Algorithm for partial date imputation for Concomitant Mediation's (CM)

Concomitant Medication	Missing	Imputation
Start Date	Day	If CM start Month = Treatment starts month and CM start Year = Treatment start Year, then CM start Day= minimum of (Treatment Start Day or CM end Day) Otherwise CM start day = "01"
	Day and Month	If CM start Year = Treatment start Year, then CM start Day and Month = minimum of (Treatment Start Day and Month or CM end Day and Month) Otherwise CM start Day and Month = "01 Jan"
	Day, Month and Year	No Imputation will be performed.
End Date	Day	If CM End Month = Study conclusion Month and CM End Year= Study conclusion Year, Then CM End Day= Study Conclusion Day Otherwise CM End Day = last day of respective month
	Day and Month	If CM End Year = Study Conclusion Year, then CM End Day and Month = Study Conclusion Day and Month Otherwise CM End Day and Month = "31 Dec"

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	Day, Month and Year	No Imputation will be performed

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Contains Nonbinding Recommendations

Development and Licensure of Vaccines to Prevent COVID-19

Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Biologics Evaluation and Research
June 2020

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Preface

Public Comment

This guidance is being issued to address the coronavirus disease 2019 (COVID-19) public health emergency. This guidance is being implemented without prior public comment because the Food and Drug Administration (FDA or Agency) has determined that prior public participation for this guidance is not feasible or appropriate (see section 701(h)(1)(C) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 371(h)(1)(C)) and 21 CFR 10.115(g)(2)). This guidance document is being implemented immediately, but it remains subject to comment in accordance with the Agency's good guidance practices.

Comments may be submitted at any time for Agency consideration. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. Submit electronic comments to https://www.regulations.gov. All comments should be identified with the docket FDA-2020-D-1137 and complete title of the guidance in the request.

Additional Copies

Additional copies are available from the FDA webpage titled "COVID-19-Related Guidance Documents for Industry, FDA Staff, and Other Stakeholders," *available at* https://www.fda.gov/emergency-preparedness-and-response/mcm-issues/covid-19-related-guidance-documents-industry-fda-staff-and-other-stakeholders, the FDA webpage titled "Search for FDA Guidance Documents," *available at* https://www.fda.gov/regulatory-information/search-fda-guidance-documents, and the FDA webpage titled "Biologics Guidances," *available at* https://www.fda.gov/vaccines-blood-biologics/guidance-compliance-regulatory-information-biologics/biologics-guidances. You may also send an email request to ocod@fda.hhs.gov to receive an additional copy of the guidance. Please include the docket number FDA-2020-D-1137 and complete title of the guidance in the request.

Questions

For questions about this document, contact the Office of Communication, Outreach, and Development (OCOD) by email at ocod@fda.hhs.gov or at 800-835-4709 or 240-402-8010.

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Contains Nonbinding Recommendations

Development and Licensure of Vaccines to Prevent COVID-19

Guidance for Industry

This guidance represents the current thinking of the Food and Drug Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible for this guidance as listed on the title page.

I. INTRODUCTION

FDA plays a critical role in protecting the United States from threats such as emerging infectious diseases, including the Coronavirus Disease 2019 (COVID-19) pandemic which has been caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). FDA is committed to providing timely guidance to support response efforts to this pandemic.

FDA is issuing this guidance to assist sponsors in the clinical development and licensure of vaccines for the prevention of COVID-19.

This guidance is intended to remain in effect for the duration of the public health emergency related to COVID-19 declared by the Secretary of Health and Human Services (HHS) on January 31, 2020, effective January 27, 2020, including any renewals made by the HHS Secretary in accordance with section 319(a)(2) of the Public Health Service Act (PHS Act) (42 U.S.C. 247d(a)(2)). The recommendations described in the guidance are expected to assist the Agency and sponsors in the clinical development and licensure of vaccines for the prevention of COVID-19 and reflect the Agency's current thinking on this issue.

Given this public health emergency, and as discussed in the Notice in the *Federal Register* of March 25, 2020, titled "Process for Making Available Guidance Documents Related to Coronavirus Disease 2019" (85 FR 16949), *available at* https://www.govinfo.gov/content/pkg/FR-2020-03-25/pdf/2020-06222.pdf, this guidance is being implemented without prior public comment because FDA has determined that prior public participation for this guidance is not feasible or appropriate (see section 701(h)(1)(C) of the Federal Food, Drug, and Cosmetic Act (FD&C Act), (21 U.S.C. 371(h)(1)(C)), and 21 CFR 10.115(g)(2)). This guidance document is being implemented immediately, but it remains subject to comment in accordance with the Agency's good guidance practices. However, FDA expects that the recommendations set forth in this revised guidance will continue to apply outside the context of the current public health emergency.

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Therefore, within 60 days following the termination of the public health emergency, FDA intends to revise and replace this guidance with an updated guidance that incorporates any appropriate changes based on comments received on this guidance and the Agency's experience with implementation.

In general, FDA's guidance documents, including this guidance, do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidance means that something is suggested or recommended, but not required.

II. BACKGROUND

There is currently an outbreak of respiratory disease caused by a novel coronavirus. The virus has been named "SARS-CoV-2" and the disease it causes has been named "COVID-19." On January 31, 2020, the Secretary of HHS issued a declaration of a public health emergency related to COVID-19 and mobilized the Operating Divisions of HHS.[1] In addition, on March 13, 2020, the President declared a national emergency in response to COVID-19.[2]

The SARS-CoV-2 pandemic presents an extraordinary challenge to global health. There are currently no FDA-licensed vaccines to prevent COVID-19. Commercial vaccine manufacturers and other entities are developing COVID-19 vaccine candidates using different technologies including RNA, DNA, protein, and viral vectored vaccines.

This guidance describes FDA's current recommendations regarding the data needed to facilitate clinical development and licensure of vaccines to prevent COVID-19. There are currently no accepted surrogate endpoints that are reasonably likely to predict clinical benefit of a COVID-19 vaccine. Thus, at this time, the goal of development programs should be to pursue traditional approval via direct evidence of vaccine safety and efficacy in protecting humans from SARS-CoV-2 infection and/or clinical disease.

This guidance provides an overview of key considerations to satisfy regulatory requirements set forth in the investigational new drug application (IND) regulations in 21 CFR Part 312 and licensing regulations in 21 CFR Part 601 for chemistry, manufacturing, and controls (CMC), and nonclinical and clinical data through development and licensure, and for post-licensure safety evaluation of COVID-19 preventive vaccines.[3] FDA is committed to supporting all scientifically sound approaches to attenuating the clinical impact of COVID-19. Sponsors engaged in the development of vaccines to prevent COVID-19 should also see the guidance for industry and investigators, *COVID-19 Public Health Emergency: General Considerations for Pre-IND Meeting Requests for COVID-19 Related Drugs and Biological Products* (Ref. 1).

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[1] Secretary of Health and Human Services Alex M. Azar, Determination that a Public Health Emergency Exists. (Jan. 31, 2020, renewed April 21, 2020), *available at* https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx.

[2] Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak (Mar. 13, 2020), *available at* https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/.

[3] Novel devices used to administer COVID-19 vaccines raise additional issues which are not addressed in this guidance.

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There are many COVID-19 vaccines currently in development and FDA recognizes that the considerations presented here do not represent all the considerations necessary to satisfy statutory and regulatory requirements applicable to the licensure of vaccines intended to prevent COVID-19. The nature of a particular vaccine and its intended use may impact specific data needs. We encourage sponsors to contact the Center for Biologics Evaluation and Research (CBER) Office of Vaccines Research and Review (OVRR) with specific questions.

III. CHEMISTRY, MANUFACTURING, AND CONTROLS – KEY CONSIDERATIONS

A. General Considerations

- COVID-19 vaccines licensed in the United States must meet the statutory and regulatory requirements for vaccine development and approval, including for quality, development, manufacture, and control (section 351(a) of the Public Health Service Act (PHS Act), (42 U.S.C. 262)). The vaccine product must be adequately characterized and its manufacture in compliance with applicable standards including current good manufacturing practice (cGMP) (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and 21 CFR Parts 210, 211, and 610). It is critical that vaccine production processes for each vaccine are well defined and appropriately controlled to ensure consistency in manufacturing.

- COVID-19 vaccine development may be accelerated based on knowledge gained from similar products manufactured with the same well-characterized platform technology, to the extent legally and scientifically permissible. Similarly, with appropriate justification, some aspects of manufacture and control may be based on the vaccine platform, and in some instances, reduce the need for product-specific data. FDA recommends that vaccine manufacturers engage in early communications with OVRR to discuss the type and extent of chemistry, manufacturing, and control information needed for development and licensure of their COVID-19 vaccine.

B. Manufacture of Drug Substance and Drug Product

- Data should be provided to show that all source material used in manufacturing is adequately controlled, including, for example, history and qualification of cell banks, history and qualification of virus banks, and identification of all animal derived materials used for cell culture and virus growth.

- Complete details of the manufacturing process must be provided in a Biologics License Application (BLA) to support licensure of a COVID-19 vaccine (21 CFR 601.2). Accordingly, sponsors should submit data and information identifying critical process parameters, critical quality attributes, batch records, defined hold times, and the in-process testing scheme. Specifications should be established for

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each critical parameter. Validation data from the manufacture of platform-related products may provide useful supportive information, particularly in the identification of critical parameters.

- In-process control tests must be established that allow quality to be monitored for each lot for all stages of production (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable, 21 CFR 211.110(a)).

- Data to support the consistency of the manufacturing process should be provided, including process validation protocols and study reports, data from engineering lots, and drug substance process performance qualification.

- The manufacturing process must be adequately validated (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable, 21 CFR 211.100(a) and 211.110). Validation would typically include a sufficient number of commercial-scale batches that can be manufactured routinely, meeting predetermined in-process controls, critical process parameters, and lot release specifications. Typically, data on the manufacture of at least three commercial-scale batches are sufficient to support the validation of the manufacturing process (Ref. 2).

- A quality control system should be in place for all stages of manufacturing, including a well-defined testing program to ensure in process/intermediate product quality and product quality throughout the formulation and filling process. This system should also include a well-defined testing program to ensure drug substance quality profile and drug product quality for release. Data on the qualification/validation for all quality indicating assays should be submitted to the BLA to support licensure.

- All quality-control release tests, including key tests for vaccine purity, identity and potency, should be validated and shown to be suitable for the intended purpose. Release specifications are product specific and will be discussed with the sponsor as part of the review of a BLA.

- If adequately justified, final validation of formulation and filling operations may be completed after product approval if the impact on product quality is not compromised. It is important that any data that will be submitted after product approval be agreed upon prior to licensure and be submitted as a postmarketing commitment using the appropriate submission category.

- For vaccine licensure, the stability and expiry date of the vaccine in its final container, when maintained at the recommended storage temperature, should be demonstrated using final containers from at least three final lots made from different vaccine bulks.

- Storage conditions, including container closure integrity, must be fully validated (21 CFR 211.166).

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- The vaccine must have been shown to maintain its potency for a period equal to that from the date of release to the expiry date (21 CFR 601.2 and 610.10). Post marketing commitments to provide full shelf life data may be acceptable with appropriate justification.

- A product specific stability program should be established to verify that licensed product maintains quality over the defined shelf life.

C. Facilities and Inspections

- Facilities must be of suitable size and construction to facilitate operations and should be adequately designed to prevent contamination, cross-contamination and mix-ups (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable,21 CFR 211.42(a)). All utilities (including plumbing and sanitation) must be validated, and HVAC systems must provide adequate control over air pressure, micro-organisms, dust, humidity, and temperature, and sufficient protection or containment as needed (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable, 21 CFR 211.46(c)) (Ref. 3). Facility and equipment cleaning and maintenance processes must be developed and validated (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable, 21 CFR 211.56(c) and 211.67(b)).

- Manufacturing equipment should be qualified and sterile filtration and sterilization processes validated. Aseptic processes should be adequately validated using media simulations and personnel should be trained and qualified for their intended duties.

- A quality control unit must be established and must have the responsibility for oversight of manufacturing, and review and release of components, containers and closures, labeling, in-process material, and final products (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable, 21 CFR 211.22). The quality control unit must have the responsibility for approving validation protocols, reports, investigate deviations, and institute corrective and preventive actions.

- FDA recommends that vaccine manufacturers engage in early communication with CBER's Office of Compliance and Biologics Quality, Division of Manufacturing and Product Quality to discuss facility preparation and inspection timing.

- Pre-license inspections of manufacturing sites are considered part of the review of a BLA and are generally conducted following the acceptance of a BLA filing (21 CFR 601.20). During the COVID-19 public health emergency, FDA is utilizing all available tools and sources of information to support regulatory decisions on applications that include sites impacted by FDA's ability to inspect due to COVID-19. During this interim period, we are using additional tools, where available, to determine the need for an on-site inspection and to support the

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application assessment, such as reviewing a firm's previous compliance history, and requesting records in advance of or in lieu of on-site inspections or voluntarily from facilities and sites.

IV. NONCLINICAL DATA – KEY CONSIDERATIONS

A. General Considerations

- The purpose of nonclinical studies of a COVID-19 vaccine candidate is to define its immunogenicity and safety characteristics through *in vitro* and *in vivo* testing. Nonclinical studies in animal models[4] help identify potential vaccine related safety risks and guide the selection of dose, dosing regimen, and route of administration to be used in clinical studies. The extent of nonclinical data required to support proceeding to first in human (FIH) clinical trials depends on the vaccine construct, the supportive data available for the construct and data from closely related vaccines.

- Data from studies in animal models administered certain vaccine constructs against other coronaviruses (SARS-CoV and MERS-CoV) have raised concerns of a theoretical risk for COVID-19 vaccine-associated enhanced respiratory disease (ERD). In these studies, animal models were administered vaccine constructs against other coronaviruses and subsequently challenged with the respective wild-type virus. These studies have shown evidence of immunopathologic lung reactions characteristic of a Th-2 type hypersensitivity similar to ERD described in infants and animals that were administered formalin-inactivated respiratory syncytial virus (RSV) vaccine and that were subsequently challenged with RSV virus due to natural exposure or in the laboratory, respectively (Refs. 4-9). Vaccine candidates should be assessed in light of these studies as described in section D, below.

- FDA recommends that vaccine manufacturers engage in early communications with FDA to discuss the type and extent of nonclinical testing required for the particular COVID-19 vaccine candidate to support proceeding to FIH clinical trials and further clinical development.

B. Toxicity Studies (Refs. 10-14)

- For a COVID-19 vaccine candidate consisting of a novel product type and for which no prior nonclinical and clinical data are available, nonclinical safety studies will be required prior to proceeding to FIH clinical trials 21 CFR 312.23(a)(8).

[4] The preclinical program for any investigational product should be individualized with respect to scope, complexity, and overall design. We support the principles of the "3Rs," to reduce, refine, and replace animal use in testing when feasible. Proposals, with justification for any potential alternative approaches (e.g., in vitro or in silico testing), should be submitted during early communication meetings with FDA (see section VI of this document). We will consider if such an alternative method could be used in place of an animal test method.

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- In some cases, it may not be necessary to perform nonclinical safety studies prior to FIH clinical trials because adequate information to characterize product safety may be available from other sources. For example, if the COVID-19 vaccine candidate is made using a platform technology utilized to manufacture a licensed vaccine or other previously studied investigational vaccines and is sufficiently characterized, it may be possible to use toxicology data (e.g., data from repeat dose toxicity studies, biodistribution studies) and clinical data accrued with other products using the same platform to support FIH clinical trials for that COVID-19 vaccine candidate. Vaccine manufacturers should summarize the findings and provide a rationale if considering using these data in lieu of performing nonclinical safety studies.

- When needed to support proceeding to FIH clinical trials, nonclinical safety assessments including toxicity and local tolerance studies must be conducted under conditions consistent with regulations prescribing good laboratory practices for conducting nonclincial laboratory studies (GLP) (21 CFR Part 58). Such studies should be completed and analysed prior to initiation of FIH clinical trials. When toxicology studies do not adequately characterize risk, additional safety testing should be conducted as appropriate.

- Data from toxicity studies may be submitted as unaudited final draft toxicicologic reports to accelerate proceeding to FIH clincial trials with COVID-19 vaccine candidates. The final, fully quality-assured reports should be available to FDA within 120 days of the start of the FIH clinical trial.

- Use of COVID-19 preventive vaccines in pregnancy and in women of childbearing potential will be an important consideration for vaccination programs. Therefore, FDA recommends that prior to enrolling pregnant women and women of childbearing potential who are not actively avoiding pregnancy in clinical trials, sponsors conduct developmental and reproductive toxicity (DART) studies with their respective COVID-19 vaccine candidate. Alternatively, sponsors may submit available data from DART studies with a similar product using comparable platform technology if, after consultation with the agency, the agency agrees those data are scientifically sufficient.

- Biodistribution studies in an animal species should be considered if the vaccine construct is novel in nature and there are no existing biodistribution data from the platform technology. These studies should be conducted if there is a likelihood of altered infectivity and tissue tropism or if a novel route of administration and formulation is to be used.

C. Characterization of the Immune Response in Animal Models

- Immunogenicity studies in animal models responsive to the selected COVID-19 vaccine antigen should be conducted to evaluate the immunologic properties of the COVID-19 vaccine candidate and to support FIH clinical trials. The aspects of

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immunogenicity to be measured should be appropriate for the vaccine construct and its intended mechanism of action.

- Studies should include an evaluation of humoral, cellular, and functional immune responses, as appropriate to each of the included COVID-19 antigens. Use of antigen-specific enyzme linked immunosorbent assays (ELISA) should be considered to characterize the humoral response. Evaluation of cellular reponses should include the examination of CD8+ and CD4+ T cell responses using sensitive and specific assays. The functional activity of immune responses should be evaluated *in vitro* in neutralization assays using either wild-type virus or pseudovirion virus. The assays used for immunogencity evaluation should be demonstrated to be suitable for their intended purpose.

D. Studies to Address the Potential for Vaccine-associated Enhanced Respiratory Disease

- Current knowledge and understanding of the potential risk of COVID-19 vaccine associated ERD is limited, as is understanding of the value of available animal models in predicting the likelihood of such occurrence in humans. Nevertheless, studies in animal models (e.g., rodents and non-human primates) are considered important to address the potential for vaccine-associated ERD.

- Post-vaccination animal challenge studies and the characterization of the type of the nonclinical and clinical immune response induced by the particular COVID-19 vaccine candidate can be used to evaluate the likelihood of the vaccine to induce vaccine-associated ERD in humans.

- To support proceeding to FIH clinical trials, sponsors should conduct studies characterizing the vaccine-induced immune response in animal models evaluating immune markers of potential ERD outcomes. These should include assessments of functional immune responses (e.g., neutralizing antibody) versus total antibody responses and Th1/Th2 balance in animals vaccinated with clinically relevant doses of the COVID-19 vaccine candidate.

- COVID-19 vaccine candidates with immunogenicity data demonstrating high neutralizing antibody titers and Th1-type T cell polarization may be allowed to proceed to FIH trials without first completing postvaccination challenge studies in appropriate animal models, provided adequate risk mitigation strategies are put in place in the FIH trials. In these situations, postvaccination challenge studies are expected to be conducted in parallel with FIH trials to ensure the potential for vaccine-associated ERD is addressed prior to enrolling large numbers of human subjects into Phase 2 and 3 clinical trials. For COVID-19 vaccine candidates for which other data raise increased concerns about ERD, postvaccination animal challenge data and/or animal immunopathology studies are critical to assess protection and/or ERD *prior* to advancing to FIH clinical trials.

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- The totality of data for a specific COVID-19 vaccine candidate, including data from postvaccination challenge studies in small animal models and from FIH clinical trials characterizing the type of immune responses induced by the vaccine will be considered in determining whether Phase 3 studies can proceed in the absence of postvaccination challenge data to address risk of ERD.

V. CLINICAL TRIALS – KEY CONSIDERATIONS

A. General Considerations

- Understanding of SARS-CoV-2 immunology, and specifically vaccine immune responses that might predict protection against COVID-19, is currently limited and evolving. Thus, while evaluation of immunogenicity is an important component of COVID-19 vaccine development, at this time, the goal of development programs should be to pursue traditional approval via direct evidence of vaccine efficacy in protecting humans from SARS-CoV-2 infection and/or disease.

- Clinical development programs for COVID-19 vaccines might be expedited by adaptive and/or seamless clinical trial designs (described below) that allow for selection between vaccine candidates and dosing regimens and for more rapid progression through the usual phases of clinical development.

- Regardless of whether clinical development programs proceed in discrete phases with separate studies or via a more seamless approach, an adequate body of data, including data to inform the risk of vaccine-associated ERD, will be needed as clinical development progresses to support the safety of vaccinating the proposed study populations and number of participants and, for later stage development, to ensure that the study design is adequate to meet its objectives.

- FDA can provide early advice, and potentially concurrence in principle, on plans for expedited/seamless clinical development. However, sponsors should plan to submit summaries of data available at each development milestone for FDA review and concurrence prior to advancing to the next phase of development.

- Conducting clinical trials in the setting of a public health emergency presents operational challenges. FDA has issued guidance to provide general considerations to assist sponsors in assuring the safety of trial participants, maintaining compliance with good clinical practice (GCP), and minimizing risks to trial integrity for the duration of the COVID-19 public health emergency. It should be noted that not all of the recommendations in that guidance may be applicable to vaccine development, given some of the different considerations for these products (Ref. 15).

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B. Trial Populations

- Once acceptable pre-clinical data are available, FIH and other early phase studies (which typically expose 10–100 participants to each vaccine candidate being evaluated) should first enroll healthy adult participants who are at low risk of severe COVID-19. Exclusion of participants at higher risk of severe COVID-19 from early phase studies is necessary to mitigate potential risk of vaccine-associated ERD until additional data to inform that potential risk becomes available through ongoing product development.

    - As the understanding of COVID-19 pathogenesis continues to evolve, exclusion criteria should reflect the current understanding of risk factors for more severe COVID-19, such as those described by the Centers for Disease Control and Prevention (Ref. 16).

    - Older adult participants (e.g., over 55 years of age) may be enrolled in FIH and other early phase studies so long as they do not have medical comorbidities associated with an increased risk of severe COVID-19. Some preliminary safety data in younger adults (e.g., 7 days after a single vaccination) should be available prior to enrolling older adult participants, especially for vaccine platforms without prior clinical experience.

    - If possible, early clinical studies should also exclude participants at high risk of SARS-CoV-2 exposure (e.g., healthcare workers).

- Sponsors should collect and evaluate at least preliminary clinical safety and immunogenicity data for each dose level and age group (e.g., younger versus older adults) to support progression of clinical development to include larger numbers (e.g., hundreds) of participants and participants at higher risk of severe COVID-19.

    - Preliminary immunogenicity data from early phase development should include assessments of neutralizing vs. total antibody responses and Th1 vs. Th2 polarization.

    - Additional data to further inform potential risk of vaccine-associated ERD and to support progression of clinical development, if available, may include preliminary evaluation of COVID-19 disease outcomes from earlier clinical development and results of non-clinical studies evaluating protection and/or histopathological markers of vaccine-associated ERD following SARS-CoV-2 challenge.

- To generate sufficient data to meet the BLA approval standard, late phase clinical trials to demonstrate vaccine efficacy with formal hypothesis testing will likely need to enroll many thousands of participants, including many with medical comorbidities for trials seeking to assess protection against severe COVID-19.

    - Initiation of late phase trials should be preceded by adequate characterization of safety and immunogenicity (e.g., in a few hundred participants for each

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vaccine candidate, dose level, and age group to be evaluated) to support general safety, potential for vaccine efficacy, and low risk of vaccine-associated ERD.

- Results of non-clinical studies evaluating protection and/or histopathological markers of vaccine-associated ERD following SARS-CoV-2 challenge and COVID-19 disease outcomes from earlier clinical development are other potentially important sources of information to support clinical trials with thousands of participants.

- Although establishing vaccine safety and efficacy in SARS-CoV-2 naïve individuals is critical, vaccine safety and COVID-19 outcomes in individuals with prior SARS-CoV-2 infection, which might have been asymptomatic, is also important to examine because pre-vaccination screening for prior infection is unlikely to occur in practice with the deployment of licensed COVID-19 vaccines. Therefore, COVID-19 vaccine trials need not screen for or exclude participants with history or laboratory evidence of prior SARS-CoV-2 infection. However, individuals with acute COVID-19 (or other acute infectious illness) should be excluded from COVID-19 vaccine trials.

- FDA encourages the inclusion of diverse populations in all phases of vaccine clinical development. This inclusion helps to ensure that vaccines are safe and effective for everyone in the indicated populations.

  - FDA strongly encourages the enrollment of populations most affected by COVID-19, specifically racial and ethnic minorities.

  - Evaluation of vaccine safety and efficacy in late phase clinical development in adults should include adequate representation of elderly individuals and individuals with medical comorbidities.

  - FDA encourages vaccine developers to consider early in their development programs data that might support inclusion of pregnant women and women of childbearing potential who are not actively avoiding pregnancy in pre-licensure clinical trials (Ref. 17).

  - It is important for developers of COVID-19 vaccines to plan for pediatric assessments of safety and effectiveness, given the nature of the COVID-19 public health emergency, and to help ensure compliance with the Pediatric Research Equity Act (PREA) (section 505B of the FD&C Act (21 U.S.C. 355c)) (Ref. 18). The epidemiology and pathogenesis of COVID-19, and the safety and effectiveness of COVID-19 vaccines, may be different in children compared with adults. In order to ensure compliance with 21 CFR Part 50 Subpart D (Additional safeguards for children in clinical investigations), considerations on the prospect of direct benefit and acceptable risk to support initiation of pediatric studies, and the appropriate design and endpoints for pediatric studies, should be discussed in the context of specific vaccine development programs.

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C. Trial Design

- Early phase trials often aim to down-select among multiple vaccine candidates and/or dosing regimens via randomization of participants to different treatment groups. While including a placebo control and blinding are not required for early phase studies, doing so may assist in interpretation of preliminary safety data.

- Later phase trials, including efficacy trials, should be randomized, double-blinded, and placebo controlled.

    - An individually randomized controlled trial with 1:1 randomization between vaccine and placebo groups is usually the most efficient study design for demonstrating vaccine efficacy. Other types of randomization, such as cluster randomization, may be acceptable but require careful consideration of potential biases that are usually avoided with individual randomization.

    - An efficacy trial that evaluates multiple vaccine candidates against a single placebo group may be an acceptable approach to further increase efficiency, provided that the trial is adequately designed with appropriate statistical methods to evaluate efficacy.

    - If the availability of a COVID-19 vaccine proven to be safe and effective precludes ethical inclusion of a placebo control group, that vaccine could serve as the control treatment in a study designed to evaluate efficacy with non-inferiority hypothesis testing.

- Protocols for adaptive trials should include pre-specified criteria for adding or removing vaccine candidates or dosing regimens, and protocols for seamless trials should include pre-specified criteria (e.g., safety and immunogenicity data) for advancing from one phase of the study to the next.

- Follow-up of study participants for COVID-19 outcomes (in particular, for severe COVID-19 disease manifestations) should continue as long as feasible, ideally at least one to two years, to assess duration of protection and potential for vaccine-associated ERD as immune responses to the vaccine wane.

- Efficacy trials should include contingency plans for continued follow up and analysis of safety and effectiveness outcomes in the event that a safe and effective vaccine becomes available (e.g., as demonstrated in a planned interim analysis or as demonstrated in another clinical trial). In that case, discussion with the agency may be necessary to address ethical arguments to break the blind and offer vaccine to placebo recipients.

- In cases where statistical equivalency testing of vaccine immune responses in humans is required to support manufacturing consistency (clinical lot-to-lot consistency trial), this testing can be incorporated into the design of an efficacy trial and does not need to be conducted in a separate study.

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D. Efficacy Considerations

- Either laboratory-confirmed COVID-19 or laboratory-confirmed SARS-CoV-2 infection is an acceptable primary endpoint for a COVID-19 vaccine efficacy trial.

    - Acute cases of COVID-19 should be virologically confirmed (e.g., by RT-PCR).

    - SARS-CoV-2 infection, including asymptomatic infection, can be monitored for and confirmed either by virologic methods or by serologic methods evaluating antibodies to SARS-CoV-2 antigens not included in the vaccine.

- Standardization of efficacy endpoints across clinical trials may facilitate comparative evaluation of vaccines for deployment programs, provided that such comparisons are not confounded by differences in trial design or study populations. To this end, FDA recommends that either the primary endpoint or a secondary endpoint (with or without formal hypothesis testing) be defined as virologically confirmed SARS-CoV-2 infection with one or more of the following symptoms:

    - Fever or chills
    - Cough
    - Shortness of breath or difficulty breathing
    - Fatigue
    - Muscle or body aches
    - Headache
    - New loss of taste or smell
    - Sore throat
    - Congestion or runny nose
    - Nausea or vomiting
    - Diarrhea

- As it is possible that a COVID-19 vaccine might be much more effective in preventing severe versus mild COVID-19, sponsors should consider powering efficacy trials for formal hypothesis testing on a severe COVID-19 endpoint. Regardless, severe COVID-19 should be evaluated as a secondary endpoint (with or without formal hypothesis testing) if not evaluated as a primary endpoint. FDA recommends that severe COVID-19 be defined as virologically confirmed SARS-CoV-2 infection with any of the following:

    - Clinical signs at rest indicative of severe systemic illness (respiratory rate ≥ 30 per minute, heart rate ≥ 125 per minute, $SpO2 \leq 93\%$ on room air at sea level or $PaO2/FiO2 < 300$ mm Hg)
    - Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation or ECMO)
    - Evidence of shock (SBP < 90 mm Hg, DBP < 60 mm Hg, or requiring vasopressors)
    - Significant acute renal, hepatic, or neurologic dysfunction

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- Admission to an ICU
- Death

- SARS-CoV-2 infection (whether or not symptomatic) should be evaluated as a secondary or exploratory endpoint, if not evaluated as a primary endpoint.

- The above diagnostic criteria may need to be modified in certain populations; for example, in pediatric patients and those with respiratory comorbidities. Sponsors should discuss their proposed case definitions with the Agency prior to initiating enrollment.

E. Statistical Considerations

- To ensure that a widely deployed COVID-19 vaccine is effective, the primary efficacy endpoint point estimate for a placebo-controlled efficacy trial should be at least 50%, and the statistical success criterion should be that the lower bound of the appropriately alpha-adjusted confidence interval around the primary efficacy endpoint point estimate is >30%.

  - The same statistical success criterion should be used for any interim analysis designed for early detection of efficacy.

  - A lower bound ≤30% but >0% may be acceptable as a statistical success criterion for a secondary efficacy endpoint, provided that secondary endpoint hypothesis testing is dependent on success on the primary endpoint.

- For non-inferiority comparison to a COVID-19 vaccine already proven to be effective, the statistical success criterion should be that the lower bound of the appropriately alpha-adjusted confidence interval around the primary relative efficacy point estimate is >-10%.

- For each vaccine candidate, appropriate statistical methods should be used to control type 1 error for hypothesis testing on multiple endpoints and/or interim efficacy analyses.

- Late phase studies should include interim analyses to assess risk of vaccine-associated ERD (see section F) and futility.

- Study sample sizes and timing of interim analyses should be based on the statistical success criteria for primary and secondary (if applicable) efficacy analyses and realistic, data-driven estimates of vaccine efficacy and incidence of COVID-19 (or SARS-CoV-2 infection) for the populations and locales in which the trial will be conducted.

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F. Safety Considerations

- The general safety evaluation of COVID-19 vaccines, including the size of the safety database to support vaccine licensure, should be no different than for other preventive vaccines for infectious diseases. Safety assessments throughout clinical development should include:

  - Solicited local and systemic adverse events for at least 7 days after each study vaccination in an adequate number of study participants to characterize reactogenicity (including at least a subset of participants in late phase efficacy trials).

  - Unsolicited adverse events in all study participants for at least 21–28 days after each study vaccination.

  - Serious and other medically attended adverse events in all study participants for at least 6 months after completion of all study vaccinations. Longer safety monitoring may be warranted for certain vaccine platforms (e.g., those that include novel adjuvants).

  - All pregnancies in study participants for which the date of conception is prior to vaccination or within 30 days after vaccination should be followed for pregnancy outcomes, including pregnancy loss, stillbirth, and congenital anomalies.

- The pre-licensure safety database for preventive vaccines for infectious diseases typically consists of at least 3,000 study participants vaccinated with the dosing regimen intended for licensure. FDA anticipates that adequately powered efficacy trials for COVID-19 vaccines will be of sufficient size to provide an acceptable safety database for each of younger adult and elderly populations, provided that no significant safety concerns arise during clinical development that would warrant further pre-licensure evaluation.

- COVID-19 vaccine trials should periodically monitor for unfavorable imbalances between vaccine and control groups in COVID-19 disease outcomes, in particular for cases of severe COVID-19 that may be a signal for vaccine-associated ERD.

  - Studies should include pre-specified criteria for halting based on signals of potential vaccine-associated ERD.

  - FDA recommends use of an independent data safety monitoring board (DSMB) (Ref. 18) for vaccine-associated ERD and other safety signal monitoring, especially during later stage development.

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VI. POST-LICENSURE SAFETY EVALUATION – KEY CONSIDERATIONS

A. General Considerations

- As with all licensed vaccines, there can be limitations in the safety database accrued from the pre-licensure clinical studies of a COVID-19 vaccine. For example:
    - The number of subjects receiving a COVID-19 vaccine in pre-licensure clinical studies may not be adequate to detect some adverse reactions that may occur infrequently.
    - Pre-licensure safety data in some subpopulations likely to receive a COVID-19 vaccine (e.g., pregnant individuals, or individuals with medical comorbidities) may be limited at the time of licensure.
    - For some COVID-19 vaccines, the safety follow-up period to monitor for possible vaccine-associated ERD and other adverse reactions may not have been completed for all subjects enrolled in pre-licensure clinical studies before the vaccine is licensed.

- For COVID-19 vaccines, it is likely that during the early postmarketing period, a large population might be vaccinated in a relatively short timeframe. Thus, FDA recommends early planning of pharmacovigilance activities before licensure.

- To facilitate accurate recording and identification of vaccines in health records, manufacturers should consider establishment of individual Current Procedural Terminology (CPT) codes and the use of bar codes to label the immediate container.

B. Pharmacovigilance Activities for COVID-19 Vaccines

- Routine pharmacovigilance for licensed biological products includes expedited reporting of serious and unexpected adverse events as well as periodic safety reports in accordance with 21 CFR 600.80 (Postmarketing reporting of adverse experiences).

- FDA recommends that at the time of a BLA submission for a COVID-19 vaccine, applicants submit a Pharmacovigilance Plan (PVP) as described in the FDA Guidance for Industry; E2E Pharmacovigilance Planning (Ref. 20). The contents of a PVP for a COVID-19 vaccine will depend on its safety profile and will be based on data, which includes the pre-licensure clinical safety database, preclinical data, and available safety information for related vaccines, among other considerations.

- The PVP should include actions designed to address all important identified risks, important potential risks or important missing information. Pharmacoepidemiologic studies or other actions to evaluate notable potential risks, such as vaccine-associated ERD, should be considered. FDA may recommend one or more of the following as components of a PVP for a COVID-19 vaccine:

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- Submission of reports of specific adverse events of interest in an expedited manner beyond routine required reporting;
- Submission of adverse event report summaries at more frequent intervals than specified for routine required reporting;
- Ongoing and/or extended safety follow-up (under an IND) for vaccine-associated ERD of subjects enrolled in pre-licensure clinical studies;
- A pharmacoepidemiologic study to further evaluate (an) important identified or potential risk(s) from the clinical development program, such as vaccine-associated ERD or other uncommon or delayed-onset adverse events of special interest;
- A pregnancy exposure registry that actively collects information on vaccination during pregnancy and associated pregnancy and infant outcomes (Ref. 21).

C. Required Postmarketing Safety Studies

- Section 505(o)(3) of the FD&C Act (21 U.S.C. 355(o)(3)) authorizes FDA to require certain postmarketing studies or clinical trials for prescription drugs approved under section 505(b) of the FD&C Act (21 U.S.C. 355(b)) and biological products approved under section 351 of the PHS Act (42 U.S.C. 262) (Ref. 22). Under section 505(o)(3), FDA can require such studies or trials at the time of approval to assess a known serious risk related to the use of the drug, to assess signals of serious risk related to the use of the drug, or to identify an unexpected serious risk when available data indicate the potential for a serious risk. Under section 505(o)(3), FDA can also require such studies or trials after approval if FDA becomes aware of new safety information, which is defined at section 505-1(b)(3) of the FD&C Act (21 U.S.C. 355-1(b)(3)).

- For COVID-19 vaccines, FDA may require postmarketing studies or trials to assess known or potential serious risks when such studies or trials are warranted.

VII. DIAGNOSTIC AND SEROLOGICAL ASSAYS – KEY CONSIDERATIONS

- Diagnostic assays used to support the pivotal efficacy analysis (e.g., RT-PCR) should be sensitive and accurate for the purpose of confirming infection and should be validated before use.

- Assays used for immunogenicity evaluation should be suitable for their intended purpose of assessing relevant immune responses to vaccination and be validated before use in pivotal clinical trials.

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VIII. ADDITIONAL CONSIDERATIONS

A. Additional Considerations in Demonstrating Vaccine Effectiveness

- Given the current state of knowledge about COVID-19, the most direct approach to demonstrate effectiveness for a COVID-19 vaccine candidate is based on clinical endpoint efficacy trials showing protection against disease (see section V. D. above).

- Once additional understanding of SARS-CoV-2 immunology, and specifically vaccine immune responses that might be reasonably likely to predict protection against COVID-19, is acquired, accelerated approval of a COVID-19 vaccine pursuant to section 506 of the FD&C Act (21 U.S.C. 356) and 21 CFR 601.40 may be considered if an applicant provides sufficient data and information to meet the applicable legal requirements. For a COVID-19 vaccine, it may be possible to approve a product under these provisions based on adequate and well-controlled clinical trials establishing an effect of the product on a surrogate endpoint (e.g., immune response) that is reasonably likely to predict clinical benefit.

- A potential surrogate endpoint likely would depend on the characteristics of the vaccine, such as antigen structure, mode of delivery, and antigen processing and presentation in the individual vaccinated. For example, an immune marker established for an adenovirus-based vaccine cannot be presumed applicable to a VSV-based vaccine, given that the two vaccines present antigen in different ways and engender different types of protective immune responses.

- Since SARS-CoV-2 represents a novel pathogen, a surrogate endpoint reasonably likely to predict protection from COVID-19 should ideally be derived from human efficacy studies examining clinical disease endpoints. If the surrogate endpoint is derived from other data sources, sponsors should consult the FDA to reach agreement on the use of the surrogate endpoint.

- An adequate dataset evaluating the safety of the vaccine in humans would need to be provided for consideration of licensure.

- For drugs granted accelerated approval, postmarketing confirmatory trials have been required to verify and describe the predicted effect on clinical benefit. These studies should usually be underway at the time of the accelerated approval, 21 CFR Part 601, Subpart E, and must be completed with due diligence (section 506(c)(3)(A) of the FD&C Act (21 U.S.C. 356(c)(3)(A)) and 21 CFR 601.41).

- If it is no longer possible to demonstrate vaccine effectiveness by way of conducting clinical disease endpoint efficacy studies, the use of a controlled human infection model to obtain evidence to support vaccine efficacy may be considered. However, many issues, including logistical, human subject protection, ethical, and scientific issues, would need to be satisfactorily addressed. At this

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time no controlled human infection models for SARS-CoV-2 have been established or characterized.

B. Emergency Use Authorization

- An Emergency Use Authorization (EUA) may be issued only after several statutory requirements are met (section 564 of the FD&C Act (21 U.S.C. 360bbb-2)) (Ref. 23). Among these requirements is a determination by FDA that the known and potential benefits of a product, when used to diagnose, prevent, or treat serious or life-threatening diseases, outweigh the known and potential risks of the product.

- Issuance of an EUA (Ref. 23) may be appropriate for a COVID-19 vaccine provided the standard for issuing an EUA is met. Issuance of an EUA for a COVID-19 vaccine prior to the completion of large randomized clinical efficacy trials could reduce the ability to demonstrate effectiveness of the investigational vaccine in a clinical disease endpoint efficacy trial to support licensure, and such clinical disease endpoint efficacy trials may be needed to investigate the potential for vaccine-associated ERD. Thus, for a vaccine for which there is adequate manufacturing information, issuance of an EUA may be appropriate once studies have demonstrated the safety and effectiveness of the vaccine but before the manufacturer has submitted and/or FDA has completed its formal review of the biologics license application.

- In the case of investigational vaccines being developed for the prevention of COVID-19, any assessment regarding an EUA would be made on a case by case basis considering the target population, the characteristics of the product, the preclinical and human clinical study data on the product, and the totality of the available scientific evidence relevant to the product.

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* When finalized, this guidance will represent FDA's current thinking on this topic.

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BBIL/BBV152-C/2020

Case Report Form

An Event-Driven Phase 3 Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Site Code:			
Screening Number			
Randomization Number			

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INSTRUCTIONS ON HOW TO USE THIS CRF

1. Use black ink

All entries must be legible and with a black ballpoint pen.

2. Notes

Only the Investigator and site personnel named in the delegation log may complete CRFs. The Investigator should ensure that he/she signs and dates all completed CRFs to indicate that he/she believes that they are complete and correct.

Check that the data reported on the CRFs, derived from Source Document, is consistent.

If you cannot complete part of the form, write down "Unknown" [UK], "Uncertain" [UC], and "Test Not Done" [TND]. Avoid using the phrase 'Not Applicable' [NA].

Dates should be mentioned as dd/mmm/yyyy and time in 24-hour clock as hh/mm (for e.g. 1.03 pm as 13:03 hrs).

For reasons of confidentiality, the subject's full name should never appear on the CRFs, however the investigator should keep a record of all subjects in the study that identifies the subject's full name and their code number. Enter the subject's initials in the order of 'surname', 'first initial', and 'second initial'. In case of only two initials mark the third box as '__'

Each subject will be assigned a 3-digit screening number in an ascending order. For e.g. first subject screening No. 001, second one will be 002, etc.

The Investigator should comment on and document any significance noted on the CRFs for any laboratory values outside the laboratory's reference range, or some other range agreed with the sponsor to avoid the generation of data queries.

3. Make no erasures

When corrections to entries in the CRF need to be done, the erroneous information must be crossed out with a single line so that the incorrect entry is still readable, the new entry made, and the changes initialed and dated. Do not scribble. On no account, should erasures and correction fluid be used.

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4. Resolve or explain all inconsistencies noted in the record

Ensure all data entries in the CRF are clearly written in order to avoid generation of data queries. A note of explanation must be included before dismissing as inaccurate any clinically relevant information noted in the chart or log.

5. Note any omissions

Omitted data should be entered in the next available space with an explanation of the lateness of the entry.

6. Leave no blank spaces

All blank spaces or section of the CRF should have a line drawn through them once the date passes.

7. Sign documents cautiously

No research document should be signed / initialed unless it accurately reflects the clinical situation described. A blank CRF must never be signed. The date of the signature should reflect the date on which the record was reviewed. The signatures and the initials should be the same as that provided in the Site Personnel Signature Log.

8. Additional pages

Add additional pages (e.g. comments page, concomitant medication page etc) wherever applicable and number them as – Page XXa of XX. For e.g. Page 1a of 1

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SCHEDULE OF EVENTS

Parameters	Visit 1	Visit 2											
	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Informed consent	✓												
Inclusion/ exclusion criteria	✓												
Screening number	✓												
Demography	✓												
Urine pregnancy test	✓	✓											
Blood sample for Immunogenicity	✓												
Nasopharyngeal Swab	✓												
Randomization	✓												
Vitals (Including pulse Oxymetry) & General & Systemic Examination	✓	✓											
Investigational vaccine administration	✓	✓											
Subject Diary distribution	✓	✓											
Concomitant medication	✓	✓	As applicable for treatment of SAE and MAAE										
Current Health Status	✓	✓											
COVID-19 Symptoms examination	✓	✓											
Adverse event recording	✓	✓	✓	SAEs and MAAEs									
Telephonic follow-up (2 times/month) [Current health, General History, COVID-19 Symptom history, Adverse Event recording]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: 5 ml of blood will be collected from the participants in case they met the efficacy criteria for future research purpose

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VISIT 1
BASELINE (MONTH 0)

Was the visit conducted: ☐ **YES** ☐ **NO**

Date of Visit:

D	D	M	M	M	Y	Y	Y	Y

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CURRENT HEALTH STATUS

VITALS **Not** ☐ **done**

	Date	Time	Temperature (°F)	Blood Pressure (mmHg) *Systolic / Diastolic*	Respiratory Rate (Breaths/min)	Pulse Rate (Beats/min)	Oxygen saturation (SpO2) %
1	__/__/__	__:__	_____	_____/ _____	_____	_____	_____

Comments, If any:

GENERAL EXAMINATION ☐ **Not done**

	Observation		Describe Abnormality (Diagnosis when possible)
Pallor	Absent ☐	Present ☐	
Cyanosis	Absent ☐	Present ☐	
Hair	Normal ☐	Abnormal ☐	
Nails	Normal ☐	Abnormal ☐	
Icterus	Absent ☐	Present ☐	
Edema	Absent ☐	Present ☐	
Lymphadenopathy	Absent ☐	Present ☐	
Other: (specify)	Normal ☐	Abnormal ☐	

Comments, If any: Describe Abnormality (if required attach a sheet)

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SYSTEMIC EXAMINATION ☐ **Not done**

	Observation		Describe Abnormality (Additional Lab/Diagnostic Reports to be enclosed-if any)
Head and Neck	Normal ☐	Abnormal ☐	
Eyes	Normal ☐	Abnormal ☐	
Ear, Nose & Throat	Normal ☐	Abnormal ☐	
Respiratory	Normal ☐	Abnormal ☐	
Cardiovascular	Normal ☐	Abnormal ☐	
Gastrointestinal	Normal ☐	Abnormal ☐	
Genitourinary	Normal ☐	Abnormal ☐	
Musculoskeletal	Normal ☐	Abnormal ☐	
Nervous	Normal ☐	Abnormal ☐	
Hematopoietic / Lymphatic	Normal ☐	Abnormal ☐	
Skin	Normal ☐	Abnormal ☐	
Psychiatric	Normal ☐	Abnormal ☐	
Other: (specify)	Normal ☐	Abnormal ☐	

Comments, If any: Describe Abnormality (if required attach a sheet)

CONCOMITANT ILLNESS (CI) / Any symptoms related to COVID-19 also
(If Yes, please specify) **Yes** ☐ **No** ☐

S.No:	Conditions	Start Date: DD/ MMM/ YYYY	End Date: DD/ MMM/ YYYY	*Duration (days)	Treatment Yes**/No

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***Specify duration only if the complete start date and end date is not known**

****If "yes" is mentioned for the treatment, please enlist details of the treatment in "concomitant/prior medication" page**

CONCOMITANT/PRIOR MEDICATION

Any change in Concomitant medication since last visit	Yes		No		NA	

If "yes" is mentioned, please enlist details of the treatment in "concomitant/prior medication" page

BLOOD SAMPLE COLLECTION

Amount of sample collected (mL)	**Date** ___/_____/_____ DD/ MMM / YYYY	**Time** ____:____ HH / MM

Comments, If any:

Pregnancy test (RDK)(Please tick)	Positive ☐ Negative ☐ NA ☐

AT-RISK PARTICIPANT CHECK LIST

- ☐ Stable chronic heart disease
- ☐ Stable chronic lung disease
- ☐ Controlled Diabetic
- ☐ Stable Liver Disease
- ☐ Severe obesity (BMI >35)
- ☐ Health care professional/works in hospital
- ☐ None of the above

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INVESTIGATIONAL VACCINE ADMINISTRATION			
Randomization number			
Date of administration (dd/mmm/yyyy)		**Time of administration**	
Dose		**Route of administration**	
Vial number			
Immediate post-vaccination assessment (30 min after vaccine) was done?			Yes☐N o☐
Any AE/SAE has occurred immediately after vaccination? If Yes, please record in AE/SAE form			Yes☐No☐
Subject Diary card issued? If yes, mention the date			Yes☐N o☐ ___/_____/_____ **DD/ MMM / YYYY**
Comments, if any			
Participant briefed on next visit? Yes☐ No☐			

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TELEPHONIC FOLLOW-UP

(TILL 7 DAYS POST-VACCINATION)

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TELEPHONIC FOLLOW UP (DAILY TELEPHONIC CONTACT FOR 7 DAYS AFTER THE INVESTIGATIONAL VACCINE ADMINISTRATION)		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		

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TELEPHONIC FOLLOW UP (DAILY TELEPHONIC CONTACT FOR 7 DAYS AFTER THE INVESTIGATIONAL VACCINE ADMINISTRATION)		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		

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VISIT 2

MONTH '1'

Was the visit conducted: ☐ **YES** ☐ **NO**

Date of Visit:

D	D	M	M	M	Y	Y	Y	Y

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CURRENT HEALTH STATUS

VITALS **Not** ☐ **done**

	Date	Time	Temperature (°F)	Blood Pressure (mmHg) *Systolic / Diastolic*	Respiratory Rate (Breaths/min)	Pulse Rate (Beats/min)	Oxygen saturation (SpO2) %
1	__/__/__	__:__	_____	_____ / _____	_____	_____	_____

Comments, If any:

GENERAL EXAMINATION ☐ **Not done**

	Observation		Describe Abnormality (Diagnosis when possible)
Pallor	Absent ☐	Present ☐	
Cyanosis	Absent ☐	Present ☐	
Hair	Normal ☐	Abnormal ☐	
Nails	Normal ☐	Abnormal ☐	
Icterus	Absent ☐	Present ☐	
Edema	Absent ☐	Present ☐	
Lymphadenopathy	Absent ☐	Present ☐	
Other: (specify)	Normal ☐	Abnormal ☐	

Comments, If any: Describe Abnormality (if required attach a sheet)

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SYSTEMIC EXAMINATION **Not** ☐ **done**

	Observation		Describe Abnormality (Additional Lab/Diagnostic Reports to be enclosed-if any)
Head and Neck	Normal ☐	Abnormal ☐	
Eyes	Normal ☐	Abnormal ☐	
Ear, Nose & Throat	Normal ☐	Abnormal ☐	
Respiratory	Normal ☐	Abnormal ☐	
Cardiovascular	Normal ☐	Abnormal ☐	
Gastrointestinal	Normal ☐	Abnormal ☐	
Genitourinary	Normal ☐	Abnormal ☐	
Musculoskeletal	Normal ☐	Abnormal ☐	
Nervous	Normal ☐	Abnormal ☐	
Hematopoietic / Lymphatic	Normal ☐	Abnormal ☐	
Skin	Normal ☐	Abnormal ☐	
Psychiatric	Normal ☐	Abnormal ☐	
Other: (specify)	Normal ☐	Abnormal ☐	

CONCOMITANT ILLNESS (CI) /Any symptoms related to COVID-19 also **Yes** ☐ **No** ☐
(If Yes, please specify)

S. No:	Conditions	Start Date: DD/ MMM/ YYYY	End Date: DD/ MMM/ YYYY	*Duration (days)	Treatment Yes**/No

***Specify duration only if the complete start date and end date is not known**

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****If "yes" is mentioned for the treatment, please enlist details of the treatment in "concomitant/prior medication" page**

CONCOMITANT/PRIOR MEDICATION						
Any change in concomitant medication since last visit	Yes		No		N A	
If "yes" is mentioned, please enlist details of the treatment in "concomitant/prior medication" page						

BLOOD SAMPLE COLLECTION		
Amount of sample collected (mL)	**Date** ___/_____/_____ DD / MMM / YYYY	**Time** _____:____ HH / MM
Comments, If any:		
Pregnancy Test-RDK(Please tick)	Positive ☐ Negative ☐ NA ☐	

INVESTIGATIONAL VACCINE ADMINISTRATION			
Randomization number			
Date of administration (dd/mmm/yyyy)		**Time of administration**	
Dose		**Route of administration**	

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Vial number			
Immediate post-vaccination assessment (2 hours after vaccine) was done?			Yes☐N o☐
Any AEs/SAEs has occurred immediate after vaccination? **If Yes, please record in AE/SAE form**			Yes☐No☐
Subject Diary card issued / reviewed? **If yes, mention the date**			Yes☐N o☐ ___/_____/_____ **DD/ MMM / YYYY**
Comments, if any			
Any AEs/SAEs has occurred since last visit? **If Yes, please record in AE/SAE form**			Yes☐No☐
Comments, if any			
Participant briefed on next visit? Yes☐ No☐			

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TELEPHONIC FOLLOW-UP

(TILL 7 DAYS POST VACCINATION)

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TELEPHONIC FOLLOW UP (DAILY TELEPHONIC CONTACT FOR 7 DAYS AFTER THE INVESTIGATIONAL VACCINE ADMINISTRATION)		
Was the Participant followed up on Day 29?	Yes ☐ No ☐	Date of contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up ?	Yes ☐ No ☐	Date of contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to		

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TELEPHONIC FOLLOW UP (DAILY TELEPHONIC CONTACT FOR 7 DAYS AFTER THE INVESTIGATIONAL VACCINE ADMINISTRATION)			
AE form			
Was the Participant followed up?	Yes ☐ No ☐	Date of contact:	D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form			
Was the Participant followed up ?	Yes ☐ No ☐	Date of contact:	D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form			
Was the Participant followed up ?	Yes ☐ No ☐	Date of contact:	D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form			

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MONTH '2'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up: D D M M M Y Y Y Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '3'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '4'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up: D D M M M Y Y Y Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '5'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '6'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '7'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '8'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up: D D M M M Y Y Y Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '9'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '10'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '11'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '12'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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SUBJECT DIARY CARD

Protocol No: BBIL/BBV-152C/2020

Study Site Name	
Site Address	
Study Investigator	
Site Contact Number	
Subject ID/Initials	
Date of Enrollment	
Date of Vaccination	
Visit Number	
Date of next visit	

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Instructions:

- Please mark all observed reactions.
- If any of the reactions mentioned below are experienced, please document how long each reaction lasted.
- Kindly document the date and time of reaction onset and when it was resolved for each adverse event.
- Please do this every day till next visit and return the completed form to BBIL.
- If there is any serious, unusual reaction or an emergency, please contact the phone number provided below or visits the hospital.

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A. **Solicited Local Adverse Event**

	Please Tick if you suffer from any of the following symptoms, and mention the time of occurrence and resolution							
Symptom	**Day0**	**Day1**	**Day 2**	**Day3**	**Day4**	**Day5**	**Day6**	**Day7**
1. Pain								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
2. Redness								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
3. Swelling								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
4.Induration (Hardness)								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
5.Any others								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__

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B. **Solicited Systemic Adverse Event**

	Please Tick if you suffer from any of the following symptoms, and mention the time of occurrence and resolution							
Symptom	**Day0**	**Day1**	**Day 2**	**Day3**	**Day4**	**Day5**	**Day6**	**Day7**
1. Fever (Record Temperature)								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__
2. Chills								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__
3. Headache								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__
4.Nausea								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__	__/__/___ __:__

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Symptom	Day0	Day1	Day 2	Day3	Day4	Day5	Day6	Day7
5.Vomiting								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
6.Fatigue/Weakness								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
7. Myalgia (Muscle/Body Pains)								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
8.Arthralgia (Joint Pains)								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__
9.Any other								
Time of occurrence	__:__	__:__	__:__	__:__	__:__	__:__	__:__	__:__
Date and Time of Resolution	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__	__/__/____ __:__

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Did you use any medication for any of the above symptoms? Yes ☐ No ☐

If yes, please indicate the symptom and medication taken _____

Signature of the subject or subject's parent/legally acceptable representative_____

Diary card returned on __ __/__ __/__ __

Signature of study staff who received and reviewed the card_____

PARTICIPANT INFORMATION SHEET AND INFORMED CONSENT FORM

Protocol Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 to Years of Age.

.Protocol Number	:	BBIL/BBV152-C/2020
Version & Date	:	Version: 4.0; Dated 18Nov 2020
Sponsor	:	Bharat Biotech International Limited, Hyderabad, Telangana –500078
Study Investigator	:	
Study Site and address	:	
Phone number(s)	:	
Screening Number	:	

This consent form may contain words that you do not understand. Please ask the study doctor or the study staff to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making thedecision.

A person who takes part in a research study is called a research or study subject. In this consent form "you" always refers to the research (study) subject.

SUMMARY

You are being asked to participate in a research study. The purpose of this consent form is to help you decide your participation in this study. To be in this study you must provide informed consent. Please read this form carefully. "Informed consent" includes:

- Reading this document or having it read to you,
- Having the study doctor or study staff explain the study to you,
- Asking questions about anything that is not clear, and
- You may take home an unsigned copy of this document if you require time to think about it and to talk to family or friends before you make the decision.

You should not agree to participate in this study until all of your questions are answered satisfactorily.

After reading and discussing the information in this consent form you should know:

- Why this study is being done
- What will happen during the research
- What vaccine or procedures will be used
- Any possible benefits to your participation
- The possible risks to your participation

If you take part in this study, you will be given a copy of this signed and dated consent form.

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PURPOSE OF THE STUDY

BBV152 is an investigational COVID-19 vaccine. This study is to know whether the vaccine (BBV152) is producing desired effect (efficacy), safety, and immune response (immunogenicity). The study will recruit individuals until the total number of 130 required subjects are accrued, with a virologically (RT-PCR test positive) confirmed symptomatic cases (i.e. persons who are positive for RT-PCR and are having symptoms of coronavirus disease (COVID-19). After reaching the target number of 130 COVID-19 cases, study will continue to assess only the safety until the study completion.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your participation in this study is voluntary. You may decide not to participate in the study or you may leave the study at any time. Your decision will not cause any penalty or loss of benefits to which you are entitled.

The study doctor or the sponsor may stop your participation in this study at any time without your consent for any of the following reasons:

- It is in your best interest;
- You do not later consent to any future changes that may be made in the study plan; or
- For any other reason.

If you leave the study before the planned final visit, you may be asked by the study doctor to have some of the concluding procedures of the study so that we can record your general health condition and reasons for withdrawal.

STUDY PARTICIPATION AND PROCEDURES

A total of 25,800 subjects will be enrolled and randomly assigned equally to receive either BBV152 vaccine OR Placebo (i.e inert substance having no effect). You will be classified into three categories based on the sites where you have been enrolled. The study procedure will be different for each category.

Visit 1 Baseline (Month 0):
You will be checked whether you are eligible for the study based on the medical history and physical examination. If you are eligible (in good general health or stable pre-existing disease as per the discretion of the Principal investigator (doctor who is the main person responsible for conducting the study), blood sample (5 mL) and swab will be collected through nose (Nasopharyngeal swab) prior to vaccination. A study vaccine/placebo will be administered. Following vaccination, you will remain at the study site for at least 30 min of observation to record any immediate side effects.

Visit 2 (Month 1+2 days):
You will return to the OPD for vitals (Temperature, Pulse rate, BP, Respiratory rate, SpO2) physical examination (general and systemic examination), and specific symptoms for coronavirus disease (COVID-19). A study vaccine/placebo will be administered. Following vaccination, you

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will remain at the study site for at least 30 min of observation to record any side effects.

An additional 5 mL blood and nasopharyngeal swabs will be collected from the participants who met the efficacy criteria for future research purpose.

You will be telephonically followed-up from 3rd month to 12 month for safety.

RANDOMIZATION

You will be randomly assigned (1:1 randomization) to receive two doses of either BBV152 vaccine or placebo so that you will have equal chance of receiving either vaccine or placebo. If you have any underlying disease (based on your medical history and physican examination before the administration of vaccine or placebo, you will be randomly assigned to receive either vaccine or placebo based on your disease condition.

DURATION OF THE STUDY

Your participation in the study will be approximately 12 months.

YOUR RESPONSIBILITIES IN THE STUDY

1. You should not participate in any other clinical trial during the study period.
2. Available for clinical follow-up throughout the study period via telephone contact as well as clinic visits.
3. Agree to keep a daily record of symptoms for the duration of the study

Precautions need to be taken for Protect yourself and others from the spread COVID-19:

- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.
- Maintain at least 2 meter (6 feet) distance between yourself and others.
- Avoid going to crowded places.
- Avoid touching eyes, nose and mouth.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
- Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. Have someone bring you supplies. If you need to leave your house, wear a mask to avoid infecting others.
- If you have a fever, cough and difficulty breathing, seek medical attention, but call by telephone in advance if possible and follow the directions of your local health authority.
- Keep up to date on the latest information from trusted sources, such as WHO or your local and national health authorities.

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WHAT ARE THE RISKS OR DISCOMFORTS OF TAKING PART?

POTENTIAL BENEFITS OF STUDY PARTICIPATION

The target study population for this study is adults with no known history of SARS-CoV-2 infection but whose locations or circumstances put them at high risk of COVID-19. The following benefits may accrue to participants.

- The BBV152 vaccine may be an effective vaccine against COVID-19.
- Contributing to the development of a vaccine against COVID-19, a current pandemic disease.

RISKS FROM STUDY PARTICIPATION

Vaccination with corona virus vaccine, BBV152 is the first ever vaccine used in clinical trials. Based on experiences with other similar vaccines you may experience the following symptoms after vaccination:

- Anaphylaxis
- Pain at injection site
- Redness at injection site
- Swelling at injection site
- Hardness at injection site
- Systemic symptoms like raised temperature or fever, chills, headache, , nausea, , vomiting, weakness, muscle pains and joint pains.

You may experience some pain and/or swelling of your arm from having blood drawn the number of times specified in the study procedures above. Drawing of blood can cause local bruising and reactions at the site of injection such as redness, swelling, and heat sensation.

Previously, a finding of enhanced respiratory disease cases was reported in animal studies SARS-CoV-1 (in 2008). Hence, there may be a concern of enhanced respiratory disease with any BBV152 or any other COVID-19 vaccine.

WHAT WILL HAPPEN IF SOME NEW INFORMATION ABOUT THE VACCINE IS IDENTIFIED

Sometimes during the course of a research project, if new information becomes available about the vaccine, then you will be informed in a timely manner, as it may be relevant. During the study, we may find new medical information about the subject. We will share this with you right away if it is important to your health. We may advise you to do other tests to check this new information.

WHAT ARE BENEFITS & COSTS/PAYMENT FOR PARTICIPATION?

Benefits

By participating in this study, you will learn about Coronavirus (COVID-19) disease and how to prevent it. Your participation in this study will help in generating information about the effect of this novel vaccine and lead the direction for further development of the vaccine so that it can become available to general public. If successful, the vaccine will be able to prevent Coronavirus infection or the symptoms caused by it and will benefit a larger population.

Costs/payment

You will not have to bear any cost for participating in this study nor will you receive any monetary benefit from participating in the study. However, you will be reimbursed towards cost incurred for travel or loss of daily wages by you of XX$ for your participation in the study. Even if you do not complete the study for any reason, you will be reimbursed for each visit which you have completed.

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WHAT ARE THE ALTERNATIVE TREATMENTS?

Currently, there are no vaccines commercially available to prevent SARS-COV-2 virus infection or COVID-19 disease.

MAY I WITHDRAW OR REVOKE (CANCEL) CONSENT?

You may withdraw or take away consent to use and disclose your health information at any time without giving any reason. If you withdraw consent, your will not be able to stay in this study further.

When you withdraw consent, no new health information will be gathered after that date. Information that has already been gathered and the samples collected may still be used in the research and given to others.

CONFIDENTIALITY

All the details related to you will be kept confidential. We will use a number instead of your name or other items that could identify you and your family personally on the record. The study doctor, sponsor/agents for the sponsor, regulatory authorities, and the ethics committee at the site may get this information.
Study information collected about you will be given to the sponsor. "Sponsor" means any persons or companies that are working for or with the sponsor, or owned by the sponsor.
It will also be given to the regulatory authorities of India. It may be given to governmental agencies in other countries where the vaccine may be considered for approval. Medical records which identify you and the consent form signed by you may be looked at for research or regulatory purposes.

You should also keep the data confidential and do not disclose any information that may reveal your confidentiality.

Why will this information be used and/or given to others?

- To conduct the research,
- To interpret and analyze the results, and
- To see if the research was done correctly

If the results of this study are made public, information that identifies you will not be used.

COMPENSATION FOR INJURY

If you decide to participate in the study, you will have to undergo all the study procedures explained above and provide the study related information to the study doctor and strictly follow the instructions of study doctors. In the event of any injury that are related to the clinical trial you will be provided free medical care as advised by the study doctor as long as required or till such time it is established that the injury is not related to the clinical trial, whichever is earlier.

In the event of an injury or death that is related to the clinical trial, M/s. Bharat Biotech International Limited, Hyderabad shall provide financial compensation as per applicable guidelines of the national regulatory authority.

You (your nominee or legal heir, as applicable) have the right to contact the Sponsor (Bharat

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Biotech International Ltd. or its representative) for the purpose of making claims in the case of study related injury or death. Contact information for the Sponsor (or its representative) is available with your studydoctor.

As a liability / responsibility of the Sponsor, you will be covered by an insurance policy.

SOURCE OF FUNDING FOR THE STUDY

Bharat Biotech International Limited will fund for the study

WHO SHOULD I CALL IF I HAVE ANY QUESTIONS?

If you have any questions about the study or your participation in it or if you feel that you have had a research related injury or have a bad reaction to the study vaccine, you should contact Dr. _____principal investigator of this study at telephone number _____ or another studystaff.

If you have any questions about the rights you have while taking part in this study, call the Secretary of IEC, Mr/Mrs._____at telephonenumber_____.

Sign the participant informed consent form only if your questions have been answered to your satisfaction.

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PARTICIPANT INFORMED CONSENT FORM

Study Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Protocol Number: BBIL/BBV152-C/2020 **Version Number & Dated:** 4.0, 18 Nov 2020

Subject Initials:_____ **Subject Name**:_____

Screening Number: _____ **Date of Birth and Age:**_____

Educational Qualification: _____

Occupation: Student/Self-Employed/ Service/Housewife/Others (Please tick as appropriate)

Address of the subject: _____

_____

Contact Number: _____

Annual Income of the subject: _____

Site Name: _____

Name and Address of the Nominee to the subject (In case of death):

_____

Relationship to subject:

		Initial the box (Subject)
(I)	I confirm that I have read/have had it read and understood the information sheet dated 18Nov 2020 for the above study and have had the opportunity to ask questions.	[ ]
(II)	I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	[ ]
(III)	I understand that the sponsor of the clinical trial, others working on the sponsor's behalf, the ethics committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw my consent from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties orpublished.	[ ]
(IV)	I agree not to restrict the use of any data or results that arise from this study provided such use is only for scientific purpose(s)	[ ]
(VI)	I agree to allow storage and future use of my blood sample for research.	[ ]
(VII)	I agree to take part in the above study.	[ ]

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Subject'sName: _____

Signature or thumbImpression: _____

Date &Time: _____

Name of participant's Parent/ LAR and relationship to participant

_____

Parent's/LAR's Signature/Thumb Impression _____

Date &Time:_____

Principal Investigator/Designee taking Consent:

Name: _____

Signature: _____

Date&Time: _____

Name of the ImpartialWitness _____

(*In case subject is illiterate*)

Signature: _____

Date &Time_____

Contact Details of ImpartialWitness_____

(A copy of the participant Information Sheet and duly filled Informed Consent Form shall be handed over to subject or his/her attendant)

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AUDIO-VISUAL RECORDING CONSENT FORM

BBIL/BBV152-C/2020: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

ProtocolNumber:BBIL/BBV152-C/2020 **Version Number & Dated:** 4.0,18 Nov2020

SubjectInitials:_____

ScreeningNumber: _____ **Date ofBirth** _____

Age_____**SiteName**_____

I do not have any objection for the audio video recording of the informed consent process which will be conducted by the Investigator/designee.

I have been informed that the recording of informed consent process will be undertaken by site staff in a confidential manner protecting my identity. The recorded clipping will not be used for any purpose other than review/verification of informed consent process by regulatory authorities/ Institutional Ethics Committee. I have been informed that the recorded clipping will be coded so that no personally identifiable information is visible on them, the recordings will be archived securely at site with other studydocuments.

I hereby voluntarily confirm my willingness for audio video recording of informed consent process for the above mentioned clinical trial.

_____

Name of participant's Parent/ LAR and relationship to participant

_____ _____

Parent's/LAR'sSignature/ThumbImpression Date &Time

_____ _____

Signature of person delegated to conduct informedconsentdiscussion Date &Time

_____ _____

InvestigatorSignature Date &Time

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Questionnaire for Telephonic Follow-up for Suspected COVID-19:

TELEPHONIC FOLLOW UP FOR SUSPECTED COVID-19		
Was the Participant followed up for COVID-19?	Yes ☐ No ☐	Date of Follow up: D D M M Y Y Y Y

Time of Follow up: (HH:MM): _ _:_ _ (24 hrs format)

Criteria for swab collection:
1. Fever (for >24 hrs) 2. New or increased cough (for >24 hrs) 3. Shortness of breath/Difficulty in breathing (for >24 hrs)
4. Congestion/Runny Nose (for >48hrs)5. Sore throat (for >48hrs)6. Chills (for >48 hrs)7. Myalgia/Fatigue (for >48 hrs)
8. Headache (for >48 hrs) 9. New onset Anosmia/Ageusia (for >48 hrs) 10. Diarrhea (for >48 hrs) 11. Nausea/Vomiting

Were any of the criteria for swab collection met? ☐ Yes ☐ No

If Yes, Inform the PI, and plan for medical management. (Submit -> Notify PI, Sponsor, and CRO)

If yes, Collect the Nasopharyngeal swab, and sent to lab for analysis

Is the Swab submitted for RT-PCR test? ☐ Yes☐No

Swab collection Date (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _ Swab collection Time (HH:MM): _ _:_ _ (24 hrs format)

Results of RT-PCR test:☐Positive ☐Negative

Medical Management as Per PI: ☐ Home quarantine-based treatment ☐ Hospitalization

If No, specify the symptom(s) that did not meet the criteria or any other symptom(s):

Symptom I (Mention the symptom):
Date of symptom onset (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of since onset (HH:MM): _ _:_ _ (24 hrs format)
Symptom II (Mention the symptom):
Date of symptom onset (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of since onset (HH:MM): _ _:_ _ (24 hrs format)
Symptom III (Mention the symptom):
Date of symptom onset (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of since onset (HH:MM): _ _:_ _ (24 hrs format)

If the symptom(s) worsen(s), then re-assess for Suspected COVID-19 criteria. If the criteria are met, then, collect the Nasopharyngeal swab, and sent to lab for analysis.

If the participant is symptomatic, Assess for Severe COVID-19 criteria (If Yes, Please Tick if any as applicable)

1. Did the Participant has any symptoms Clinical signs at rest indicative of severe systemic illness? (respiratory rate >30/min, heart rate >125/min, SpO2<93%): **[Yes ☐ No ☐]**
2. Did the participant has Respiratory failure? (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation or ECMO): **[Yes ☐ No ☐]**
3. Did the Participant have any symptoms general Evidence of shock? (SBP <90 mm Hg, DBP <60 mm Hg, or requiring vasopressors: **[Yes ☐ No ☐]**
4.Did the Participant have any symptoms Significant acute renal, hepatic, or neurologic dysfunction?**[Yes ☐ No ☐]**
5.Did the Participant have Admission to an ICU?**[Yes ☐ No ☐]**
6.Mortality: **[Yes ☐ No ☐]**

If the participant is meet the Severe COVID-19 criteria, Assess for VAERD:

1. Oxygen saturation (SpO2) _____%
2. Need for oxygen therapy: [Yes ☐ No ☐]
3. Respiratory Rate: _____breaths/min
4. Need for ventilator support: [Yes ☐ No ☐]
5. Imaging test Report: _____
6. Blood test Report: _____
7. Any other clinical finding(s): _____

TELEPHONIC FOLLOW UP FOR SUSPECTED COVID-19

Outcome of the Event:

Symptom I (Mention the symptom):
Outcome:☐ Recovered without any sequelae☐ Recovering ☐Continuing☐ Recovered with Sequelae ☐ Fatal

If recovered, Date of resolution (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of resolution (HH:MM): _ _:_ _ (24 hrs format)

Symptom II (Mention the symptom):
Outcome:☐ Recoveredwithout any sequelae☐ Recovering ☐Continuing☐ Recovered with Sequelae ☐ Fatal

If recovered, Date of resolution (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of resolution (HH:MM): _ _:_ _ (24 hrs format)

Symptom III (Mention the symptom):
Outcome:☐ Recoveredwithout any sequelae☐ Recovering ☐ Continuing☐ Recovered with Sequelae ☐ Fatal

If recovered, Date of resolution (DD/MMM/YYYY): _ _/_ _ _/_ _ _ _Time of resolution (HH:MM): _ _:_ _ (24 hrs format)

Was the participant hospitalized?☐Yes ☐No

If yes,Date of Hospitalization: _ _/_ _ _/_ _ _ Time of Hospitalization (HH:MM): _ _:_ _ (24 hrs format)

Date of Hospitalization Discharge: _ _/_ _ _/_ _ _ _ Time of Discharge(HH:MM): _ _:_ _ (24 hrs format)

(Attach the Picture or PDF copy of the hospital record and discharge summary)

Note: If the participant was hospitalized, collect the hospital record including RT-PCT test report, and discharge summary. If the participant is hospitalized and not discharged, ensure whether RT-PCR test was done? If not, then request for RT-PCT test.

Was the participant admitted to ICU? ☐Yes ☐No

If yes, Date of ICU admission: _ _/_ _ _/_ _ _ _ Time of ICU admission (HH:MM): _ _:_ _ (24 hrs format)

Was the outcome fatal?☐Yes ☐No

Date of Death: _ _/_ _ _/_ _ _ _ Time of Death (HH:MM): _ _:_ _ (24 hrs format)

Date of Autopsy: _ _/_ _ _/_ _ _ _ Time of Autopsy (HH:MM): _ _:_ _ (24 hrs format)

Autopsy Report (Collected): Yes ☐No☐(Attach Picture or PDF copy)

Description of the event:

TELEPHONIC FOLLOW UP FOR SUSPECTED COVID-19

Treatment for the symptoms as applicable: ☐ Yes ☐ No

Drug Name (Generic)	Brand Name	Start Date	Stop date	Dose	Frequency

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: segunda-feira, 31 de maio de 2021 16:31
Para: ANVISA - Daniela Marreco Cerqueira; daniel.cruz@anvisa.gov.br; Quinta Diretoria
Cc: William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo; LISTA - DIVISÃO DE IMPORTAÇÃO; Alex Lial Marinho; Rodrigo Otavio Moreira da Cruz
Assunto: ENC: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: CLINICAL_RESPONSES_COVAXIN_PARTE_I-4.pdf; Mock_Shell _2021-05-07 _BBIL-BBV152-C-2020 IA3 Version 1 MK ST.pdf; BBV152 C SAP_IA 2.pdf; Development-and-Licensure-of-Vaccines-to-Prevent-COVID-19_09-24_ 2020[1].pdf; CRF_COVID Phase 3_IM.doc; Diary Card - COVID-19 - IM - Phase 3.doc; ICD_Efficacy-Phase 3.doc; Questionaire for telephonic Follow-up.docx

Prezada Anvisa,
Encaminho documentação adicional enviada pela empresa Precisa.
Estou protocolando no processo neste instante.

Abraços,

Ariadne Bonvino
Farmacêutica
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Monday, 31 May 2021 21:41
To: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Cara Ariadne, boa tarde.

Compartilho protocolo realizado para envio do relatório de validação do método de controle da proteína S1(antígeno) junto ao CBPF.

Informo que a potência foi concluída no sábado e eles estão encerrando a compilação para o relatório final. Informei a ANVISA que como ultrapassamos as 21h aqui, o relatório será protocolado amanhã no primeiro horário.

Gostaria de pedir a gentileza que consultem junto a ANVISA qual o prazo de análise que eles optaram por seguir, se 7 ou 30 dias.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 25 May 2021 22:09
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Bom dia a todos,

O novo documento enviado foi protocolado, conforme comprovante anexo.
O Processo da Anvisa continua o mesmo: 25351.915151/2021-48.

Att.,

Atenciosamente,
Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 25 de maio de 2021 13:18
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, bom dia.

Conforme falamos, recebemos a confirmação de protocolo do GMP IFA.

Peço que identifique na declaração anexa,

Mais uma vez, permanecemos a disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 25 May 2021 02:02
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados,

Solicitação protocolada no SEI/Anvisa conforme Protocolo anexo.
Irei avisar à Anvisa de Imediato.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 24 de maio de 2021 17:17
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Senhores,

Em continuação, apresento os documentos conforme a seguir.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Certa de sua compreensão, conto com apoio no sigilo desse processo bem como no direcionamento a Precisa Medicamentos em qualquer necessidade eventual.

Segue meu contato direto 11 93257 4642. Estou a integral disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Tuesday, 25 May 2021 01:24
To: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Caros, boa tarde.

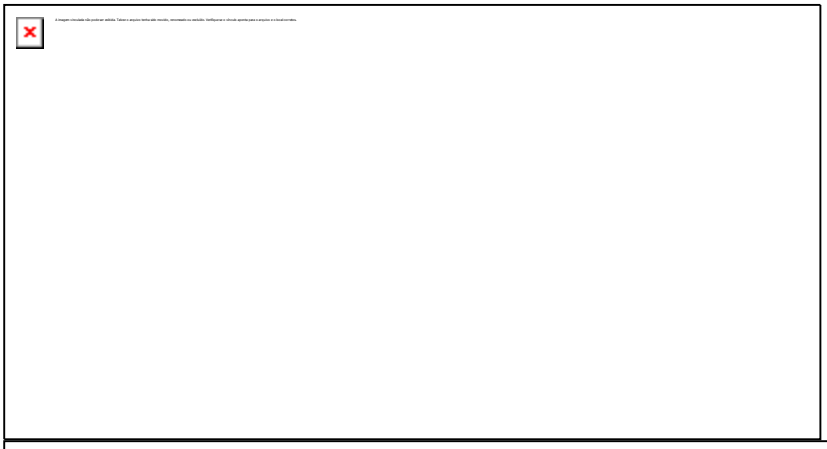
Conforme alinhado em reunião, apresento os documentos para submissão do protocolo. Sendo: declaração e documentos anexos conforme a mesma.

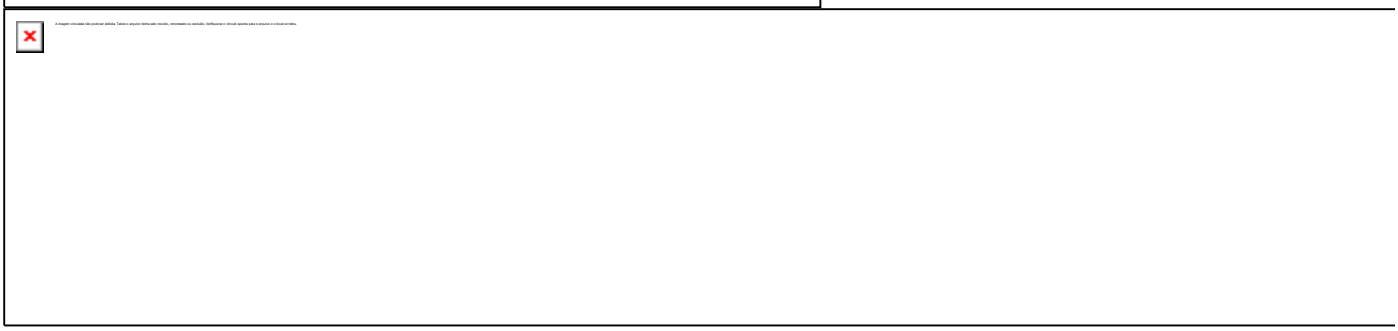
Estamos encerrando a elaboração dos anexos conforme a seguir, e enviaremos em poucos minutos.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Permanecemos a disposição,





From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 24 May 2021 22:37
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezada Emanuela Medrades,

Boa tarde!

A pedido do Coordenador-Geral de Logistica de Insumos Estratégicos para Saúde (CGLOG) venho por meio deste, *mui respeitosamente,* solicitar vossos préstimo quanto ao envio dos documentos elencados na Resolução da Diretoria Colegiada (RDC) 476, de 10 de março de 2021 para que esta coordenação possa solicitar junto a Agencia Nacional de Vigilância Sanitária (ANVISA) o pedido de concessão de excepcionalidade para a importação do objeto disposto no Contrato 52/2021.

Ficamos no aguardo.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
lista.divisaoimportacao@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Recibo Eletrônico de Protocolo - 1471838

Usuário Externo (signatário):	Ariadne Gisele Muniz Bonvino
IP utilizado:	189.28.128.242
Data e Horário:	31/05/2021 16:42:49
Tipo de Peticionamento:	Intercorrente
Número do Processo:	25351.915151/2021-48

Interessados:

MINISTERIO DA SAUDE/DEPARTAMENTO DE LOGISTICA EM SAUDE-DLOG/CGLOG/DIIMP

Protocolos dos Documentos (Número SEI):

- E-mail Precisa - Documentação Adicional	1471828
- Documento 1 - Clinical Responses ¿ Parte I	1471829
- Documento 2 - Mock Shell Version 1.0	1471830
- Documento 3 - BBV152 SA	1471831
- Documento 4 - Development and Licensure for Cov	1471832
- Documento 5 - Case Report Form ¿ CRF	1471833
- Documento 6 - Diário do Participante	1471834
- Documento 7 - ICD	1471835
- Documento 8 - Questionário FUP Telefone	1471837

O Usuário Externo acima identificado foi previamente avisado que o peticionamento importa na aceitação dos termos e condições que regem o processo eletrônico, além do disposto no credenciamento prévio, e na assinatura dos documentos nato-digitais e declaração de que são autênticos os digitalizados, sendo responsável civil, penal e administrativamente pelo uso indevido. Ainda, foi avisado que os níveis de acesso indicados para os documentos estariam condicionados à análise por servidor público, que poderá alterá-los a qualquer momento sem necessidade de prévio aviso, e de que são de sua exclusiva responsabilidade:

- a conformidade entre os dados informados e os documentos;
- a conservação dos originais em papel de documentos digitalizados até que decaia o direito de revisão dos atos praticados no processo, para que, caso solicitado, sejam apresentados para qualquer tipo de conferência;
- a realização por meio eletrônico de todos os atos e comunicações processuais com o próprio Usuário Externo ou, por seu intermédio, com a entidade porventura representada;
- a observância de que os atos processuais se consideram realizados no dia e hora do recebimento pelo SEI, considerando-se tempestivos os praticados até as 23h59min59s do último dia do prazo, considerado sempre o horário oficial de Brasília, independente do fuso horário em que se encontre;
- a consulta periódica ao SEI, a fim de verificar o recebimento de intimações eletrônicas.

A existência deste Recibo, do processo e dos documentos acima indicados pode ser conferida no Portal na Internet do(a) Agência Nacional de Vigilância Sanitária.

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1342

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: segunda-feira, 31 de maio de 2021 16:45
Para: Emanuela Medrades; William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo; LISTA - DIVISÃO DE IMPORTAÇÃO
Cc: Alex Lial Marinho; Rodrigo Otavio Moreira da Cruz
Assunto: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: SEI_ANVISA - 1471838 - Recibo Eletrônico de Protocolo.pdf

Prezada Emanuela e colegas, boa tarde.
Documentos protocolados e Anvisa notificada.
Segue comprovante em anexo.

Att.
Ariadne.

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Monday, 31 May 2021 21:41
To: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Cara Ariadne, boa tarde.

Compartilho protocolo realizado para envio do relatório de validação do método de controle da proteína S1(antígeno) junto ao CBPF.

Informo que a potência foi concluída no sábado e eles estão encerrando a compilação para o relatório final. Informei a ANVISA que como ultrapassamos as 21h aqui, o relatório será protocolado amanhã no primeiro horário.

Gostaria de pedir a gentileza que consultem junto a ANVISA qual o prazo de análise que eles optaram por seguir, se 7 ou 30 dias.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 25 May 2021 22:09
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Bom dia a todos,

O novo documento enviado foi protocolado, conforme comprovante anexo.
O Processo da Anvisa continua o mesmo: 25351.915151/2021-48.

Att.,

Atenciosamente,
Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 25 de maio de 2021 13:18
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, bom dia.

Conforme falamos, recebemos a confirmação de protocolo do GMP IFA.

Peço que identifique na declaração anexa,

Mais uma vez, permanecemos a disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 25 May 2021 02:02
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados,

Solicitação protocolada no SEI/Anvisa conforme Protocolo anexo.
Irei avisar à Anvisa de Imediato.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 24 de maio de 2021 17:17
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Senhores,

Em continuação, apresento os documentos conforme a seguir.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Certa de sua compreensão, conto com apoio no sigilo desse processo bem como no direcionamento a Precisa Medicamentos em qualquer necessidade eventual.

Segue meu contato direto 11 93257 4642. Estou a integral disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Tuesday, 25 May 2021 01:24
To: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Caros, boa tarde.

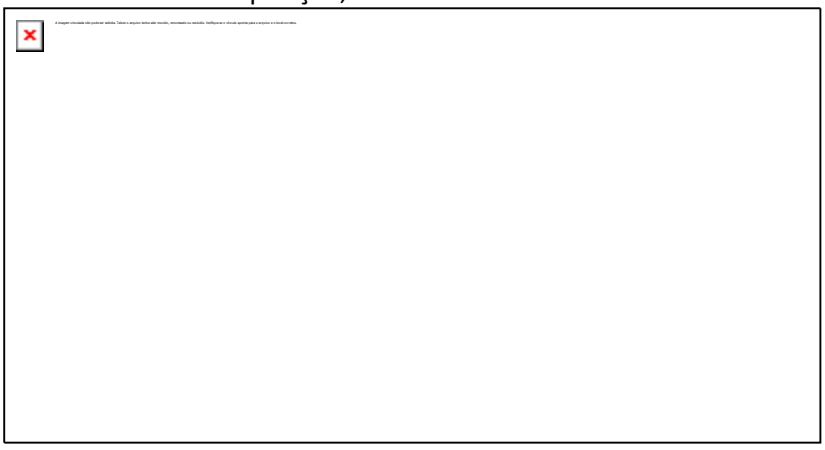
Conforme alinhado em reunião, apresento os documentos para submissão do protocolo. Sendo: declaração e documentos anexos conforme a mesma.

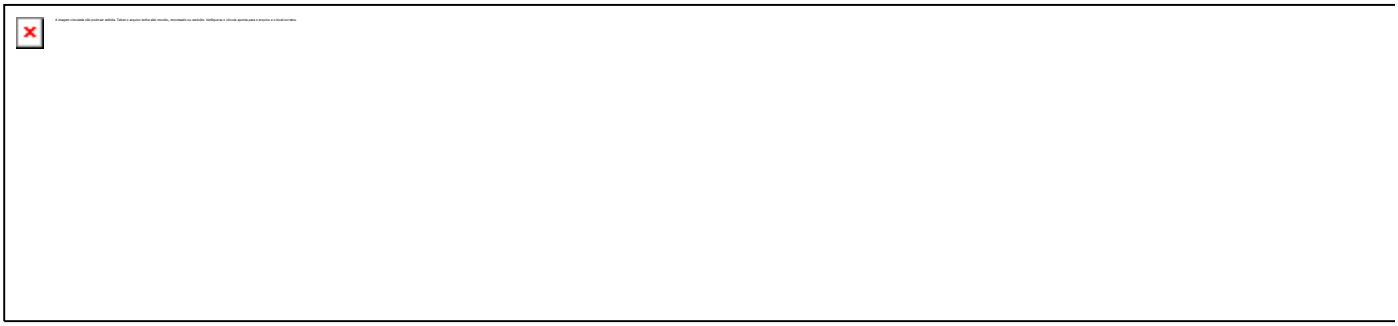
Estamos encerrando a elaboração dos anexos conforme a seguir, e enviaremos em poucos minutos.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Permanecemos a disposição,





From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 24 May 2021 22:37
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezada Emanuela Medrades,

Boa tarde!

A pedido do Coordenador-Geral de Logistica de Insumos Estratégicos para Saúde (CGLOG) venho por meio deste, *mui respeitosamente,* solicitar vossos préstimo quanto ao envio dos documentos elencados na Resolução da Diretoria Colegiada (RDC) 476, de 10 de março de 2021 para que esta coordenação possa solicitar junto a Agencia Nacional de Vigilância Sanitária (ANVISA) o pedido de concessão de excepcionalidade para a importação do objeto disposto no Contrato 52/2021.

Ficamos no aguardo.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
lista.divisaoimportacao@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS

DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: terça-feira, 1 de junho de 2021 11:39
Para: Emanuela Medrades
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: RES: Documentação prévia à submissão - Covaxin

Bom dia Manuela,

O sistema da Anvisa não aceita outro formato que não seja PDF.
E agora? É necessário enviar nesse formato Excel? Se sim, podemos pensar outra maneira de protocolá-los.

Atenciosamente,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 1 de junho de 2021 09:28
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: FW: Documentação prévia à submissão - Covaxin

Ari, bom dia. Tudo bem ?

Pode inserir estes documentos no protocolo e avisar a ANVISA, por gentileza ?

No caso o e-mail Queries_ANVISA pode ser apresentado como Ofício, e os demais itens estão listados nele.

Atenciosamente

Emanuela Medrades
Diretora Executiva

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55 11 3080-5140 - 11 9 3257-4642
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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Tuesday, 1 June 2021 15:42
To: Maria Fernanda Reis e Silva Thees <fernanda.thees@anvisa.gov.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: Re: Documentação prévia à submissão - Covaxin

Fernanda, bom dia.

Em complemento as repostas enviadas ontem, compartilho os dados utilizados para apreciação, sendo:

1. **Collatect_PD_BBV152** – Referente aos desvios de protocolos de menor impacto, com sua descrição e ação corretiva/preventiva.
2. **Subjects_Visits_BBV152_STATUS2_Interim_report** – Fornecida pela equipe responsável pelo IWRS, onde é possível ver os 24.432 participantes que haviam recebido a primeira e segunda dose além de outras informações como screening number, gênero, idade, data de cada uma das visitas e status do participante. (*Enrolled, discontinued, unblided*...)
3. **DAY 42 Positive Cases_FEndpoint** – Informações disponibilizadas pelo IQVIA com os 127 casos de Covid19 Sintomáticos utilizados para o desfecho primário do estudo. No documento é fornecido as seguintes informações:

    - as datas da primeira e segunda dose,
    - data do follow-up de 42 dias,
    - os sintomas informados pelo participante,
    - a data do PCR positivo,

- Quantos dias após primeira e segunda dose,
- Informações clínicas como SpO2, exames de imagem e outros quando aplicável,
- Terapia medicamentosa para tratamento do Covid19, e
- Observação se o mesmo se enquadra no critério de Covid19 grave conforme Guideline do FDA.

Envio novamente o segundo relatório interino de fase 3 o qual essas informações se referem, para facilitar e permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Thursday, 20 May 2021 20:21
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Bom dia, Emanuela

Sobre a documentação protocolada para análise prévia da Anvisa, encaminho os questionamentos referentes à parte clínica, para que a empresa já possa providenciar as respostas.

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: terça-feira, 18 de maio de 2021 13:26
Para: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Amanda Santo <amanda.santo@precisamedicamentos.com.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Daniela Marreco Cerqueira <Daniela.Cerqueira@anvisa.gov.br>
Assunto: Re: Documentação prévia à submissão - Covaxin

Fernanda, boa tarde. Como vai ?

Como estamos tratando mais de um assunto ao mesmo tempo, as informações estão ficando um pouco sobrepostas. Abaixo separei por itens em atual tratativa junto a agência:

- Os documentos que foram enviados nessa pasta do OneDrive são referentes ao processo 25351455725202115 e Expediente Nº 1809912212 realizado no dia 11/05/21 com assunto 11800, para que a ANVISA possa analisar o documento de uma maneira formal. Esse protocolo foi feito para que após a análise de vocês, em a documentação estando de acordo, a Precisa possa dar continuidade no processo de pedido de importação excepcional através do Ministério da Saúde.

- Quanto ao DDCM, pedimos uma reunião junto a CONEP e gostaria de contar com a sua participação, bem como da Brenda e do Francis, para tratarmos das questões apresentadas no termo de compromisso. Hoje estaremos aditando o DDCM para inserir os detalhes das SAEs dos ensaios clínicos, a relação causal, inclusive dos óbitos conforme solicitado.

- E também, para manter todos na mesma página, teremos uma reunião amanhã com a GGFIS onde a BBIL irá apresentar todas as ações atendidas do CAPA para seguirmos com o Peticionamento do CBPF.

Apesar de ter resumido acima cada uma das atividades, iremos nos organizar sempre em e-mails separados para cada um, para uma melhor comunicação.

Permanecemos a disposição,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Tuesday, 18 May 2021 18:10
To: Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>, Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Bom dia, Amanda

Vc se refere à documentação do DDCM ou da submissão prévia à importação? Os links eram os mesmos?
Só para estarmos na mesma página, o que queríamos era que a empresa informasse qual documento enviado na submissão prévia à importação seria diferente ou com novas informações em comparação com o que foi encaminhado no DDCM.
Foi isso que a empresa disponibilizou?

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Amanda Santo <amanda.santo@precisamedicamentos.com.br>
Enviada em: segunda-feira, 17 de maio de 2021 21:39
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Claudiosvam Martins Alves de Sousa <Claudiosvam.Alves@anvisa.gov.br>
Assunto: RES: Documentação prévia à submissão - Covaxin

Olá, boa noite a todos.

Maria Fernanda, atualizamos as pastas e acredito ter retirado as informações enviadas anteriormente. Pedimos novamente desculpas pelo transtorno.

Retiramos as seguintes informações, por já estarem na documentação enviada anteriormente:

- Relatório pré-clínicos e de imunogenicidade;
- Dados de segurança acumulados, fases I, II e III
- TCLE
-

Segue link com a atualização:

https://globalgestaosaude.sharepoint.com/:f:/s/EUL-Covaxin/EtIt8u7vN3NHsEiqSm1uT54BKQMpqGxj6riJ5nWaisI5wQ?e=hEpyPt

Permanecemos à disposição.
Atenciosamente,

Amanda Santo
Departamento Técnico Regulatório

Office: Av. Tamboré, 267, 28º andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 11 9 6860-4826
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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: segunda-feira, 17 de maio de 2021 16:40
Para: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Amanda Santo <amanda.santo@precisamedicamentos.com.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Claudiosvam Martins Alves de Sousa <claudiosvam.alves@anvisa.gov.br>
Assunto: Re: Documentação prévia à submissão - Covaxin

Fernanda, bom dia.

Pedimos desculpas pelo retrabalho e informo que iremos atuar na separação destes documentos, mas como alguns foram peticionados diretamente pelo Einstein, é provável que não iremos ter 100% do controle.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Tuesday, 18 May 2021 00:42
To: Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>, Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>, Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>, "dire2@anvisa.gov.br" <dire2@anvisa.gov.br>, Segunda Diretoria <diretoria2@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>, Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>, Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>, Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>, "daniela.marreco@anvisa.gov.br" <daniela.marreco@anvisa.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Claudiosvam Martins Alves de Sousa <claudiosvam.alves@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Prezada Amanda,

Solicitamos que sejam sinalizados quais documentos são diferentes em comparação ao que foi enviado para o DDCM e cumprimentos de exigência. Verificamos que há muita informação repetida e gostaríamos de nos concentrar naquilo que for diferente.
Seria possível o envio dessa informação ainda hoje?

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Amanda do Espirito Santo <amanda.santo@precisamedicamentos.com.br>
Enviada em: quinta-feira, 6 de maio de 2021 16:21
Para: Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Claudiosvam Martins Alves de Sousa <Claudiosvam.Alves@anvisa.gov.br>
Assunto: Documentação prévia à submissão - Covaxin

Boa tarde a todos.

Prezados,

Em continuação de nossa reunião do dia 30/04, compartilho os documentos para apreciação prévia a submissão, conforme combinado.

Estamos enviando em formato de link, por não ser possível enviar através de e-mail.
https://www.dropbox.com/sh/oa6jzkovu57kzin/AAD0QslClUyqynQYeq9F4VXHa?dl=0

Obrigada mais uma vez pela disponibilidade.

Permanecemos a disposição.

Atenciosamente,

Amanda Santo
Departamento Técnico Regulatório

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO

ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

SECOND INTEGRATED CLINICAL AND STATISTICAL REPORT

Title:	An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.
Protocol Number:	BBIL/BBV152-C/2020
Design:	This is a randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.
Phase:	III
Version:	1.0
Sponsor:	Bharat Biotech International Limited (BBIL), Genome Valley, Shameerpet, Hyderabad, Telangana, India. & Indian Council of Medical Research (ICMR), New-Delhi, India
Study Initiation Date:	16th November 2020
Study Completion Date:	Ongoing
Co-ordination Unit (Responsible for Preparation of the Report) Clinical Operations Management Unit	IQVIA & BHARAT BIOTECH INTERNATIONAL LIMITED

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1360

Sponsor Representative: Dr. V. Krishna Mohan

Whole-time Director
Bharat Biotech International Limited (BBIL)
Genome Valley, Hyderabad India
Tel +91 40 2778 4003 Fax: +91 40 2348 0560
Email:kmohan@bharatbiotech.com.

and

Dr. Nivedita Gupta
Scientist F, Epidemiology and Communicable Diseases,
Indian Council of Medical Research (ICMR),
New-Delhi, India
Tel: +91-11-26589397
Email: guptanivedita.hq@icmr.gov.in

GCP Statement: The trial is being conducted in compliance with the protocol, GCP, Schedule Y (Drugs and Cosmetics Act, 2005) and Ethical Guidelines for Biomedical Research on Human Participants (Indian Council of Medical Research, 2006)

Date of 1st Interim Report: **05th March 2021**

Date of 2nd Interim Report: **08th May 2021**

Prepared by: Medical Affairs Department
Bharat Biotech International Limited

Study period (years): 1 Year

Date of 1st Dose 1st Subject: November 16, 2020

Date of 1st Dose last subject: January 8, 2021

Trial Registration: CTRI/2020/11/028976
Clinicaltrials.gov: NCT04471519

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Signature Page:

Study Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Review and approval of the Integrated Clinical and Statistical report.

We have read this report and confirm that, to the best of our knowledge, it accurately describes the conduct and results of the trial.

Signature & Date

Dr. V. Krishna Mohan
Whole-time Director
Bharat Biotech International Limited (BBIL)
Genome Valley, Hyderabad India
Tel +91 40 2778 4003 Fax: +91 40 2348 0560
Email: kmohan@bharatbiotech.com

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1362

Title: An Event-Driven, Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Protocol No.: BBIL/BBV152-C/2020

Investigational Vaccine: Whole-Virion Inactivated SARS-CoV-2 vaccine (BBV152B).

Study Population: A total sample size of 25,800 volunteers ages 18 years and above were recruited and administered with vaccine and placebo in 1:1 ratio.

The study was conducted in 25 sites all zone of India.

Study Centres and Investigators:

S No.	Site Codes	Site Name & Location	Zone
1	308	MG Medical College, Sri Balaji Vidyapeeth - Dr. Pajanivel Ranganadin (Pondicherry)	South
2	311	Vydehi institute of medical sciences – Dr. Akshata (Bangalore)	South
3	312	Director of Public Health & Preventive Medicine – Dr. Selva Vinayagam - (Chennai)	South
4	317	Government Fever Hospital, Guntur - Dr. Laxmi Kumari (Guntur)	South
5	320	Nizam's institute of Medical Sciences -Dr. Prabhakar Reddy (Hyderabad)	South
6	325	SRM Hospital & Research Center - Dr. Satyajit Mohapatra (Chennai)	South
7	326	Jeevan Rekha Hospital - Dr Amit Bhate, (Belgaum)	South
8	309	People's University - Dr. Raghavendra Gumashta (Bhopal)	Central
9	302	All India Institute of Medical Sciences – Dr. Chadramani Singh (Patna)	East
10	305	ICMR-National Institute of Cholera and Enteric Diseases - Dr. Suman Kanungo (Kolkata)	East
11	318	(IMS) & SUM Hospital - Dr. E Venkata Rao (Bhubaneswar)	East
12	301	All India Institute of Medical Sciences – Dr. Sanjay Rai (New Delhi)	North
13	303	ESIC Medical College and Hospital – Dr. Anil Pandey (Faridabad)	North
14	313	Aligarh Muslim University - Dr. Md. Shameem (Uttar Pradesh)	North
15	321	PGIMS - Dr. Savita Verma (Rohtak)	North
16	323	Gangaram - Dr Anupam Sachdeva (New Delhi)	North
17	324	Prakhar Hospital – Dr. Jitendra Kushwaha, Kanpur	North
18	307	Lokmanya Tilak Municipal General Hospital-Dr. N.T. Awad (Mumbai)	West
19	310	Rahate Surgical Hospital & ICU - Dr. Manish Multani (Nagpur)	West
20	315	GMERS Medical College and Civil Hospital - Dr. Parul Bhatt (Ahmedabad)	West
21	316	Sir J.J. Group of Hospitals - Dr. PritiMeshram (Mumbai)	West
22	322	Redkar Hospital and Research Centre - Dr. Sagar Redkar (Goa)	West
23	327	Maharaja Agrasen Multi speciality Hospital – Dr. Manish Kumar Jain - (Jaipur)	West
24	328	RCSMGMC & CPR Hospital – Dr. Sunita Jaiprakash Ramanand (Kolhapur)	West
25	329	Prakash Institute of Medical Science & Research – Dr. Vijaykumar Patil (Sangli)	West

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1. INTRODUCTION

The outbreak of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2/COVID-19) has, as on March 05th,2021, spread to over 216 countries across the globe, with a total of ~115 Million confirmed cases and ~ 2.5 Million deaths. The number of reported SARS-CoV-2 cases in India is also on an increase with ~11 Million confirmed cases and ~157000 deaths(1). Coronaviruses are a severe threat to the humans and other animals, earlier other members of the same family coronaviridae, SARS-CoV infected ~8000 people with a death rate of 10% and another member Middle East Respiratory Syndrome (MERS) virus was outbroken in the Middle East region and infected ~2000 people with 35% fatality rate(2) . Porcine epidemic diarrhea coronavirus (PEDV) has swept throughout the United States of America, causing an almost 100% fatality rate in piglets and wiping out more than 10% of America's pig population in less than a year(2).

Coronaviruses are the enveloped positive-stranded RNA viruses which have the largest genome among all RNA viruses with approximately 27 to 32 kb2. The viral genome is packed inside a helical capsid formed by the nucleocapsid protein (N) which is surrounded by an envelope. SARS-CoV viral envelope is associated with at least three structural proteins: The membrane protein (M) and the envelope protein (E) are involved in virus assembly, whereas the spike protein (S) mediates virus entry into host cells. Among these structural proteins, the spike forms large protrusions from the virus surface, giving coronaviruses the appearance of having crowns(2).

The SARS-CoV-2 virus transmits from person to person mainly through respiratory droplets(3).
The inhaled virus SARS-CoV-2 likely binds to epithelial cells in the nasal cavity and starts replicating. ACE2 is the main receptor for both SARS-CoV-2 and SARS-CoV(4,5). There is local propagation of the virus but a limited innate immune response. At this stage, the virus can be detected by nasal swabs. Although the viral burden may be low, these individuals are infectious. The RT-PCR value for the viral RNA might be useful to predict the viral load and the subsequent infectivity and clinical course. The virus propagates and migrates down the respiratory tract along the conducting airways, and a more robust innate immune response is triggered. Nasal swabs or sputum should yield the virus (SARS-CoV-2) as well as early markers of the innate immune response(6). The symptoms of SARS-CoV-2 infection appear after an incubation period of ~5 days(7). The period from the onset of SARS-CoV-2 symptoms to death ranged from 6 to 41 days with a median of 14 days. This period is dependent on the age of the patient and the status of the patient's immune system. It was shorter among patients >70 years old compared with those under the age of 70(8). The most common symptoms at the onset of SARS-CoV-2 illness are fever, cough, and fatigue, while other symptoms include sputum production, headache, hemoptysis, diarrhea, dyspnoea, and lymphopenia(9).

Till date, no specific treatment was recommended for SARS-CoV-2 infection hence, vaccines are a critical new tool in the battle against COVID-19. Various types of COVID-19 vaccines, such as DNA, RNA- based formulations, Recombinant subunit vaccines containing the viral protein (Spike) epitopes, vector based formulations (eg: Adeno virus) and traditional inactivated vaccines were developed(10–12). Bharat Biotech Int. Ltd., India has developed a whole-virion inactivated Covid-19 vaccine and evaluated for its safety and immunogenicity in a Phase 1 followed by phase 2 study and found that vaccine is safe and immunogenic(13,14). Bharat Biotech has been conducting a phase 3 efficacy study in 25,800 participants to evaluate the efficacy of the vaccine.

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2. STUDY DESIGN

The study is an endpoint-driven randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152B, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.

A total of 25,800 subjects were enrolled across India in 25 sites (3 Categories) and randomized in a 1:1 ratio to receive BBV152B vaccine and control. All participants will be assessed for efficacy and safety endpoints and provide a NP swab and blood sample before the first dose of IP. The NP swab and blood collected will be subject to RT-PCR and Anti-SARS-CoV-2 IgG antibodies. The results of this will not affect enrolment of the participant. Participants who are found to be positive for either RT-PCR or Anti-SARS-CoV-2 IgG antibodies will be excluded from the primary efficacy analysis.

The additional 5,000 participants in the Brazil Arm will be recruited from the Month of June 2021.

The purpose of this Phase 3 study is to evaluate the protective efficacy, safety, and immunogenicity of the whole-virion inactivated SARS-CoV-2 vaccine, BBV152B. The Phase 3 study will follow randomized study participants for efficacy until virologically confirmed (RT-PCR positive) symptomatic COVID-19 participants will be eligible for the primary efficacy analysis. After reaching the target number (n=130) of symptomatic COVID-19 cases, the study will continue to assess safety until the completion of the study duration.

Case Definition of symptomatic COVID-19

The study is designed to accrue 130 symptomatic COVID-19 cases.This includes any participant who meets any of the two below following criteria:

• Case Definition for Primary Efficacy Symptomatic Endpoint

• Case Definition for Severe Symptomatic COVID-19

Any one of the below mentioned criteria (A or B) must be met, along with a positive SARS-CoV-2 RT-PCR confirmation to be a confirmed symptomatic case

Criteria A: One or More		**Criteria B: Two or More**
1. Shortness of Breath/Difficulty in Breathing 2. New onset Anosmia/Aguesia 3. Oxygen saturation of <94% or escalation by requiring supplemental Oxygen. 4. Pneumonia: diagnosed by chest X ray or CT scan 5. Evidence of Shock **6.** ICU Admission/Death	or	1. Fever 2. Chills 3. New cough 4. Myalgia/Fatigue 5. Headache 6. Sore throat 7. Nausea/Vomiting 8. Diarrhea 9. Congestion/ Runny Nose
	AND	
Positive SARS-CoV-2 RT-PCR test		

Case Definition of symptomatic COVID-19 (Severe)

Virologically confirmed (RT-PCR positive) SARS-CoV-2 Severe Respiratory tract infection with one or more of the following clinical manifestations:

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1. Clinical signs at rest indicative of severe systemic illness (respiratory rate >30/min, heart rate >125/min, SpO2<93%)
2. Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation, or ECMO)
3. Evidence of shock (SBP <90 mm Hg, DBP <60 mm Hg, or requiring vasopressors)
4. Significant acute renal, hepatic, or neurologic dysfunction
5. Admission to an ICU
6. Death

This definition is according to the US FDA Guidance document (https://www.fda.gov/media/139638/download).

SITE CATEGORIES:

Category 1 (Symptomatic): In addition to administering the IP, a series of post-dose telephonic follow-up visits will be scheduled to detect suspect symptomatic COVID-19 infections. If a suspect is identified, a nasopharyngeal sample will be collected from the participant for detecting the presence of COVID-19 infection. Telephonic follow-up will occur at 15 day intervals.

Category 2 (Symptomatic/Asymptomatic): In addition to administering the IP, a series of post-dose Nasopharyngeal samples for detecting incidence of Asymptomatic COVID-19 infection at 1-Month intervals will be collected.

Category 3 (Symptomatic/Asymptomatic+Immunogenicity): In addition to administering the IP, repeated NP swabs for asymptomatic, a series of blood samples will be collected for analyzing serum for immunological assessments.

3. STUDY POPULATION

As per the approved protocol, a total of 25,800 subjects were enrolled and received either vaccine or placebo in 1:1 ratio. Among these 25,800 participants 24,455 were received second dose and detailed site wise enrolled participants, second dose recipients and the participants who were followed up till Day 42 were listed in the Table 1.

TABLE 1: SUMMARY OF ENROLLED SUBJECTS AT EACH SITE

S No.	Site Name and Location	Subjects completed 1st dose	Subjects completed 2nd dose	Subjects Completed follow up (Day 42)
	Category 1: Sites			
1	All India Institute of Medical Sciences - (New Delhi)	659	629	629
2	All India Institute of Medical Sciences - (Patna)	1216	1137	1129
3	ESIC Medical College and Hospital - (Faridabad)	1126	1002	997
4	ICMR-National Institute of Cholera and Enteric Diseases - (Kolkata)	988	969	967
5	Lokmanya Tilak Municipal General Hospital - (Mumbai)	197	191	191
6	MG Medical College, Sri Balaji Vidyapeeth - (Pondicherry)	901	868	831

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7	People's University - (Bhopal)	1725	1426	1424
8	Rahate Surgical Hospital & ICU - (Nagpur)	1670	1594	1579
9	Vydehi institute of Medical Sciences - (Bangalore)	496	476	429
10	Director of Public Health & Preventive Medicine - (Chennai)	29	27	27
11	Gangaram - (New Delhi)	318	276	276
12	Prakhar Hospital – (Kanpur)	2250	2244	2243
13	Jeevan Rekha – (Karnataka)	2227	2216	2216
14	Maharaja Agrasen Multi speciality Hospital - (Jaipur)	1494	1431	1124
15	Sunita Jaiprakash Ramanand - RCSMGMC & CPR Hospital - (Kolhapur)	887	882	737
16	Vijaykumar Patil - Prakash Institute of Medical Science & Research - (Sangli)	611	594	409
	Category 2: Sites			
17	Aligarh Muslim University - (Uttar Pradesh)	1008	938	937
18	Gmers Medical College and Civil Hospital - (Ahmedabad)	1081	1018	1018
19	Sir J.J. Group of Hospitals - (Mumbai)	438	379	378
20	Government Fever Hospital - (Guntur)	1358	1351	1350
21	(IMS) & SUM Hospital - (Bhubaneswar)	510	495	494
22	SRM Hospital & Research Center – (Chennai)	603	446	404
	Category 3: Sites			
23	Nizam's institute of Medical Sciences - (Hyderabad)	1998	1888	1883
24	PGIMS - (Rohtak)	456	433	433
25	Redkar Hospital and Research Centre - (Goa)	1554	1544	1544
	Total	**25800**	**24454**	**23649**

3.1 AT-RISK POPULATION

In this study both healthy volunteers and participants with high risk for Covid-19 who is, either ≥ 60 years of age or < 60 years of age with co-morbid conditions, and HCPs were recruited.

Participants who are < 60 years old will be categorized as at risk for severe COVID-19 illness if they have at least 1 of the following risk factors at Screening:

- Stable chronic lung disease (eg, emphysema and chronic bronchitis), idiopathic pulmonary fibrosis and cystic fibrosis) or mild to moderate asthma.
- Stable cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, hypertension, and pulmonary hypertension).
- Severe obesity (body mass index ≥ 35 kg/m2).
- Controlled Diabetes (Type 1, Type 2).
- Stable Liver disease.

Participants who has high risk for Covid-19 were summarized in the Table 2 (>60 Years) and Table 3 (< 60 with Co-morbid condition).

TABLE 2: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900)	Placebo (N= 12, 900)	Total (N = 25,800)

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	n (%)	n (%)	n (%)
At Risk Participants at baseline, Age ≥ 60 years			
Stable chronic heart disease	158 (1.22)	142 (1.10)	300 (1.16)
Stable chronic lung disease	12 (0.09)	16 (0.12)	28 (0.11)
Controlled Diabetic	101 (0.78)	107 (0.83)	208 (0.81)
Stable Liver Disease	4 (0.03)	8 (0.06)	12 (0.05)
Severe obesity (BMI >35)	2 (0.02)	2 (0.02)	4 (0.02)
Other stable co-morbid condition	129 (1.00)	142 (1.10)	271 (1.05)
None of the above	32 (0.25)	28 (0.22)	60 (0.23)
Multiple risk categories*	245 (1.90)	296 (2.29)	541 (2.10)
Total number of At-risk participants ≥ 60 years	683 (5.29)	741 (5.74)	1424 (5.51)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

TABLE 3: SUMMARY OF AT RISK PARTICIPANTS

Description	Treatment Arm		
	BBV152 (N = 12,900) n (%)	Placebo (N= 12, 900) n (%)	Total (N = 25,800) n (%)
At Risk Participants at baseline, Age < 60 years			
Stable chronic heart disease	370 (2.87)	357 (2.77)	727 (2.82)
Stable chronic lung disease	108 (0.84)	148 (1.15)	256 (0.99)
Controlled Diabetic	593 (4.60)	613 (4.75)	1206 (4.67)
Stable Liver Disease	17 (0.13)	17 (0.13)	34 (0.13)
Severe obesity (BMI >35)	53 (0.41)	90 (0.70)	143 (0.55)
Other stable co-morbid condition	613 (4.75)	676 (5.24)	1289 (5.00)
None of the above	125 (0.97)	118 (0.91)	243 (0.94)
Multiple risk categories*	209 (1.62)	200 (1.55)	409 (1.59)
Total number of At-risk participants < 60 years	2088 (16.19)	2219 (17.20)	4307 (16.69)
* Multiple risk categories count contain for subject selected multiple categories (i.e. more than one)			

3.2 GENDER AND AGEWISE CLASSIFICATION OF THE PARTICIPANTS:

In the study both the genders were recruited, among 25800 participants 17332 (67.2%) were male and 8468 (32.8%) were female participants. Detailed description of the participants categorized by their age and gender was depicted in the Table 4.

TABLE 4: GENDERAND AGE WISE CLASSIFICATION OF THE PARTICIPANTS

Gender	≥18 to <50	≥51 to <60	≥60 to above
Male	13790 (53.45%)	2085 (8.08%)	1457 (5.65%)
Female	6242	1250	976

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	(24.19%)	(4.84%)	(3.78%)

4. SAFETY

There are 25,800 participants were recruited in the study. It is decided to consider all AEs reported till 11 am (IST) March 1, 2021 for first 8000 enrolled participants. All the participants were followed up telephonically for 7 days after each dose of vaccination and reported all the solicited AEs. Unsolicited AEs from all the participants were reported throughout follow-up period (Till Day 42). A total of 655 adverse events were reported and equally distributed in both vaccine and placebo groups. Among these 655 AEs 605 were mild, 34 were moderate and 16 were severe and the severity of the AEs is similar in both the groups. All the AEs except 20 were resolved without sequelae. Detailed AEs list is summarized in the Table 6.

TABLE 6: SUMMARY OF ADVERSE EVENTS

Description	Treatment Arm		
	BBV152 (N=4,061) n (%)	**Placebo (N=3,804) n (%)**	**Total (N=7,865) n (%)**
No of Subject with at least one Adverse Event	335 (8.25)	300 (7.89)	635 (8.07)
No of Subjects with at least one Local Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	99 (2.44)	94 (2.47)	193 (2.45)
No of Subjects with at least one Local Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	55 (1.35)	39 (1.03)	94 (1.20)
No of Subjects with at least one Systemic Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	94 (2.31)	55 (1.45)	149 (1.89)
No of subjects with at least one Systemic Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	30 (0.74)	23 (0.60)	53 (No 0.67)
No of subjects with at least one Unsolicited Adverse Events	50(1.23)	67(1.76)	117 (1.49)
All Ongoing Adverse Events	9 (0.22)	11 (0.29)	20 (0.25)
Severity			
Mild	317 (7.81)	288 (7.57)	605 (7.69)
Moderate	17 (0.42)	17 (0.45)	34 (0.43)
Severe	9 (0.22)	7 (0.18)	16 (0.20)

4.1 SERIOUS ADVERSE EVENTS

All the participants (25800) were followed up for serious adverse events (SAEs) and 70 SAEs were reported till 7th April 202, and among those cases 48 were resolved, 14 cases are ongoing and 7 deaths were reported. All the SAEs were not related to the vaccine and distributed equally among the two treatment groups. Detailed description of the SAEs is given in the Table 7.

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TABLE 7: SAEs Line Listing

S. No	Study site (Screening Number)	Date of administration	Date of occurrence of SAE	Seriousness Criteria	Diagnosis of the Event	Causality Assessment by PI	Causality Assessment by Sponsor	Outcome of the Event
1	NIMS, Hyderabad (32000107)	19-11-2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	20-11-2020	Hospitalization	Road traffic accident (RTA)-Crush Injury left foot and Fracture neck of 2nd 3rd and 4thmetatarsal.	Unrelated	Unrelated	Recovered and discharged from hospital on 23rd Nov 2020.
2	NIMS, Hyderabad (32000073)	18-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	29-11-2020	Hospitalization	Uncontrolled Type-2 Diabetes mellitus with Diabetic ketoacidosis and dyselectrolytemia.	Unlikely	Unrelated	Recovered anddischarged from hospital on 12th Dec 2020
3	PGIMS, Rohtak (32100001)	20-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from hospital 30th Dec 2020 in stable condition
4	NIMS, Hyderabad (32000428)	28-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	05-12-2020	Hospitalization	Shortness of breath, pedal edema and fever (3 days).	Unlikely	Unrelated	Recovered and discharged from hospital 6th Dec 2020 in stable condition
5	NIMS, Hyderabad (32000272)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 11th Dec 2020 in stable condition
6	NIMS, Hyderabad (32000242)	25-11-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	10-12-2020	Hospitalization	COVID-19	Unlikely	Unrelated	Recovered and discharged from hospital 15th Dec 2020 in stable condition
7	Grant Medical College & JJ Hospital, Mumbai (31600192)	08-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	12-12-2020	Hospitalization	Homocysteine	Unrelated	Unrelated	Recovered and discharged from hospital in stable condition on 26th Dec 2020
8	SRM Medical College &Hospital, Chennai (32500018)	07-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	15-12-2020	Hospitalization	Clinical enteric fever with dehydration.	Unrelated	Unrelated	Recoveredand discharged from hospital on 17th Dec 2020
9	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30900546)	10-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	17-12-2020	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recoveredand discharged from hospital on 18th Dec 2020 with advice to follow up for further treatment plan
10	People's College of Medical	12-12-2020 (1st Dose) (Vaccine/Placeb	21-12-2020	Death	Death	Unrelated	Unrelated	Fatal

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	Sciences & Research Centre, Bhopal, Madhya Pradesh (30900809)	o; Blinded) 2nd dose was not administered						
11	MGMCRI-SBV, Puducherry (30800390)	26-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	01-01-2020	Hospitalization	"Hollow viscus perforation with Acute Kidney Injury -? Cause"	Unrelated	Unrelated	Recovered
12	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh(30900578)	10-12-2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	06-01-2021	Hospitalization	Liver abscess	Unrelated	Unrelated	Recovered and discharged from hospital on 15th Jan 2021
13	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore. (31100060)	09-12-2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-12-2020 (Date of awareness of SAE:06-01-2021)	Hospitalization	Left lung opacity-LRTI	Unrelated	Unrelated	Recovered and discharged from Hospital on 23rd December 2020
14	People's College of medical research center, Bhopal, Madhya Pradesh(30900546)	10/12/2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	07-01-2021	Hospitalization	Left non-functioning hydronephrotic kidney	Unrelated	Unrelated	Recovered and discharged from Hospital on 21stJan 2021.
15	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901496)	18-12-2020(1st Dose) (Vaccine/Placebo;blinded) 2nd dose was not administered	08-01-2021	Hospitalization	Injury in both the lower limbs (ankle)	Unrelated	Unrelated	Recoveredand discharged from Hospital on 19th Feb 2021.
16	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901257)	16/12/2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	30-12-2020 (Date of awareness of SAE:13/01/2021)	Hospitalization	Mature cataract	Unrelated	Unrelated	Recoveredand discharged from hospital on 1st Jan 2021.
17	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901279)	16/12/2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	03/01/2021 (Date of awareness of SAE:13/01/2021)	Hospitalization	CAD with hypertension with B/L Pneuminitis /ACS/TVD. She was also positive with COVID-19.	Unrelated	Unrelated	Recoveredand discharged from hospital on 6th Jan 2021.

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18	People's College of Medical Sciences & Research Centre, Bhopal, Madhya Pradesh (30901436)	17/12/2020(1st Dose) 14/01/2021(2nd Dose) (Vaccine/Placebo; Blinded)	15/01/2021	Hospitalization	Acute cholecystitis and cholelithiasis.	Unrelated	Unrelated	Recovered and discharged from the hospital on 22 -01-2021
19	People's College of medical sciences and Research centre, Bhopal, Madhya Pradesh (30901004)	14-12-2020(1st Dose) 11-01-2021(2nd dose) (Vaccine/Placebo; Blinded)	18-01-2021	Hospitalization	Renal Calculi with Hepatomegaly.	Unrelated	Unrelated	Recoveredand discharged from the hospital on 19-01-2021
20	NIMS, Hyderabad (32001145)	21-12-2020 (1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	16-01-2021 (Date of awareness of the SAE:21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
21	Jawaharlal Nehru Medical college and Hospital,AMU, Aligarh (31300207)	25-11-2020(1st Dose) 24-12-2020(2nd dose) (Vaccine/Placebo; Blinded)	10-01-2021 (Date of awareness of the SAE-21-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
22	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore (31100290)	28-12-2020(1st Dose)(Vaccine/Placebo; Blinded) 2nd dose was not administered	11-01-2021 (Date of awareness of the SAE: 14-01-2021)	Hospitalization	Atypical viral pneumonia	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-01-2021
23	People's College of medical sciences and Research centre, Bhopal,Madhya Pradesh(30901512)	18-12-2020(1st Dose) 20-01-2021(2nd dose) (Vaccine/Placebo; Blinded)	21-01-2021	Hospitalization	Generalised body pain	Unrelated	Unrelated	Recovered and discharged from the hospital on 25-01-2021
24	AIIMS, New Delhi (30100090)	5-12-2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	22-01-2021 (Date of SAE Awareness: 24-01-2021)	Death	Death	Unrelated	Unrelated	Fatal
25	GMERS Medical College and Civil Hospital, Sola, Ahmedabad (31500928)	28-12-2020(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	08-01-2021 (Date of awareness of SAE: 27-01-2021)	Death	Death	Unlikely	Unlikely	Fatal
26	People's College of medical sciences and Research centre,Bhopal ,Madhya Pradesh (30900901)	13-12-2020(1st Dose) 10-01-2021(2ndDose) (Vaccine/Placebo; Blinded)	01-02-2021	Hospitalization	Right eye mature cataract and left eye pseudophakia	Unrelated	Unrelated	Recovered and discharged from Hospital on 12thFeb 2021.

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27	SRM Medical College Hospital & Research Centre, Kanchipuram, Tamil Nadu (32500447)	28-12-2020(1st Dose) 25-01-2021(2nd Dose) (Vaccine/Placebo; Blinded)	31-01-2021 (Date of awareness by Sponsor: 01-02-2021)	Death	Death	Unrelated	Unrelated	Fatal
28	SRM Medical College Hospital & Research Centre Kanchipuram, Tamil Nadu (32500303)	23-12-2021(1st Dose) (Vaccine/Placebo; Blinded) 2nd dose was not administered	27-01-2021 (Date of awreness-02-02-2021)	Hospitalization	Viral pneumonia due to COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 9th Feb 2021 in stable condition
29	People's College of medical sciences and Research centre,Bhopal , Madhya Pradesh (30900770)	12-12-2020 (1st Dose) 09-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Chronic Otitis media	Unrelated	Unrelated	Recovered and discharged from the hospital on18-02-2021
30	People's College of medical sciences and Research centre,Bhopal ,Madhya Pradesh(30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	02-02-2021	Hospitalization	Bronchial asthma	Unrelated	Unrelated	Recovered and discharged from the hospital on 15-02-2021
31	Maharaja Agrasen Super speciality Hospital, Jaipur (32700845)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
32	Maharaja Agrasen Super speciality Hospital, Jaipur (32700848)	27-12-2020 (1st Dose) 24-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	04-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 04-02-2021
33	AIIMS, New Delhi (30100013)	27-11-2020 (1st Dose) 26-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	03-02-2021 (Date of awreness-06-02-2021)	Hospitalization	Immune Thrombocytopenia Purpura.	Could be associated with the vaccine.	Under Evaluation	Recovered and discharged from the hospital on 08-02-2021
34	Director of Public Health & Medicine study site, Chennai (31200001)	09-12-2020 (1st Dose) 06-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged from the hospital on 16-02-2021
35	People's College of medical sciences and Research centre,Bhopal , Madhya Pradesh (30900391)	07-12-2020 (1st Dose) 05-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	12-02-2021	Hospitalization	Chronic otitis media	Unrelated	Un related	Recovered and discharged from the hospital on 22-02-2021

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36	Prakash Institute of Medical Science & Research, Sangli, Maharashtra (32900012)	30-12-2020 (1st Dose) 26-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	13-02-2021	Hospitalization	Fever, headache, and cough	Unrelated	Unrelated	Recovered and discharged from the hospital on 14-02-2021
37	AIIMS, New Delhi (30100044)	02-12-2020 (1st Dose) 30-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	19-02-2021	Hospitalization	Myocardial infarction (MI)	Unlikely	Unrelated	Recovered and discharged from the hospital on 01-03-2021
38	NIMS,Hyderabad(32001185)	22-12-2020 (1st Dose) 19-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	COVID-19	Unlikely	Under Evaluation	Ongoing at the time of submission of the report by the investigator
39	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi (32300066)	19-12-2020 (1st Dose) 20-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 25-02-2021)	Hospitalization	Fever and body ache	Under Evaluation	Under Evaluation	Ongoing at the time of submission of the report by the investigator
40	Aligarh Muslim University, Aligarh (31300560)	30-11-2020 (1st Dose) 31-12-2020 (2nd Dose) (Vaccine/Placebo; Blinded)	24-02-2021 (Date of awareness: 27-02-2021)	Hospitalization	Epistaxis	Unrelated	Under Evaluation	Recovered and discharged from the hospital on 27-02-2021
41	People's College of medical sciences and Research centre,Bhopal ,Madhya Pradesh (30900606)	10-12-2020 (1st Dose) 07-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 03-03-2021)	Hospitalization	Acute exacerbation of COPD	Unrelated	Under Evaluation	Ongoing
42	AIIMS, New Delhi (30100314)	26-12-2020 (1st Dose) 23-01-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	01-03-2021 (Date of awareness: 05-03-2021)	Hospitalization	Cholecystitis	Unlikely	Under Evaluation	Recoveredand discharged from the hospital on 02-03-2021
43	Vydehi Institute of Nursing Sciences and Research Centre, Bangalore(31100476)	06-01-2021 (1st Dose) 03-02-2021 (2nd Dose) (Vaccine/Placebo; Blinded)	03-03-2021 (Date of Awareness:05-03-2021)	Death	Death	Under Evaluation	Under Evaluation	Fatal
44	Vydehi Institute of Medical Sciences and Research Centre, Bangalore (31100304)	29-12-2020 (1st Dose) 25-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	28-02-2021 (Date of Awareness-08-02-2021)	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged on 10-03-2021
45	Vydehi Institute of Medical Sciences and Research Centre, Bangalore (31100011)	05-12-2020 (1st Dose) 02-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	28-01-2021 (Date of Awareness-08-03-2021)	Hospitalization	Road traffic accident (RTA) with fracture of lower limb bones and diagnosed to have renal failure requiring dialysis	Unrelated	Unrelated	Discharged on last week of February

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46	AIIMS, New Delhi (30100004)	26-11-2020 (1st Dose) 26-12-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	04-03-2021 (Date of Awareness-04-03-2021)	Hospitalization	Liver Abscess with Right Pleural Effusion	Unrelated	Unrelated	Ongoing
47	AIIMS, Patna (30201190)	04-01-2020 (1st Dose) 01-02-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	08-03-2021 (Date of Awareness-08-03-2021)	Hospitalization	Diabetic Foot	Unrelated	Unrelated	Recovered and discharged on 17-03-2021
48	SRM, Chennai (32500483)	29-12-2020 (1st Dose) 28-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	18-03-2021 (Date of Awareness-19-03-2021)	Hospitalization	Alcohol induced liver disease, Portal hypertension, Oesophageal varice	Unrelated	Unrelated	Recovered and discharged on 20-03-2021
49	Prakash Medical College, Sangli (32900004)	29-12-2020 (1st Dose) 26-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	20-03-2021 (Date of Awareness-23-03-2021)	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged on 31st March 2021 and RT_PCR results were negative on 8th March 2021
50	Peoples College of Medical Sciences, Bhopal. (30901710)	21-12-2020 (1st Dose) 18-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	20-03-2021 (Date of Awareness-25-03-2021)	Hospitalization	Fracture Interochantric Femur Right Boyd and Griffin Type 2 with Fracture both bone leg left with fracture distal end Radius	Unrelated	Unrelated	Discharged from hospital on 24- 03-2021
51	GMERS, Gujarat, India. (31500235)	06-12-2020 (1st Dose) 03-01-2021 (2nd Dose) (Vaccine/ Placebo; Blinded)	25-03-2021 (Date of awareness-26-03-2021)	Hospitalization	COVID-19	Unrelated	Unrelated	Recovered and discharged on 02-04-2021

5. IMMUNOGENICITY

The Immunogenicity assessment was planned on the subset of the 600 participants who were recruited in the category 3 sites. All the blood samples from these participants were collected on Day 0, Day 28, Day 56 and these samples are being analysed. The immunogenicity data in terms geometric mean titers (GMTs) by neutralizing antibody, S-protein, and RBD specific anti-IgG binding titer will be submitted to CDSCO and will be available by June 15th, 2021.

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6. EFFICACY (INTERIM ANALYSIS)

We are considering first 127 RT-PCR (2/3 of 130 as proposed in 2nd interim analysis) positive events and analysis has been done by taking data confirmed by sites. Participants who received two doses and not having PD (protocol deviation) are considered in efficacy population. The second interim analysis is based on 127 events, of which 104 events of COVID-19 were observed in the placebo group versus 23 events observed in the BBV152 (COVAXIN®) group, resulting in a point estimate of vaccine efficacy of 77.9%.

The initial second interim efficacy was planned to be triggered after accruing 87 events. However, due to the recent surge in India (Second Wave – April, 2021), the study accrued 127 events rapidly and were presented to the DSMB.

TABLE 7: EFFICACY of BBV152

Description	**Treatment Arm**		
	BBV152 (N = 12219)	**Placebo (N=12198)**	**Total (N =24417)**
First occurrence of Virologically confirmed (RT-PCR) n (%)	23 (0.188)	104 (0.853)	127 (0.520)
VE (%)	77.9		
98.78% CI	[60.8, 88.4]		
p value	<0.0001		

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Among these 127 cases, we have assessed the efficacy of the BBV152 vaccine against severe COVID-19 cases and found to be 100% efficacious.

TABLE 8: Efficacy Analysis of Secondary Endpoint Severe Cases

Description	Treatment Arm		
	BBV152 (N=12219)	**Placebo (N=12198)**	**Total (N=24417)**
First occurrence of Virologically confirmed (RT-PCR), n (%)	0(0.000)	9 (0.074)	9 (0.037)
VE Point Estimate	**1.000**		
90% CI	**[0.605, 1.000]**		

Data available in Interim CSR (Available by June 30th, 2021)

1. Complete Statistical Report (25,800 participants):
    A. Solicited/Unsolicited/Serious AE's till 2-months post dose-2
    B. Efficacy of 130 Symptomatic Events
    C. Asymptomatic Efficacy from 36 events
    D. Efficacy against variants of concern
        i. Variants such as B.1.617 and 1.1.7

7. CONCLUSIONS

Phase 3 study was conducted to evaluate the efficacy and safety of the COVAXIN® vaccine. A total of 25800 participants were recruited, among these 67.2% were males and 32.8% were females. At-risk population, ages≥60 years (9.4%), participants (<60 Years) with co-morbid conditions (16.7%) were enrolled. COVID-19 seroprevalence was assessed among these 25800 participants at baseline and results reported that 34.3% of the participants were Seropositive.

All the participants were followed up for their safety, 70 SAEs were reported and among these 48 were resolved, 14 were ongoing and 8 deaths were reported. Among 25800 participants first 8000 enrolled participants AEs were recorded. A total of 655 AEs was reported and most of them were mild in severity. All the reported SAEs were not related to the vaccine.

COVAXIN® vaccine efficacy was assessed based on the 127 accrued COVID-19 cases and reported that the vaccine efficacy is 78%.

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Itapevi, 24 de maio de 2.021.

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DLOG/MS – DEPARTAMENTO DE LOGÍSTICA DO MINISTÉRIO DA SAÚDE

DIIMP – DIVISÃO DE IMPORTAÇÃO

Ref. INFORMAÇÕES PARA REGISTRO DE LICENCIAMENTO E IMPORTAÇÃO DA COVAXIN ATRAVÉS DO MINISTÉRIO DA SAÚDE.

Senhores, em concordância com a RDC n° 476 de 10 de março de 2.021, enviamos as informações base para registo de licenciamento de importação no SISCOMEX.

Nome do Importador: Ministério da Saúde.
CNPJ: 00.394.544/0008-51.
País de procedência: índia.
URF de Despacho: Aeroporto Internacional de Hyderabad (HYD/Índia).
URF de Entrada: Aeroporto Internacional de São Paulo/Guarulhos (GRU/Brasil).
Exportador: Madison Biotech Limited
País de Aquisição: Cingapura.
Fabricante/Produtor: Bharat Biotech International Limited.
NCM: 3002.20.29
INCOTERM CIP
MOEDA DÓLAR
Valor Unitário: 15 USD por dose;
Quantidade Total: 3.000.000,000 (Primeiro Embarque)

Informamos que as informações referentes aos lotes, validade, certificados de origem e de análise e a fatura comercial do produto a ser importado será imediatamente apresentada após anuência da Agência Nacional de Vigilância Sanitária -ANVISA no processo de autorização excepcional de importação e uso conforme lei vigente.

EMANUELA BATISTA DE SOUZA MEDRADES:33097620842

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Date: 2021.05.25 01:43:09 +05'30'

Precisa Comercialização de Medicamentos Ltda

CNPJ 03.394.819/0001-79

ACTION PLAN EVALUATION REPORT

COMPETENT HEALTH AUTHORITY
Identification of the Competent Health Authority: ANVISA - National Health Surveillance Agency
Chief Inspector: Andrea Renata Cornelio Geyer

Address of the Health Agency: Industry and Supply Sector (SIA) - Section 5, Special Area 57.
City: Brasilia

Status (UF): Federal District
Mobile: 71205-050

INSPECTED ESTABLISHMENT

Company Reason: Bharat Biotech International Limited

Address: Sy No 230, 231 & 235, Genome Valley, Turkapally, Shamirpet Mandal, Medchal – Malkajgiri District – 500 078 Telangana.

City: Hyderabad
Country: India

INSPECTION DATA

Inspection start date: 01/03/2021

Closing date of the inspection: 05/03/2021

NON-CONFORMITIES CRITICAL

NON-CONFORMITIES CRITICAL found in the inspection: 3
Critical Non-Compliance1
The specifications have not been established in accordance with the requirements of the ICH Q6B (Specifications: Test Procedures and Acceptance Criteria for Biotechnological/Biological Products), in disagreement with article IV of Art. 131 of RDC 301/2019. It has been verified that the specifications of the finished biological product do not include methods for its biological activity or quantification of viral antigen, as well as impurities derived from process, such as host cell proteins (HCP) and neomycin used in culture media, as provided for in ICH Q6B. The formulation of the vaccine is carried out only by the quantification of total protein(non-specific method), which does not guarantee that the dose of the vaccine is consistent, as there is also no quantification of host cell protein (HCP) and it has not been shown that the host cell purification is consistent (no suitability tests of the chromatography, resins are not controlled for the time of use, it is not performed efficiency test of the tangential filtration membrane, among other deficiencies).

Article infringed on non-compliance: 131

Standard infringed on non-compliance: RDC 301/2019 **NC was categorized according to**: Decision-making tree
STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):
Prohibition of the batch(s) of the product(s) and/or material(is)
Production line manufacturing suspension

Proposed Corrective or Preventive Action Plan:

The company argues that the Covaxin vaccine potency test would be the combination of different methods, such as total viral protein content by the Lowry method, identification of s1 protein by the qualitative ELISA method (already validated) and the estimation of protein S1 by the direct Method of ELISA (not yet validated), protein purity by SDS -PAGE. The specificity of protein S1 was evaluated with based on Western Blot, the morphological structure of the inactivated virus was evaluated by electron microscopy and there was also quantification of protein impurities not specific - residual Content of BSA, host cell protein content residual, residual trypsin content - in addition to residual DNA content. After evaluating the whole combination of methods and results during product development, clinical lots and commercial batches were released considering the protein content total viral by lowry method. Currently, the role of many of the other proteins (Protein N, Protein M, Protein E, Protein S) is under evaluation, therefore, BBIL adapted the quantification of total viral protein by the lowry as a power test.

According to the company, the total viral protein quantification approach by the lowry as a power test was correct and was proven based on data from immunogenicity obtained during pre-clinical studies conducted in animals (mice, mice, rabbits, hamsters and non-human primates). Because it is a vaccine, the correlation between immunological protection for SARS- CoV-2 has not yet been defined, then the dose formulation was designed based on protein quantification total viral by Lowry method. Power by Lowry method is an accepted method release of vaccines such as inactivated Japanese Encephalitis Vaccine (Humana, which is listed inWHOTRS963Annex1.Because of this, the company informs that adapted the quantification of total viral protein by the Lowry Method as a power.

Also, according to the company, the total viral protein content by Lowry's method, was evaluated in pre clinical and clinical phase I/II/III clinical studies. immunogenicity obtained in Phase I and Phase II are comparable with sera convalescent human patients and the results for immunogenicity have been published in the reviewed journal (Lancet Infectious Diseases). According to the report phase III clinical study the vaccine showed efficacy of 81%.

In the case of the company's considerations, the inspector team emphasizes that the Lowry is nonspecific and does not inform whether the proteins are in their correct three-dimensional structure, there fore exhibiting biological activity; or if proteins denatured. Especially at this early point of a new product, is which is still characterizing the vaccine, it is not possible to draw up a direct relationship in that all protein would be equivalent to the S1 antigen; in fact, there may be other proteins in quantities not yet known, such as other proteins sars-cov-2, the trypsin reagent, Vero cell HCP and Vero proteins culture medium.

In this way, the power would not be given by the combination of different methods, such as BBIL'S argument in its Action Plan; in fact, the data from biological potency/activity will be providedbybioassayssuchastheimmunogenicityinmiceorbythequantitativeELISAmethod, as this demonstrates the maintenance of the structures responsible for their activity in Biological. The other methods mentioned help to construer the totality of information product quality, considering other parameters such as HCP and DNA residual for purity.

The company concludes that existing test parameters support that the product is immunogenic and effective, however, presented the following actions planned in the CAPA/QCV/21001 for completion on 07/30/2021:

1)The potency method (biological activity) will be developed and validated. The product release specification (DP) will be reviewed by incorporating the Power.

(2) The power specification shall be established on the basis of 30 batch data. Regarding the host cell protein (HCP) test, the company informs that the method has been validated and the DS batches are being analyzed as additional testing informational, and the data have shown consistency. The company presents the validation analytical method and proposes to include the HCP test in the release specification DS, with a deadline of30/07/2021.

For neomycin, the company justifies that neomycin is used during the cell expansion at the concentration of 50 µg/mL and that during the process there are several washing, clarification and purification steps, then the content of neomycin would be reduced to strokes in DS and the concentration in the final product would be below the Detected. However, the company informs that it will include the neomycin test in the neomycin release specification, also as part of CAPA/QCV/2100130/07/2021.

NC Classification: AOD (Determined Official Action)
Justification for the Adoption of AOD:

Analyzing the company's claims, we found that the reference cited, the WHO TRS 963 Annex 1 (Recommendations for Japanese encephalitis vaccine (inactivated) for human use), actually suggests the analysis of total protein content by the method of Lowry in the RELEASE step of the IFA (p. 87). However, on the same page, there is the the need to also perform the antigen content test, this test that the company has not implemented either for the IFA or for the finished product. About the test the document recommends that the power test be tested or in the bulk of the IFA (p.89) or in the finished product (p.92), in addition to carrying out the protein test (p. 91). In this way, the inspector team understands that if the company performs the total protein content and antigen content test in IFA and power test and protein content in the finished product, the control strategy would be adequate for the product. However, this action is planned for completion only in 30/07/2021, making it impossible at the moment to ensure batch consistency to lot of the potency and concentration of the product. As for the other questions of this (HCP, Neomycin, among others), the approach used by the company is appropriate, however the forecast of implementation of the tests is too long acceptance of the action plan.

Monitoring Strategy: Documentary Assessment
Planned Date: 30/07/2021
BBIL Response Dated 29/03/2021:
BBIL is re looked in to the initially proposed time lines, according to the ANVISA comments the revised timelines activity wise i.e. method development, specification for drug product and drug substance and method validation.
Once the method is developed, an additional specification will be prepared for drug product by capturing the Potency test (Biological activity) and in drug substance specification by capturing the i) S1 antigen estimation by ELISA, ii) HCP and iii) Neomycin. Once the methods ready, will start testing the batches and the certificate of analysis can be issued accordingly. The method validations shall be continued parallel and will update ANVISA once the validation report is available.
Drug Product:

Action Plan	Initial committed date	Revised target date	Remarks
1. Potency test (Biological activity) method development	30thJul 2021	15th Apr 2021	NA
2. Preparation of potency specification & STP for ANVISA	30thJul 2021	15th Apr 2021	# CC/QCV/21006

3. Analytical Method validation	30th Jul 2021	30th May 2021	# CC/QCV/21003

Drug Substance:

Action Plan	Initial committed date	Revised target date	Remarks
1. S1 antigen estimation by ELISA method development	30th Jul 2021	15th Apr 2021	NA
2. Preparation of antigen content specification & STP for ANVISA	30th Jul 2021	15th Apr 2021	# CC/QCV/21005
3. Analytical Method validation	30th Jul 2021	30th May 2021	
4. HCP test addition in the DS specification	30th May 2021	15th Apr 2021	
5. Neomycin test addition in the DS specification	30th Jun 2021	15th Apr 2021	
6. Neomycin test method verification	30th Jul 2021	30th May 2021	

Critical Non-Compliance 2

The viral inactivation process was not adequately validated, in disagreement with the Art. 76 of IN36/2019.The REPORT PVR/376/21/03adoptedon05/01/2021describesthevalidationofthe manufacturing process together with viral inactivation. Viral inactivation evaluated in only 3 batches,usingaqualitative-onlyanalyticalmethodthatisnotvalidated,without guarantee that the method has the appropriate sensitivity to detect the presence of the active virus, in non- observance of Art.94.in47/2019.Validationalsodidnotcheckthemaximumpreparationtime of the inactivating agent betapropiolactone (BPL),which is not stable at room temperature since its removal from the freezer until its addition to the culture medium and beginning of the inactivation process. The viral inactivation has not been tested in the worstcase situations (maximum preparation time inactivating solution, maximum temperature allowed, agitation, etc.), as the critical process parameters are also not defined. The viral inactivation, which is crucial in the production of an inactivated vaccine. The kineticines (CDI or KOI) should be fully understood, and, for ensure complete virus inactivation, testing for inactivation efficiency should be validated and well characterized for sensitivity and robustness. Cdi will be different by virus and inactivation method, therefore, to ensure the safety of bulk vaccine inactivated, the inactivation process should be extensively studied, in which it is observation of a reproducible CDI is essential. Viral inactivation is directly related to the nature of the virus, the initial concentration of BPL, temperature and composition of the solution during inactivation. It is essential to understand the kinetics of inactivation by BPL to ensure the complete safety of the vaccine, as the viral inactivation are not linear and may exhibit a phenomenon called the "viral factor tail": a reduction in the rate of inactivation during treatment due to the fall in concentration of BPL at the time logo, which is caused by the reaction of this agent with the virus, water or the components of the medium, which reduces the rate of inactivation with the time1.Therefore,consideringthatarobustandconsistentprocessofinactivationviraliscrucial to product safety this non-compliance is considered critical.

Article infringed on non-compliance: 76

Standard infringed on non-compliance: IN 36/2019
NC was categorized according to: Decision-making tree

STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):

Prohibition of the batch(s) of the product(s) and/ or material(is)
Production line manufacturing suspension

Proposed Corrective or Preventive Action Plan:

The company again argued that it developed and validated its inactivation kinetics based on a compendialCPEmethodandreferencedinaWHOdocumentandVATorviralamplificationtest, with high sensitivity to demonstrate amount of below very low detection levels. This method is already validated in house rabies viruses and Japanese encephalopathy and were extrapolated toSARS-CoV-2.In this sense,theobservationremainsthatthetestisnotyetvalidatedcovid-19 vaccine; additionally, the VAT method is qualitative, generates the result dichotomous type "present/absent virus", providing information on the absence of of residual infecting particles and on the viral safety of the product as a whole, However, because it is not quantitative, it does not characterize the kinetics of inactivation over the treatment with BPL, under the specific conditions of the manufacturing process.

In addition, the bibliography cited by the company itself (WHOTRS980/2014Annex2), describes method in cell culture, employing detection of EPC, but for polio virus titration in the oral vaccine. CAPAs include inactivation kineticsstudywithquantitativemethodfor30/05/21;study of time out of refrigeration (TOR)ofTheBPLalsofor30/05/21;Andcppsestimatedfor7/30/21.

NC Classification: AOD (Determined Official Action)
Justification for the Adoption of AOD:

Although the company uses the qualitative test for IFA release, this test should be Validated. Even though it is a test based on official compendiums, it is described for vaccines, so validation ratleastthesuitabilityofthemethodshouldbebedemonstrated.In addition,to evaluate the kinetics of inactivation, the method should be validated or have its suitability verified. So far there is no evidence demonstrating that the behavior of SARS-CoV-2 is identical to the polio myelitis and Japanese encephalitis, nor if there is any component of the formula that could interfere with the test.

Monitoring Strategy: Documentary evaluation.
Planned Date: 30/05/21 and 30/07/21.
BBIL Response Dated 29/03/2021:
BBIL re looked in to the initially proposed time lines, according to the ANVISA comments the revised time lines are as follows,

Action Plan	Initial committed date	Revised target date	Remarks
1. CPE method development	NA	NA	Completed
2. Preparation of inactivation kinetics protocol	NA	NA	Completed
3. Execution of inactivation kinetics study	30th May 2021	30th Apr 2021	NA
4. CPE method validation	30th May 2021	30th Apr 2021	NA
5. VIT and VAT method development	NA	NA	Completed
6. VIT and VAT method validation	30th Apr 2021	30th Apr 2021	NA

The Inactivation Kinetics study protocol # SP/37/21/01 is prepared and attached as **Annexure-26**

Critical Non-Compliance 3

In the PQ3 area, the company does not have adequate measures to avoid the risk of a contamination of products already treated with the inactivating agent by items not yet and the sequence of operations and equipment do not guarantee the contact of the inactivating agent with all surfaces exposed to viral culture, in disagreement with articles 77 and 78 of IN36/2019. In the PQ3 manufacturing area, all activities, from the culture in bio reactor until the sterilizing filtration of the IFA, are performed in the same room.

The BB/DW/PQ3/005.00 waste diagram was not up-to-date, reflecting the current situation of manufacture of the Covaxin vaccine. The operator did not respect the flow of personnel diagram BB/DW/PQ3/005.00, entering and exiting through the same antechamber to search for the logbooks at should be next to the equipment in the area. The drawing of the process did not consider the contact of all contact surfaces with the agent inactivating, as there is no transfer to a second container. Considering the absence of adequate manufacturing records, that the validationofthemanufacturingprocessviralinactivationwasalsonotperformedappropriately as described in the CN Critical 2, and that the method for checking viral inactivation is not validated,thisisnotcompliancewillbeclassifiedascriticalinaccordancewithPOP-O-SNVS-014 (combination of different non-conformities which together can be explained by as a critical situation for the product, as they generate or lead to a significant risk to manufacture a product that is dangerous to patients.

Article infringed on non-compliance: 77

Standard infringed on non-compliance: IN 36/2019
NC was categorized according to: Decision-making tree
STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):

Prohibition of the batch(s) of the product(s) and/or material (is)
Production line manufacturing suspension

Proposed Corrective or Preventive Action Plan:

Thecompanyinformsthatalloperationscarriedoutintheareaareclosedandcarriedoutfixed, washed and sterilized transfer lines prior to use by means of on-site cleaning and sterilization system (CIP/SIP). The preparation of viral seed is performed in insulator and subsequently all subsequent steps are closed.

Considering these measures, the company claims that SARS-CoV-2 could be manufactured in BSL 2+ area.

A change control was initiated (CC/PQ3/21002) to review the waste stream of the area. The draft version of the flow was presented. The deadline proposed in the for implementation is 30/03/2021.

The company also informs that the employee kept the logbooks in the antechamber for and therefore was reported the IR/PQ3/21003 incident that resulted in the retraining PQ3 area operators in the correct personnel flow and maintenance of logbooks with the respective equipment/areas.

With regard to the process in the PQ3 area, the company proposes to ensure the contact of all the

contact surfaces with the inactivating agent using the additional standby tank (PQ3-HRV-

003) as inactivation tank 2. The transfer to this tank will be after 16 hours of inactivation by means of a flexible transfer line. Was CC/PQ3/21003 change control started on 03/17/2021, according to the informed in the plan the expected completion of this action is 04/30/2021.

In addition, the company informs that the IFA production process will be re validated after the validation of out standing analytical methods; use of the second inactivation tank to ensure that all surfaces come into contact with the inactivating agent in the PQ3 area; small-scale study of chromatographic resin reuse; Rationalization cpps and CQAs; and review of SOPs and BMR. These actions are planned to finalize on30/07/2021.

NC Classification: AOD (Determined Official Action)
Justification for the Adoption of AOD:

No immediate corrective action to mitigate the risks was taken by the company. The most important action to ensure total inactivation of the virus (transfer to a container, ensuring that all surfaces come into contact with the solution) is scheduled for completion on 30/04/2021.

Monitoring Strategy: Documentary Assessment
Planned Date: 30/04/2021
BBIL Response Dated 29/03/2021:
As an immediate corrective action, it is decided to implement an additional harvest hold vessel for Inactivation step in PQ3 facility. A Change control (# CC/PQ3/21003) was initiated to implement the proposed actions to connect the existing harvest hold vessels (ID PQ3-HRV-001 & ID PQ3-HRV-002) for inactivation 1 for 16 h. with additional harvest hold vessel (ID: PQ3-HRV-003) through a flexible transfer line for inactivation 2 for 16 to 32 h. The respective batch records will be revised and implemented.
The lay out was revised to indicate the transfer line between the existing vessel vessels (ID PQ3-HRV-001 & ID PQ3-HRV-002) and additional vessel (ID: PQ3-HRV-003) is attached as **Annexure-27.**
MAJOR NON-CONFORMITIES

MAJOR NON-CONFORMITIES found on inspection: 12
Non-Compliance Major 1
Not all analytical methods are validated, in disagreement with item III of art.14ofrdc301/2019. It has been found that several methods are not yet for Covaxin®, such as the quantification of theS1antigen by ELISA, the content of the 2-phenoxyethanolpreservativebyRP-HPLC, Method AMVP/37/06-Corona Virus Amplification Test (VAT)eAMVO/37/07–Corona Virus Inactivation Test (VIT). In addition, partial validation of compendial is methods is incomplete, as does not provide for the evaluation of the parameters accuracy and accuracy, as provided in the QCC/009 rev 3 of 03/07/2020, which does not comply with Articles 7 and 8 of RDC166/2017.

Article infringed on non-compliance: 14

Standard infringed on non-compliance: RDC 301/2019
NC was categorized as: Annex I of POP-O-SNVS-014 **NC number listed in Annex I to POP-O-SNVS-014:** 187
STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):
Prohibition of the batch(s) of the product(s) and/or material(is)
Product manufacturing suspension

Proposed Corrective or Preventive Action Plan:

The action plan confirmed that the following analytical methods will still be validated: s1protein content by ELISA, quantitative CPE titration, VAT, VIT, aluminum, residual DNA, 2- phenoxy ethanol by HPLC and power for DS and DP. The forecast validation of analytical methods is 30/06/2021.

NC Classification: AOD (Determined Official Action)
Justification for the Adoption of AOD:

The deadline for finalizing the action is 30/06/2021 and non-compliance would imply the standardized sanitary suspension of product manufacturing and interdiction of batches manufactured so far.

Monitoring Strategy: Documentary Assessment
Planned Date: 30/06/2021.
BBIL Response Dated 29/03/2021:
BBIL re looked in to the initially proposed time lines, according to the ANVISA comments the revised time lines are as follows,

Action Plan	Initial committed date	Revised target date	Remarks
1. Quantitative estimation of S1 protein content by ELISA	30th Jun 2021	30th May 2021	NA
2. Quantitative CPE titration	30th Jun 2021	30th Apr 2021	NA
3. VIT and VAT method validation	30th Jun 2021	30th Apr 2021	NA
4. Aluminum content	30th Jun 2021	30th Apr 2021	NA
5. Residual DNA content	30th Jun 2021	30th Apr 2021	NA
6. 2-Phenoxyethanol preservative by RP-HPLC methods for COVAXIN.	30th Jun 2021	30th Apr 2021	NA

Major Non-Compliance 2

The filtration time, pressure and flow are not validated for all filters used, that are not adequately identified and monitored during routine production, disagreement with IN35/2019, Art.154. The company also failed to demonstrate that filters used in the sterilization of the IFA bulk and the solutions used in the formulation of do not affect the product, either by removing its ingredients or by adding other substances, indisagreementwithArticle158ofIN35/2019.It was not possible to identify the filtration parameters (pressure, flow and filtration time) used in the validation of the filtering, making it apparent that they were not challenged. There is no indication of the filter catalogue numbers used in the tests, preventing the identification the exact filter that is validated for each step of the process. The Merck filter® (Identified only by the brand) was not included in the bacterial challenge and is only mentioned in the validation in the filtration processes related to the formulation of the finished product. The PALL filter® (Identified by brand only) was only indicated in the validation of the solutions in the finished product. During the review of the manufacturing record of lot 37621010A, it has been verified that the catalog number filtering differs from validated. Routine filtration parameters also are not registered in the batch manufacturing record. In addition, the company does not have study of extractable considering the process filters for the Covaxin vaccine. Informs that is in the process of being run by the filter provider. It has no analysis of risk to justify this absence.

Article infringed on non-compliance: 154 and 158
Standard infringed on non-compliance: IN 35/2019 **NC was categorized as:** Annex I of POP-O-SNVS-014 **NC number listed in Annex I to POP-O-SNVS-014**: 137
STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):
Product manufacturing suspension

Proposed Corrective or Preventive Action Plan:

BBIL acknowledges the observations on the validation of sterilizing filtration. The company indicates that the validation protocol will be revised to include the critical parameters of (CPP), such as filtration time, filtration pressure and filtration rate for calculate Critical Quality Attributes (FCA) as bacterial retention and filter compatibility. As part of this study, the details of the filters used, including an indication of the catalogue number of filters used in the

validation and those will be used in a routine period, as well as the description of this in the manufacturing records of the according to the validated data. The batch documents will be reviewed for filtering parameters and indicating the types of filters used. Furthermore, the company undertakes to include in the batch manufacturing records only the filters validated. For extractive and leachable studies, the company indicates that it has already been initiated, in accordance with protocol VSI-21943-01, approved by BBIL and Sartorius®, supplier of filters.

NC Classification: AOD (Determined Official Action)
Justification for the Adoption of AOD:

The action plan, when executed, has the capacity to mitigate the NC, but for completion of the action is 30/05/2021. There was also no risk assessment and comparison with other company processes to demonstrate that the risk is in line with the acceptable level.

Monitoring Strategy: Documentary Assessment
Planned Date: 30/05/2021
BBIL Response Dated 29/03/2021:
BBIL would like to clarify that, the risk assessment # RAR/PA1P/21/008 was carried out to evaluate the risk associated with usage of sterilizing grade filters without validation for the leachable in the filtration of bulk and 2 PE in PBS used for the formulation. The risk assessment report # RAR/PA1P/21/008 is attached as **Annexure-28.**
Major Non-Compliance 3

Evidence of approval from each supplier/material is not available, in disagreement with §2,Art. 179 of RDC 301/2019. The qualification of suppliers of the Trypsin material, for the supplier Life Technologies, was not adequate. The qualification was held for several manufacturing sites, but the company only received the initial samples to a single manufacturing site. The quality questionnaire was answered by the supplier and cites 3 manufacturing sites, but the company presented a list of manufacturing sites from the same supplier (life Technologies) with6possible manufacturing addresses. The same observations have been identified for the Sigma Aldrich supplier of 2-phenoxy-ethanol, with impossibility of presenting the documentation for all excipient manufacturing sites. The qualification is confusing and was not carried out considering each material for each manufacturing site, that is, the company qualified, in the cases of 2- phenoxy-ethanol and trypsin, for corporations, automatically approving all manufacturing sites of these companies, which is not appropriate.

Article infringed on non-compliance: 179

Standard infringed on non-compliance: RDC 301/2019 **NC was categorized as:** Annex I of POP-O-SNVS-014 NC number listed in Annex I to POP-O-SNVS-014: 203
STANDARDIZED HEALTH ACTION(POP-O-SNVS-014):
No Standardized Sanitary Action

Proposed Corrective or Preventive Action Plan:

The company acknowledges the deficiencies indicated. There are no SOP#QAS/021 statements qualification of each material supplier. The company proposes to review of the procedure to make it clear that each material/supplier should be evaluated individually. Change control CC/QAS/21006 has been initiated and the completion of the measure is on 30 May 2021. Corrective action is acceptable.

NC Rating: SAI (No Action Indicated) **Monitoring Strategy:** Documentary Assessment **Planned Date:**
May 30,2021
Major Non-Compliance 4

The manufacturer did not present a technical-scientific rationale based on the premises of the quality risk management to justify and substantiate critical parameters (PCC or CPP) and critical quality attributes (ACQ or CQA), in accordance with the provisions of IN47/2019 articles 50 and 67, as verified in the avaixo evidence:

(a) during the review of the protocol and the validation report of the formulation of the Covaxin vaccine and the set of data and information associated with aos 03 lotes (ref. PVP/37G/21/02 & PVR/37G/21/02 Process validation report of Whole Virion, inactivated Corona virus vaccine), constatou -se que os CQA e CPP identified were neither justified nor substantiated, and yet the concluded that the process was reproducible, consistent. They have not yet been evidence on the process validation of the adjuvant system has been submitted used in the Covaxin vaccine.

b) During the evaluation of the process validation of the sterile if a bulk of the vaccine Covaxin (PROTOCOL PVP/376/20/03 of 10/19/2020 - Process Validation Protocol for Manufacturing of Whole Virion Inactivated Corona Virus Bulk at PS2 Facility and corresponding report PVR/376/21/03adoptedon05/01/2021)was found that there is no clear and rational definition ofcriticalprocessparametersandcriticalqualityattributes.Several process parameters are not and critical attributes such as biological activity, antigen quantification, and impurities (HCP, neomycin) were not evaluated.

c) Process Validation Protocol PVP/376/21/01 approved on 11/01/2021 (Process Validation Protocol for manufacturing of Whole Virion Inactivated Corona Virus Bulk (PQ3) NLT 20L), referringtothevalidationofthemanufacturingprocessoftheifainthePQ3area, also does not present a clear and rational definition of the critical process parameters and critical quality attributes.

Article infringed on non-compliance: 50

Standard infringed on non-compliance: IN 47/2019 **NC was categorized as**: Annex I of POP-O-SNVS-014 **NC number listed in Annex I to POP-O-SNVS-014:** 223
STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):
No Standardized Sanitary Action

Proposed Corrective or Preventive Action Plan:

BBIL acknowledges the observation, and informs that SOP # QAS /026 (Title: Preparation, approval and execution of Process Validation, study protocols and report) should be reviewed to include that a risk assessment needs to be carried out in a identification of CPPs and CQAs, according to CAPA/QAS/21001.

(A)Thecorrectivepropositionmaybeconsideredacceptableandfeasibletotheextentthatthe dispositive actions for adequacy included the revision of the SOP procedure # QAS/026 Preparation, approval and Execution of Process Validation, study protocols and report a perspective of inclusion of risk management tool (Ref. 3.2 rationale) for the rationale and justification of the CPP and CQS identified in the formulation stage.

Also as part of the implementation of the proposed CAPA (CAPA/QAS/21001) initiated in 17.03.2021 and expected to end on 07.30.2021, the protocol of process validation on the scale of 250L as per PVP/37F/21/02 rev.00 of 13.03.2021 Protocol for process validation of whole virion, inactivated corona virus vaccine 5.0mL PA1 batch size 250L (Annex 09). Under that Protocol, the statement of reasons selection of PPCs and COD and associated risk analysis was completed as reference cited RAR/PVP/37F/21/02 and its annex-3 (Page 06 of 29) With regard to the validation process of the manufacture of the adjuvant system, the change control #CC/PA1/21005 for the execution of validation exercises. However, the certification of the full adequacy and successful implementation of capa should be formally submitted in a documentary manner via conclusive reports for the assessment of technical relevance and consistency in the face of regulatory requirements in Force.

B/C) With respect to the IFA manufacturing process, the company informs that it will be re validated after:

(a) validation of outstanding analytical methods;

(b) use of a second inactivation tank to ensure that all surfaces come into contact with the inactivating agent in the PQ3 area;

*Small-scale study of chromatographic resin reuse;
c) Rationalization of CPPs and CQAs;

d) Review of SOPs and BMRs

This action is scheduled for completion on 30/07/2021.

NC Rating: SAI (No Action Indicated) **Monitoring**
Strategy: Documentary Assessment **Planned**
Date:30/07/2021
Major Non-Compliance 5
Batch manufacturing records are not carried out and completed whenever a batch action is carried out and in such a way as to allow all significant activities relating to the manufacture of medicinal products are traceable, in disagreement with Articles 124 and 137 RDC 301/2019, as evidenced below:

(a) gaps and absence of signatures have been verified in the completion of the bmr 40A21007A batch processing record, whichwasnotwrittenbycontemporarywaytotheimplementationof the stage of the process and in disagreement with the data integrity concepts of ALCOA+ principles in order to ensure that security and integrity of the data. During the tour in the production areas in the March 2nd at Ed. PA1, there was no double verification, signature and time gap in filling the

calculation of ingredients (sheet08/33) which was made the day before,

i.e. March 1.

(b) The IFA manufacturing record does not include: the lot number of the working cells and viral seed used and the respective number of bottles; instructions for adding sterile bovine fetal serum to the bioreactor and its respective registration; traceability of the collection and incubation conditions of control cells; cell culture parameters (pH, agitation, oxygen dissolved, etc.); identification of all equipment used in the process; time of removal of the beta- propiolactone vial from the freezer; recording of the cycles sterilization of inactivation tanks; the inactivation temperature only is recorded at the beginning of the process; the number of cycles already used in the chromatography; chromatogram; column and system suitability tests tangential filtration; sterilizing filtration parameters;

c) During the revision of the manufacturing record of lot 37621010A was not registered the supplier of the sterilizing filter used and the master record allows them to be filters from suppliers Sartorius®,Merck®and Pall®,mean while the validation was only performed with filter from the supplier Sartorius®; the filtration parameters (pressure, flow, time) are not recorded; the number of registered catalog is different from that used in the validation of sterilizing filtration;the filtered volume was not recorded, although there was a field for such registration; ItwasrecordedthatwereusedinthepackagingofIFAbottlesofpolypropyleneof20L,however it has been reported that only bottles are used 2L; the number of bottles obtained is not recorded.

d) The records of use of chromatography and filtration equipment of the PQ3 area were not present in the area where the activities were being carried out. The operator went to get the record books in the the area's entrance chamber, not complying with the defined personnel flow.

Article infringed on non-compliance: 124 **Standard infringed on non-compliance**: 301/2019 **Nc was categorized as**: Annex I ofPOP-O-SNVS-014
NC number listed in Annex I to POP-O-SNVS-014: 152

STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):
Precautionary prohibition of the batch(s) of the product(s) and/or material(is)

Proposed Corrective or Preventive Action Plan:

A) To correct the note related to data integrity failure noisily as to the absence of completion andregistrationofrelevantinformationatthetimeoftheperformanceoftheactioncompeting for the lack of reliability and contemporaneity input data and consequent failure to support informed decisions, the manufacturer opened deviation report#IR/PA/21011whoserootcause attributable was related to error human rights and also revisited its internal integrity policy procedures for human dados SOP QAO/003Good documentation practicese QAS/PLY/023Data integrity policy retraining employees in order to follow the principles and concepts of culture to meet alcoa+elements.

Also, as part of the dispositive actions, the manufacturer stated that it would be strengthening supervision actions at the shop floor level in order to avoid recurrences of the Future. action is included as finalized in the Action Plan.

B) The company justifies that,as COVAXIN is a newly developed product and still remains in the

clinical phase, is in a process to address all the gaps and has carried out the assessment of gaps in the batch record, which was presented during the inspection.

As corrective action,the bioprocess batch record will be reviewed by incorporating all the gaps. To avoid similar gaps in batch records, the respective PCPO should be revised to incorporate significant activities to be captured in the registry of the lot. Once all the gaps are addressed, the manufacturing process of the IFA must be revalidated through a process validation protocol. CAPA / PS2 / 21001 was started on 17/03/2021 and the proposed deadline for implementation is 30/04/2021 for the review of the BMR, 30/06/2021 for review of SOPs and 30/07/2021 for process validation.

C) With regard to the sterilizing filtration parameters, the company informs that the respective batch documents will be reviewed to incorporate the parameters of filtration (pressure, flow, time). The batch records will be reviewed to incorporate the filter catalog number used in the process. The company is committed to only validated filters and that the IFA packaging in polypropylene vials of size and the number will be mentioned in the BMR. The proposed deadline for this action is30/05/2021.

D) The company informs that it has interviewed the employee in question and has realised that the respective equipment registration books were placed in the antechamber room by mistake. Incident # IR/PQ3/21003 was initiated on 03/09/2021 for the said discrepancy and the employees involved in the PQ3 area were retrained in the SOP-PQ3/003 (movement of people and materials) and keep the registration books next to the equipment/area.

NC Classification: AOD (Determined Official Action)
Justification for the Adoption of AOD:

The deadline for finalizing the action is 30/05/2021 and non-compliance would imply the standard sanitary interdiction of the lots manufactured so far.

Monitoring Strategy: Documentary Assessment
Planned Date: 30/07/2021

BBIL Response Dated 29/03/2021:

A. The proposed actions were completed. The concerned personnel were retrained on SOP # QAO/003 “Good documentation practices” and # QAS/PLY/023 “Data integrity policy”. The Incident and training documents are shared in initial CAPA response. Refer **Annexure-10**

Initial timeline for the revision of BMR	Revised timeline for the Revision of BMR	Remarks
30/05/2021	15/04/2021	The BMR will be revised by incorporating all the identified gaps and batches will be executed with revised batch records from 15/04/2021

B. As per Change Control # CC/PS2/21004, the identified gaps in the BMRs were incorporated and will be effective from 15/04/2021. Column efficiency parameters, column matrix lot number, make and TFF cassette suitability test were also incorporated in the BMR.

Filter catalogue number, make and only the validated filter has been incorporated in the BMR.
PP bottle capacity, number and final volume recording provision also incorporated in the BMR.
The change control # CC/PS2/21004 is attached as **Annexure-29.**
C. The proposed actions were completed. Concerned personnel were retrained on respective SOP. The Incident and training documents are shared in initial CAPA response. Refer **Annexure-05**

Major Non-Compliance 6

The company does not comply with premises and requirements of aseptic technique and aseptic behavior in order to maintain the sterility of the materials/products near the aseptic core in disagreement with the provisions of IN 35/2019 Art.101.

During the observation of aseptic behavior and aseptic operator technique in the Covaxin 37F21014A (Ed. PA1) was checked aseptic manipulation improper when taking samples for checking the volume bottled in contrary to the provisions of item 8.3.10 of the PDG/072 REV02 procedure of 01.05.2020 (Good Clean room Behavior) que enfatizava “Keeping the parts of entire body out of the path of laminar flow in order to avoid turbulence when working in under LAF unit particularly when handling open product, container and closer”.

Article infringed on non-compliance: 101

Standard infringed on non-compliance: IN 35/2019 **NC was categorized as:** Annex I of POP-O-SNVS-014 **NC number listed in Annex I to POP-O-SNVS-014**: 288
STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):
Production line manufacturing suspension

Proposed Corrective or Preventive Action Plan:

To remedy and correct blatant procedural manipulation failures, movement, management and behavior observed during the activities of in the PA1 building, the manufacturer opened a deviation report #IR/PA1/21010 and instituted corrective action (CAPA #PA1/21001 17.03.2021_ref. FORM FMQAS/004/001.03) retraining personnel in the PDG/072_Bom in areas Clean. Another dis positive action was initiated in order to avoid the recurrence of inappropriate practices of aseptic behaviour that incur the risk of contamination, i.e., revision of the PA1/037_Operação and cleaning of the fill machine to incorporate the test into the volume verification process bottled out in the filler cabinet, thereby eliminating breaks and breaks of laminarity of the air and mitigating the risks of contamination due to aseptic techniques Unacceptable.

NC Classification: AOD (Determined Official Action)
Justification for the Adoption of AOD:

The action has the potential to correct the NC but has not yet been executed. This is a action that needs to be effectively completed to avoid risk of contamination to the lots of the medicine. **Monitoring Strategy**: Documentary Assessment

Planned Date: 30/04/2021

BBIL Response Dated 29/03/2021:
BBIL would like to update that, as a corrective action plan, the concerned personnel were retrained on SOP # PGD/072 (Good clean room behaviour) on 09/03/2021.
To prevent the non conformities, it is proposed to revise the SOP # PA1/037 vide # CAPA/PA1/21001.
BBIL has initiated a change control # CC/PA1/21006 dated 20/03/2021 and approved on 26/03/2021.
Accordingly, the SOP # PA1/037 revised. The SOP is effective from 27/03/2021. The approved SOP is attached as **Annexure-30.**

Major Non-Compliance 7

The manufacturer has not approved a protocol for the classification of the conditions of carriage of the Covaxin vaccine for the Brazilian territory in order to establish the procedures recording and monitoring of temperature data and consequent assurance that the conditions of embarkation (modal, approach, navigation route) do not affect negatively affect the vaccine when transported according to routine shipping practice (india-brazil transport route profile qualification) at odds with IN 47/2019 Chapter 3, Section VI (Articles84-88).

Article infringed on non-compliance: 84-88 **Standard infringed on non-compliance:** IN 47/2019 **NC was categorized as:** Annex I of POP-O-SNVS-014
NC number listed in Annex I to POP-O-SNVS-014: 209

STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):
No Standardized Sanitary Action.

Proposed Corrective or Preventive Action Plan:

The company informs that the product will be transported in refrigerated container, previously qualified, and that the complete transport chain will be qualified in a manner that Competitor. A risk assessment will be prepared to check all possible gaps in the process to cover all possible situations in the protocol. It indicates that all shipments will be monitored with data loggers and will only be released after checking temperature records. Indicates that cold chain validation will be made on the first shipment. However, the validation protocol for transport routes to be used. Deadline - 1stshipment.

NC Classification: AOD (Determined Official Action)
Justification for the Adoption of AOD:

The company did not present the protocol with the study design and also did not define the exact route of transport. The execution of the evaluation on the first submission is possible, however, it is necessary for the company to present the detailed study protocol, defining the route and method of transport for the item to be evaluated. The plan is incomplete.

Monitoring Strategy: Documentary Assessment
Planned Date: N.A.
BBIL Response Dated 29/03/2021:
BBIL initiated a CAPA # CAPA/PSD/21001 for preparation of study protocol, defining the route and methods of transportation for the drug product to be shipped to Brazil, validation of refrigerated container and temperature route profile qualification. The CAPA is attached as **Annexure-31**.

Major Non-Compliance 8

The company approved relevant GMP changes regarding the extent of the frequency of requalification of critical equipment, autoclave PRD-A-AUT-489, without a request formal change control and corresponding risk assessment, in disagreement with the to IN 47 Art. 123 and 124. During the documentary evaluation of the requalification report of the rqr/PA1/AUT/489/21/00 it was detected that the company approved the extension of the requalification, from semi-annual to bi-annual, of the autoclave ("QA-SAS assessment report for extension of autoclave periodic qualification frequency" de 06.01.2021"), used to sterilize the butyl caps("load 03") of the Covaxin vaccine.

Furthermore, the sterilization process has not been validated at least annually, in accordance with Art. 116 of IN 35/2019.

Article infringed on non-compliance: 123 and 124
Standard infringed on non-compliance: IN 47/2019 **NC**
was categorized as: Annex I of POP-O-SNVS-014 **NC**
number listed in Annex I to POP-O-SNVS-014: 229
STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):
(+) Prohibition of the batch(s) of the product(s) and/or material(is)
Product manufacturing suspension

Proposed Corrective or Preventive Action Plan:

In response to this note, the manufacturer expressed its maintenance of the annual frequency(ref. SOP#SAS/015 & validation master plan)from thermal requalification (HD & HP study)and bio-challenge of autoclave AUT loads 489 in order to demonstrate a SAL ≥ 10-6. To this end, the requalification protocols for autoclaves should be reviewed to address this system as proposed by #CAPA/SAS/21004 (ref. Form. n. FMQAS/005/001.01) which was started on 17.03.2021 implementation and completion period on 04.30.2021.

Therefore, the company's action is considered acceptable and this non-conformity addressed appropriately and in alignment with regulatory devices in Force.

NC Classification: AVI (Voluntary Action Indicated)
Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS-015
Major Non-Compliance 9

The quality contract concluded between BBIL and Precisa does not describe the role and responsibilities relevant to the evaluation, decision-making, dissemination of information and implementation of risk reduction actions relating to a product in disagreement with the provisions of RDC 301/2019, Art. 322. During the review of the collection procedure in conjunction as the contact (LFI-87/Precisa/QA/2021 page 5 of 7) it was found that it does not address in a contractual clause the way to contact those responsible in each party for the managementofqualitydeviationsandcollectionissuesandneithertherequirementsminimum requirements relating to the requirement on the part of the Precise communication to the competent health authorities and consumers.

Article infringed on non-compliance: 322

Standard infringed on non-compliance: RDC 301/2019 **NC**
was categorized as: Annex I of POP-O-SNVS-014 **NC**
number listed in Annex I to POP-O-SNVS-014: 113
STANDARDIZED HEALTH ACTION(POP-O-SNVS-014):
No Standardized Sanitary Action.

Proposed Corrective or Preventive Action Plan:

Infact,thequalityagreementdeliveredonthepenultimatedayoftheinspection(it is important to note that this NC had been on the first day of the inspection) however during the review it was verified that in the item 14 (14. Recall page 5 of 7), for example, there is no mention of the responsibilities of Precisa as a registration-holding company (manufacturers or importers), on the communication to the competent health authorities and consumers in collection situations in their different risk classifications.

In response to this note, the parties undertook to incorporate the regulatory requirements and organizational arrangements in terms of responsibilities in the management of a possible collection ensuring that the obligations of the consistent with the quality systems of the signatory parties. The expectation review of the said will take place on 30.04.2021.

Therefore, the company's proposition is considered reasonable and that it is not acceptable approached. The definitive contract should be submitted for consideration.

NC Rating: SAI (No Action Indicated) **Monitoring**
Strategy: Documentary Assessment **Planned**
Date:30/04/2021
Non-Compliance Major10

The company did not elaborate a strategy to control chromatography resins. No criteria for acceptance,operatingconditionsandservicelifeoftheresinsaredefined,indisagreement with Article 79 of IN 36/2019. The control of endotoxins and biocharge was only evaluated during cleaning validation.Noevaluationconsideringtheeffectofreuseonthecontrolofendoxinsand biocharge is established. There is no packaging record of the column, containing traceability of the batch number of the resin used. The number of cycles of the columns is not recorded. The criteria for acceptance and operating conditions are not established, registered and validated.

Article infringed on non-compliance: 79

Standard infringed on non-compliance: IN 36/2019
NC was categorized according to: Decision-making tree
Proposed Corrective or Preventive Action Plan:

The company acknowledges the observation and informs that the strategies for controlling chromatographic columns should be implemented. Thus, the respective SOPs and BMRs should be reviewed through the change control scheduled for 04/30/2021.

The acceptance criteria for chromatographic resins should be established through a protocol and once the limits have been established, the suitability of the will be checked before the start of each batch. The company also argues that the procedure for using the column includes neutralization, balancing, loading of sample, column washing and elution and finally, sanitization ofthecolumnusingNaOH0.5Mtosanitizethecolumnaftereachrun,which is sufficient for the removal of endotoxins and biocharge to an acceptable level that has been proven by means of cleaning validation.

Thecompanyconcludesbystatingthatthesegapswillbeconsideredaspartoftherevalidation of the IFA process, scheduled for30/07/2021.

NC Classification: AOD (Determined Official Action)

Justification for the Adoption of AOD:

Beyond the deadline for resolving non-compliance is too long to mitigation of risk, the justification given for not performing the assessment of endotoxins and biocharge along the reuse of chromatographic resin is not acceptable. The company must prove that the sanitization process is reproducible throughout the reuse of the resin.

Monitoring Strategy: Documentary Assessment
Planned Date:30/07/2021
BBIL Response Dated 29/03/2021:

Initial timeline for the revision of BMR	Revised timeline for the Revision of BMR	Remarks
30/05/2021	15/04/2021	The BMR will be revised by incorporating all the identified gaps and batches will be executed with revised batch records from 15/04/2021

The chromatography column control strategies such as asymmetry and HETP were incorporated in the SOP # PS2/087 log book format. During every batch these parameter shall be verified and recorded in the respective log book. The SOP # PS2/087 will be effective from 15/04/2021. The Authorized SOP is attached as **Annexure-32.**

BBIL would like to state that, every batch the column wash samples shall be collected and sent to QC for analysis to prove the sanitization process is reproducible throughout the reuse of the resin. The same is incorporated in the BMR. The BMR will be effective from 15/04/2021. The change control is attached as **Annexure-29.**

Major Non-Compliance 11

The bioload is not monitored prior to sterilizing IFA filtration, in disagreement with or Art. 108 from IN 35/2019.

Article infringed on non-compliance: 108

Standard infringed on non-compliance: IN 35/2019 **NC was categorized as**: Annex I of POP-O-SNVS-014 **NC number listed in Annex I to POP-O-SNVS-014:** 290
STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):
Production line manufacturing suspension

Proposed Corrective or Preventive Action Plan:

The company acknowledges the observation and informs that the biocharge will be established for the IFA before sterilizing filtration. The action is scheduled for 30/06/2021, as CAPA/PS2/21001 started on 17/03/2021.

NC Classification: AOD (Determined Official Action)
Justification for the Adoption of AOD:

The deadline for completion of the action (30/06/2021) is too long to mitigate the associated risks and non-compliance would imply a standardized health action of suspension of manufacture (import in this case, considering that it is a product annex I of POP-O-SNVS-014.

Monitoring Strategy: Documentary Assessment
Planned Date:30/06/2021
BBIL Response Dated 29/03/2021:

Initial timeline for the revision of BMR	Revised timeline for the Revision of BMR	Remarks
30/05/2021	15/04/2021	The BMR will be revised by incorporating all the identified gaps and batches will be executed with revised batch records from 15/04/2021

BBIL initiated a Change Control # CC/PS2/21004 for the revision of BMR to incorporate the Bio burden verification step before sterile filtration of DS. The BMR is revised and will be effective from 15/04/2021. The change control is attached as **Annexure-29.**

Major Non-Compliance12

Critical process operational parameters, or other parameters that affect the quality of the product, have not been identified, validated, documented and there is no record that they are kept within the requirements during routine manufacturing, in disagreement with Art. 67 of IN 36/2019. The company did not evaluate, during the validation of IFA process in the PS2 area (protocol PVP/376/20/03 of 10/19/2020 and report PVR/376/21/03 approved on 05/01/2021), the ability of the process to remove process-related impurities (DNA, BSA, HCP, betapropiolactone, neomycin and components of the culture medium). The volume of flushing of the membrane and the final volume of the batch are not set. The process validation protocol forthe areaPQ3(PVP/376/21/01of11/01/2021) had the same deficiencies of drawing that the PS2 area protocol and had already been executed, although there was no report completed at the time of inspection.

Article infringed on non-compliance: 67

Standard infringed on non-compliance: IN 36/2019 **NC was categorized as**: Annex I of POP-O-SNVS-014 **NC number listed in Annex I to POP-O-SNVS-014**: 137
STANDARDIZED HEALTH ACTION (POP-O-SNVS-014):
Product manufacturing suspension

Proposed Corrective or Preventive Action Plan:

With regard to the elimination of impurities, the company informs that according to the process validation #PVP/37/20/001 and PVP/37/21/001, process impurities (bacterial endotoxin,residual DNA content, residual BSA content, protein residual host cell, residual trypsin content), except neomycin were evaluated in the post-chromatography phase. The result so fall impurities in the process within the predetermined acceptance criterion. Therefore, there is no impact on the lots produced/used to date.

The protocols mentioned (PVP/37/20/001 and PVP/37/21/001) were not inspection, nor together with the action plan. The protocol presented during the inspection and certification process (PVP/376/20/03) describes only the bio load and total protein analysis in the post chromatography stage.

To demonstrate the efficiency of the chromatography column, the company proposes that impurities mentioned above are tested in the pre- and post-chromatography stage by 10 batches and the results will be evaluated. In routine manufacturing post chromatographic tests will be carried out to monitor impurities.

The revalidation of the process will be carried out through a "Protocol for The Validation of process" to evaluate and demonstrate the reduction of impurities (such as cell DNA host, host cell protein, residual BSA content, residual content of trypsin, residual neomycin and BET) during the manufacture of IFA. The characterization will be presented demonstrating the reduction of such impurities.

These activities are scheduled for completion on 07/30/2021.

The company also proposes to include by 30/05/2021 the HCP test in the specification of IFA release and process validation protocol, and by 30/06/2021 include also the neomycin test in the IFA specification.

NC Classification: AOD (Determined Official Action)
Justification for the Adoption of AOD:

The deadline for completion of the action (30/06/2021) is too long to mitigate the associated risks and non-compliance would imply a standardized health action of suspension of manufacture (import in this case, considering that it is a product annex I of POP-O-SNVS-014.

Monitoring Strategy: Documentary Assessment
Planned Date: 30/07/2021
BBIL Response Dated 29/03/2021:
BBIL will prepare a separate protocol to demonstrate chromatography column efficiency, all the impurities will be tested at pre and post chromatography for 10 batches and results will be evaluated. The study protocol # SP/37/21/02 is prepared and attached as **Annexure-33.**

Action Plan	Initial committed date	Revised target date	Remarks
1. Preparation of study protocol	30th Jul 2021	NA	Completed
2. Execution of study	30th Jul 2021	30th May 2021	# CAPA/PS2/21001
3. Report preparation	30th Jul 2021	30th May 2021	# CAPA/PS2/21001

However, post chromatography, the impurity profile was estimated for every batch and upon satisfactory results of impurities only the bulk is released for further formulation and filling activities. Hence there is no impact on product quality.

Action Plan for DS	Initial committed date	Revised target date	Remarks
1. HCP test addition in the DS specification	30th May 2021	15th Apr 2021	# CC/QCV/21005
2. Neomycin test addition in the DS specification	30th Jun 2021	15th Apr 2021	

MINOR NON-CONFORMITIES

MINOR NON-CONFORMITIES found on inspection: 14
Non-Compliance Minor 1
The verification of the consistency of existing processes, the adequacy of the specifications

and the evidence of trends and process improvements may not be occur, as PPR may not be conducted regularly on the basis of accordance with the POP QAS/029 rev. 4, which does not comply with Article 16 of the RDC 301/2019.

Article infringed on non-compliance: 16

Standard infringed on non-compliance: RDC 301/2019 **NC**
was categorized as: Annex I of POP-O-SNVS-014 **NC**
number listed in Annex I to POP-O-SNVS-014:242

Proposed Corrective or Preventive Action Plan:

According to change control CC/QAS/21006 and CAPA/QAS/21001 of 03/17/21, the POP QAS/029willberevisedsothatRPPsaregeneratedevenwhenthereislessthan5lotsofproduct manufactured in the year.

NC Rating: SAI (No Action Indicated)
Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS-015

Minor Non-Compliance 2

There are deficiencies in continuous process verification (CPV) being used during the product life cycle to support its validated state, as well as its due documentation as part of the Quality Review, in disagreement with art. 82 of the IN 47/2019. As evidence, it has been verified that cpv calculations and spreadsheets are based on only in the parameters generated by machines and dislikes the other results of controls in process and release. Following the decision tree of POP-O-SNVS-014, this NC was classified as minor and without sanitary actions.

Article infringed on non-compliance: 82

Standard infringed on non-compliance: IN 47/2019
NC was categorized according to: Decision-making tree

Proposed Corrective or Preventive Action Plan:

Following the CAPA/QAS/21001of03/17/21, the POP QAS/030 ("On going Process Monitoring") will undergo review and will include all quantifiable parameters in the CpK analysis and trends. **NC Rating:** SAI (No Action Indicated)

Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS- 015

Minor Non-Compliance 3

The logbooks are not filled out properly by not allowing registration in chronological order of the activities performed and their traceability. In addition, verified that certain record books were not present in the area where the equipment is located, in disagreement with Article 150 of RDC 301/2019. Were the following evidence has been verified:

a) Os logbooks FMQAO/042/001.02 (“Opening and Closing of LN2 QAD-LNR-001”) e FMQAO/042/001-02 (“Opening and Closing of LN2 QAD-LNR-003") were filled with blank alternating lines.

b) The use/stock logbook of the Freezer Id. STR-D-DFR-011 has the latest registration on November 10, 2020, on page 4, the lines remain in white to page 25. Logbook return indication saton01December2020.Page001 of the book has no records or any information because it is blank.After the last record, therowsremainwithoutinformationaboutdisuseoftheremaining lines/pages.

(c) logbooksfortheuseofchromatographyandfiltrationequipmentPQ3areawerenotpresent in the area,theoperatorwenttogetthelogbooksintheinboundchamberofthemanufacturing area.

d) The records books of use of chromatography and filtration equipment of the PQ3 area were not present in the area where the activities were being carried out.

Article infringed on non-compliance: 150

Standard infringed on non-compliance: RDC 301/2019
NC was categorized according to: Decision-making tree

Proposed Corrective or Preventive Action Plan:

a) The IR/QAO/21005 incident was opened. Based on the assessment of the incident, it was concluded that the root cause was human error. All other logbooks have been checked and no other discrepancies were observed. To avoid non-conformities all of the personnel involved were retrained in Good Practices of SOP documentation # QAO /003.

b) Open the INCIDENT IR/STD/21003 to identify the cause of the occurrences. The cause detected was unintentional human error. Activity frequencies have been revised and were satisfactory. The item was satisfactorily completed.

c/d) An interview was conducted with the official involved, who revealed that he had record books in the antechamber by mistake. The IR/PQ3/21003 incident was reported to discrepancy

and pq3 area employees were retrained in the PcOS # PQ3/003 (movement of personnel and materials) and to keep the registration books in the equipment and areas.

NC Rating: SAI (No Action Indicated)
Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS- 015

Minor Non-Compliance 4

Documents related to the Quality Management System were verified in disagreement with Article 121 of RDC 301/2019, according to evidence Below:

a)TheBB/DW/PA1/036.00diagramsadoptedon30/01/2020andBB/DW/PQ3/020.01approved on 11/02/2020 do not describe that the Pure steam U1H-PSG-001 can be used as source of the distribution system PA1 and PS2areas.

(b) The POPQCC/022procedure,effective31July2020,of retention samples, indicates attached the quantity of vials that must be be retained for each presentation of the manufactured vaccines, but the Annex does not describes the amount of samples and storage conditions of the COVAXIN, carrying the procedure is incomplete/outdated.

(c) The waste diagram BB/DW/PQ3/005.00 was not up-to-date reflecting the current manufacturing situation of the Covaxin vaccine.

Article infringed on non-compliance: 121

Standard infringed on non-compliance: 301/2019
NC was categorized as: Annex I of POP-O-SNVS-014

NC number listed in Annex I to POP-O-SNVS-014: 127 and 248

Proposed Corrective or Preventive Action Plan:
a)Change control CC/EMD/21006wasinitiatedfortherevisionofthe(BB/DW/PQ3/020.01and BB/DW/PA1/036.00) and update the interconnection between the pure steam distribution system in building H and the PA1 and PQ3 facilities. Was draft of the revised diagrams is presented. The company informs that to prevent such events in the future, the SOP EMD/231 (Title: Preparation, issue and control of diagrams) will be revised to include the identification and updating of diagrams impacted in the event of any installation/utility renewal such as part of the change control. Change control # CC/EMD/21005 has been started and the deadline is 30/04/2021.

(b) The company assessed that there was no impact as the retention samples of the Covaxin were normally collectedandinthequantitiesrequiredforthesamplesretention. The retention inventoryworksheethasbeendisplayedconfirmingthatthesewerecollected.The SOPQCC/022 procedure will be reviewed with the inclusion of the Covaxin in the list of samples needed for Covaxin. Expected completion date:30/04/2021.

c) A change control has been initiated (CC/PQ3/21002) to review the flow of waste from the area. The draft version of the flow was presented. The proposed deadline implementation is 30/03/2021.

NC Rating: SAI (No Action Indicated)
Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS-015

Non-Compliance Minor 5

The utilities responsible for providing oxygen and carbon dioxide used in the production of the active substance have not been qualified and are not monitored periodically, in disagreement with Art. 72 of RDC 69/2014. The company uses cylinders received from a third party supplier. The qualification of the systems was not carried out distribution of gases and filters of this system used for tank operation in manufacturing step of the biological IFA. The company also doesnotmonitortheloadmicrobialandnon-viablecountoftheseutilitiesduringroutine(after the filter inline).

Article infringed on non-compliance: 72

Standard infringed on non-compliance: RDC 69/2014
NC was categorized according to: Decision-making tree

Proposed Corrective or Preventive Action Plan:

Open incident IR/SAS/21011. The root cause has been identified. The company concluded that when defining the qualification requirements, both utilities were not Identified. The company indicates that the distribution lines are evaluated at the time of the the reactors that use them. The O2 and CO2 cylinders are received with certificate of analyses that are reviewed prior to use. Also, there is filter 0.22 micrometers at the points of use. Thus, the company concluded that there is no impact on quality.Theactionexpectedcorrectivewasthequalificationofutilities for biocharge and non-viable particles.

SOP SAS/015 has been revised to include O2 and CO2 use points for qualification according to CAPA/SAS/21003. Completion scheduled for April 30, 2021.

How filters at points of use are evaluated for their routine integrity factory, it is possible to acceptthescheduleforttheexecutionofthequalificationsinceitalsoutilitieshavedirectcontact with the product prior tosterilization.

NC Rating: SAI (No Action Indicated)
Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS-015

Non-Compliance Minor 6

The 2-phenoxy-ethanol excipient classified as category III is not controlled accordance with Art. 182 of RDC 301/2019. The company does not performed on site auditing on all 2-phenoxy- ethanol suppliers. Risk analysis carried out by the company concluded that this material should be audited onsite due to classified as category III, as it is present in the final formulation of the Product. Justified it as a legacy product and that the procedure included the materials category III as a mandatory face-to-face audit only in December 2020.

There is an indication of a possible audit at sigma aldrich supplier in December 2010. 2021, but does not specify the exact location of the Audit, since the Initial GMP for qualification indicates an address in Bangalore, but the 3 manufacturing sites indicated as approved are at other addresses, and it is not clear whether they will be audited and the exact period for the audit.

Article infringed on non-compliance: 182

Standard infringed on non-compliance: RDC 301/2019
NC was categorized according to: Decision-making tree

Proposed Corrective or Preventive Action Plan:

The action plan presented was the same indicated for nc major 3, indicating a improvement in the procedure for the qualification of each supplier/material Individually. However, it did not present the details of the on site audit plan suppliers of 2-Phenoxy-Ethanol material. The NC detected was that the company predicted that this material should be audited on site. However, it did not present the detailed schedule indicating the audit dates for each audit site manufacture of the material. The plan presented does not specifically address the issue of detailed schedule for carrying out the audits of this material.

NC Classification: AOD (Determined Official Action)
Justification for the Adoption of AOD:

The company did not present a suitable plan for the item. Adequate mitigation would be presentation of the detailed schedule for the audits planned for this Excipient.

Monitoring Strategy: Documentary Assessment
Planned Date: Not available
BBIL Response Dated 26/03/2021:
The category - III excipients vendors audit schedule was prepared for the year 2021 & 2022 and attached as **Annexure-34.**

Minor Non-Compliance 7

The company does not continuously record the storage temperature of the corresponding deviations, in disagreement with Art. 63 of IN 36/2019. The Vero cell banks are stored in the vapor phase of nitrogen tanks liquid QAD-LNR-001 (MCB) and QAD-LNR-003 (WCB), however the continuous recording of temperature is carried out with sensor installed in the liquid phase. For the QAD-LNR-tank 003, the company has a sensor installed in the steam phase, however the registration of the temperature is carried out manually twice a day. No procedure for recording temperature deviations and has been checked in the system BMS, a temperature tour for 15 minutes in the month of February2021.

Article infringed on non-compliance: 63

Standard infringed on non-compliance: IN 36/2019
NC was categorized according to: Decision-making tree

Proposed Corrective or Preventive Action Plan:

The report of the investigation of the punctual deviation in which there was a tour was presented temperature during the segregation of materials, with the conclusion of the absence of impact on cell banks.

The liquid nitrogen tank will undergo corrective action: permanent positioning temperature sensor at the point of the steam phase, according to qualification. The forecast of conclusion of the action is 30/05/2021.

NC Rating: SAI (No Action Indicated)
Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS-015

Minor Non-Compliance 8

The QAD-LNR-003 tank, used for wcb, was not qualified, in disagreement with art. 92 of RDC 69/2014.

Article infringed on non-compliance: 92

Standard infringed on non-compliance: RDC 69/2014 **NC**
was categorized as: Annex I of POP-O-SNVS-014 **NC**
number listed in Annex I to POP-O-SNVS-014: 58

Proposed Corrective or Preventive Action Plan:

The QAD-LNR-003 tank, used for the WCB, will be qualified. The CAPA/SAS/21005 on 03/17/2021, scheduled for completion on 06/30/2021.

NC Rating: SAI (No Action Indicated)
Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS-015

Minor Non-Compliance 9

The performance qualification of the QAD-LNR-001 tank did not consider the conditions operating ranges of the equipment, in disagreement with Art. 39 of IN 47/2019. The PQP/QAD/LNR/001/19/00 document, adopted on 27/07/2019, describes the qad-lnr- nitrogen tank performance qualification protocol 001 (used for storage of Vero cell MCB). The protocol establishes that the temperature in the liquid phase should be less than -196°C, while in the steam phase at least -130°C should be obtained. Five sensors were installed, 1 in the liquid phase and 4 in the steam phase, monitored for 24 h.

PQR/QAD/LNR/001/19/00, approved on 17/09/2019, indicates that the maximum temperature obtainedintheliquidphasewas-198.3°C, while the maximum temperature of the steam phase was at the time of the visit to the BMS monitoring area, the temperature of the registered by thesensorinstalledintheliquidphasewas-167°C. did not assess the impact of minimum and

maximumliquidnitrogenlevelsonthetemperatureandwhetherthesensorinstalledforroutine monitoring is representative of the temperature of the tank.

Article infringed on non-compliance: 39

Standard infringed on non-compliance: IN 47/2019 **NC was categorized as:** Annex I of POP-O-SNVS-014 **NC number listed in Annex I to POP-O-SNVS-014**: 58

Proposed Corrective or Preventive Action Plan:

The company acknowledges the observation, recording the discrepancy in the IR/SAS/21009. With based on the assessment of the incident, the root cause was identified as: the protocol was not designed to qualify the LN2 container with the minimum amount of nitrogen temperature correlationbetweenthequalifyingdataloggersandthedataloggerstemperaturemonitoringin the routine. Temperature sensors will be placed in the bottom, middle and top of the tank to cover the liquid phase and the steam phase. The temperature recorded in the liquid phase and in the vapor phase found meets the criteria acceptance according to the performance qualification report PQR/QAD/LNR/001/19/00approvedon17/09/2019.In addition, preventive maintenance and calibration are satisfactory. Therefore, it is not there is an impact on the performance of the equipment and stored material.

As a corrective action plan, the qualification protocol will be designed and the Liquid nitrogen ID QADLNR-001 will be qualified with minimum nitrogen level liquid and with temperature correlation of routine monitoring, according to the CAPA/SAS/21005 started on 17/03/2021, scheduled for completion on 05/30/2021.

NC Rating: SAI (No Action Indicated)
Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS-015

Non-Compliance Minor 10

There was no formal, written and approved quality agreement between the parties that clearly

established the roles and responsibilities of each party in the Covaxin vaccine manufacturing process. The parties had not yet signed any technical agreement clearly describing which of the parties is responsible for the conduct of each stage of outsourced activity, for example, knowledge management, technology transfer, supply chain, subcontracting, quality and purchasing of materials, testing and release of materials, as well as the performance of controls of production and quality, including in-process controls, sampling and analysis in disagreement with RDC 301/2019 Articles 299 and302.

Article infringed on non-compliance: 299 and 302
Standard infringed on non-compliance: RDC 301/2019 **NC was categorized according to:** Decision-making tree
Proposed Corrective or Preventive Action Plan:

The observation was made on the first inspection day according to the program defined in the work agenda. The quality contract was signed during the inspection with shared responsibilities between the signatory parties. Action Complete.

NC Rating: SAI (No Action Indicated)
In case of AOD: Justification for the Adoption of AOD:
Monitoring Strategy: No need for monitoring

Non-Compliance Minor 11

Qualification documents not approved by appropriate personnel have been verified, in disagreement with Art. 16 of IN 47/2019. The operating qualification report of the oq0011, Eq

ID BH04-WST-005, has not been approved, the last signature is from the reviewer on 12/06/2016.

Article infringed on non-compliance: 16

Standard infringed on non-compliance: IN 47/2019
NC was categorized according to: Decision-making tree

Proposed Corrective or Preventive Action Plan:

Thecompanyacknowledgestheobservationandinformsthatithasreportedthediscrepancyin the IR/SAS/21008. Based on the assessment of the incident, the cause of the discrepancy was supervision of staff. Installation qualification (document number IQ: IQ0011) (PQR/BH04/WST/005/00) have been approved and valid. So there is no impact on the qualification status of the WFI storage tank. In early 2017, through CAPA/SAS/17004, a review team was implemented documents. After implementation, all qualification documents were analyzed before submission for archival. This discrepancy occurred before implementation of CAPA in 2016. However, the operation qualification of the WFI ID storage tank. BH04- WST-005 will be reevaluated and changed.

NC Rating: SAI (No Action Indicated)
Monitoring Strategy: No need for monitoring

Non-Compliance Minor 12

The company shall not ensure that the steam used for sterilization is quality and does not contain a level of additives that may cause contamination of the materials to be sterilized, in disagreement with Art. 131 of the IN 35/2019. There is no periodic monitoring of steam quality at use of sterilization of materials used aseptic processing.

Article infringed on non-compliance: 131

Standard infringed on non-compliance: IN 35/2019 **NC was categorized as:** Annex I of POP-O-SNVS-014 **NC number listed in Annex I to POP-O-SNVS-014**: 303

Proposed Corrective or Preventive Action Plan:

Daily, pure steam samples from all pure steam generation points of according to the sampling schedule are collected and tested. The results were reviewed and considered satisfactory. SOP # QCC/088 does not include sampling of pure steam and distribution line monitoring. As a corrective action, the change control # CC/QCC/21015 was started for review of SOP # QCC / 088 to include:

1. Frequency for collection of pure steam samples from the points of use in the Distribution

2. Incorporating the details of the points of use in the PCOS.

3. Analysis of pure steam samples collected in the distribution lines. Sampling will be done for othersamplingpointsinrotationschemetocoverallsamplingpointsinthepuresteamsystem. The deadline for finalization of the action is30/04/2021.

NC Rating: SAI (No Action Indicated)
Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS- 015

Non-Compliance Minor 13

Thecellularexpansionareaenvironmentalmonitoringprogramhasnotbeenestablishedonthe basi of quality risk management, in disagreement with the article 22 of IN 36/2019. Environmental monitoring of laminar flow (grade A) where open operations related to cellular expansion in the PB1 building only is performed once a week, the same frequency established for the area surrounding grade C.

Article infringed on non-compliance: 22

Standard infringed on non-compliance: IN 36/2019
NC was categorized according to: Decision-making tree

Proposed Corrective or Preventive Action Plan:

The company recognizes the observation. This one-way flow is used to cell expansion activities is surrounded by grade C area routine environmental system is not carried out during daily operation in accordance with the SOP # SAS/012 (Environmental Monitoring Program). Monitoring data one-way flow are shown within the trend. As corrective action, the respective SOP #SAS/012 will be revised to include the monitoring frequency grade 'A' LAF surrounded by grade 'C', and should be

monitored during operation. The CAPA/SAS/21001 was started on 17/03/2021 and has a deadline of completion of 30/04/2021.

NC Rating: SAI (No Action Indicated)
Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS-015

Non-Compliance Minor 14

There were no records demonstrating that all sampling procedures for oCD analyses of water systems were in fact performed, in disagreement with the article 14, item IV, of RDC 301/2019.

Article infringed on non-compliance: 14

Standard infringed on non-compliance: RDC 301/2019
NC was categorized according to: Decision-making tree

Proposed Corrective or Preventive Action Plan:

ThecompanyacknowledgestheobservationandinformsthatthereisnoSOPQCC/088torecord the details of the water samples.

Change control # CC/QCC/21015 was initiated on 17/03/2021 for the revision of the SOP #QCC/088 to include log book format to record the details of sampling for chemical quality control parameters(OCD,conductivity,pH etc.) and verification of the activity by the supervisor toconfirmthatsamplingandtestsareperformedforallsamples,as mentioned in the schedule. The deadline for completion of the action, as reported in the plan is30/05/2021.

NC Rating: SAI (No Action Indicated)
Monitoring Strategy: Next Planned GMP Inspection according to POP-OSNVS- 015

COMPLETION OF THE EVALUATION OF THE ACTION PLAN

Whereastheplanpresenteddidnotprovideevidenceofimmediateresolutionmitigationofthe risks associated with the three critical non-conformities and eight major that would result in standardized health actions in accordance with POP-O-SNVS-014, the classification of the company according to it is AOD (Determined Official Action): establishment where conditions or practices have been found (in disagreement with th health standards/GMP requirements in place) during the inspection that resulted in adoption by the Competent Health Authority, due to the manifestation of the precarious, inadequate or insufficient on the part of the establishment, of sanitary actions to the affected batch, product or productionline.

In accordance with Article 376 of RDC 301/2019 and POP-O-SNVS-014, the classification in AOD results in the rejection of the GMP certificate when all products and forms the respective line are subject to standardized sanitary action.

Thecriticalnon-conformitiespointedoutarerelatedtotheabsenceoftoensureconsistencyof the antigenic content and potency of the vaccine, lack of a validated method for checking for complete virus inactivation and consequent lack of validation of viral inactivation, and insufficientmeasurestoensurecompleteviralinactivationinthePQ3area.Inaddtothesenon-conformities insufficient precautions to avoid microbial contamination during the treatmentof

aseptic product processing and incomplete process validation studies, that do not guarantee that the removal of impurities during purification is consistent. It is important to note that for the 3 critical non-conformities pointed out during the inspection, the company proposes to finalize corrective actions only on 07/30/2021. After adequacy of all non-conformities that would result in the adoption of sanitary action, the company may apply for a new certification by presenting the respective evidence.

The adequacy of the company can be evaluated in a documentary manner, without the need for a new face-to-face inspection.

INSPECTOR TEAM

Inspector's Name
Name/Acronym of
Andrea Renata Cornelio Geyer - GIMED/GGFIS
Rodrigo Martins Bretas - COINS/GIMED/GGFIS

Pedro Henrique Silvano da Silva - COINS/GIMED/GGFIS
Fabrício Carneiro de Oliveira - COINS/GIMED/GGFIS

Francis CarazzaiReisdorfer - (Registration Specialist) GPBIO/GGMED

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 24 de maio de 2021 17:18
Para: William Amorim Santana
Cc: Alex Lial Marinho; Ariadne Gisele Muniz Bonvino; Rodrigo Otavio Moreira da Cruz
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: ANEXO_5_INFORMAÇÕES_REGISTRO_LI.pdf; ANEXO_7_CAPA Report Update.pdf

Senhores,

Em continuação, apresento os documentos conforme a seguir.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Certa de sua compreensão, conto com apoio no sigilo desse processo bem como no direcionamento a Precisa Medicamentos em qualquer necessidade eventual.

Segue meu contato direto 11 93257 4642. Estou a integral disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Tuesday, 25 May 2021 01:24
To: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>

Subject: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Caros, boa tarde.

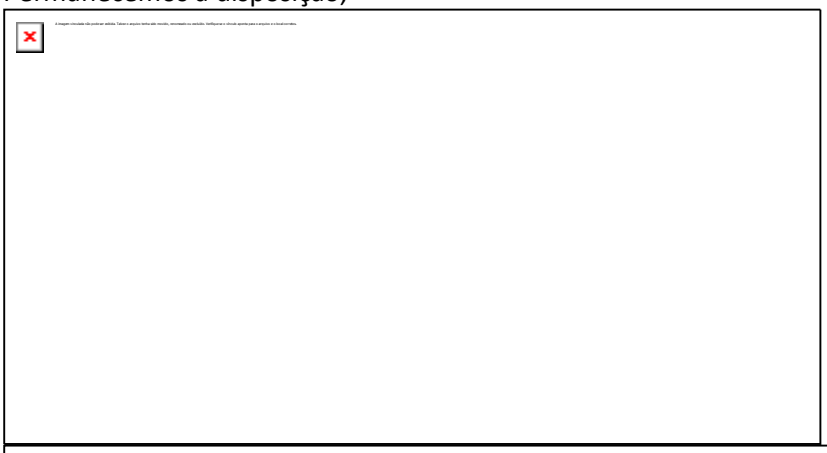
Conforme alinhado em reunião, apresento os documentos para submissão do protocolo. Sendo: declaração e documentos anexos conforme a mesma.

Estamos encerrando a elaboração dos anexos conforme a seguir, e enviaremos em poucos minutos.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Permanecemos a disposição,



From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 24 May 2021 22:37
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezada Emanuela Medrades,

Boa tarde!

A pedido do Coordenador-Geral de Logistica de Insumos Estratégicos para Saúde (CGLOG) venho por meio deste, *mui respeitosamente,* solicitar vossos préstimo quanto ao envio dos documentos elencados na Resolução da Diretoria Colegiada (RDC) 476, de 10 de março de 2021 para que esta coordenação possa solicitar junto a Agencia Nacional de Vigilância Sanitária (ANVISA) o pedido de concessão de excepcionalidade para a importação do objeto disposto no Contrato 52/2021.

Ficamos no aguardo.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
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Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Recibo Eletrônico de Protocolo - 1463311

Usuário Externo (signatário):	Ariadne Gisele Muniz Bonvino
IP utilizado:	189.28.128.242
Data e Horário:	24/05/2021 17:28:46
Tipo de Peticionamento:	Processo Novo
Número do Processo:	25351.915151/2021-48

Interessados:

MINISTERIO DA SAUDE/DEPARTAMENTO DE LOGISTICA EM SAUDE-DLOG/CGLOG/DIIMP

Protocolos dos Documentos (Número SEI):

- Documento Principal:	
- Ofício 129 DLOG	1463300
- Documentos Complementares:	
- Comunicado Precisa orientações	1463310
- Documento Anexo VIII	1463309
- Documento Anexo VII	1463308
- Documento Anexo VI-B	1463307
- Documento Anexo VI-A	1463306
- Documento Anexo V	1463305
- Documento Anexo IV	1463304
- Documento Anexo III	1463303
- Documento Anexo II	1463302
- Documento Anexo I	1463301

O Usuário Externo acima identificado foi previamente avisado que o peticionamento importa na aceitação dos termos e condições que regem o processo eletrônico, além do disposto no credenciamento prévio, e na assinatura dos documentos nato-digitais e declaração de que são autênticos os digitalizados, sendo responsável civil, penal e administrativamente pelo uso indevido. Ainda, foi avisado que os níveis de acesso indicados para os documentos estariam condicionados à análise por servidor público, que poderá alterá-los a qualquer momento sem necessidade de prévio aviso, e de que são de sua exclusiva responsabilidade:

- a conformidade entre os dados informados e os documentos;
- a conservação dos originais em papel de documentos digitalizados até que decaia o direito de revisão dos atos praticados no processo, para que, caso solicitado, sejam apresentados para qualquer tipo de conferência;
- a realização por meio eletrônico de todos os atos e comunicações processuais com o próprio Usuário Externo ou, por seu intermédio, com a entidade porventura representada;
- a observância de que os atos processuais se consideram realizados no dia e hora do recebimento pelo SEI, considerando-se tempestivos os praticados até as 23h59min59s do último dia do prazo, considerado sempre o horário oficial de Brasília, independente do fuso horário em que se encontre;
- a consulta periódica ao SEI, a fim de verificar o recebimento de intimações eletrônicas.

A existência deste Recibo, do processo e dos documentos acima indicados pode ser conferida no Portal na Internet do(a) Agência Nacional de Vigilância Sanitária.

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1414

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: segunda-feira, 24 de maio de 2021 17:32
Para: Emanuela Medrades; William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo
Cc: Alex Lial Marinho; Rodrigo Otavio Moreira da Cruz
Assunto: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: SEI_ANVISA - 1463311 - Recibo Eletrônico de Protocolo.pdf

Prezados,

Solicitação protocolada no SEI/Anvisa conforme Protocolo anexo.
Irei avisar à Anvisa de Imediato.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 24 de maio de 2021 17:17
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Senhores,

Em continuação, apresento os documentos conforme a seguir.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Certa de sua compreensão, conto com apoio no sigilo desse processo bem como no direcionamento a Precisa Medicamentos em qualquer necessidade eventual.

Segue meu contato direto 11 93257 4642. Estou a integral disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Tuesday, 25 May 2021 01:24
To: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Caros, boa tarde.

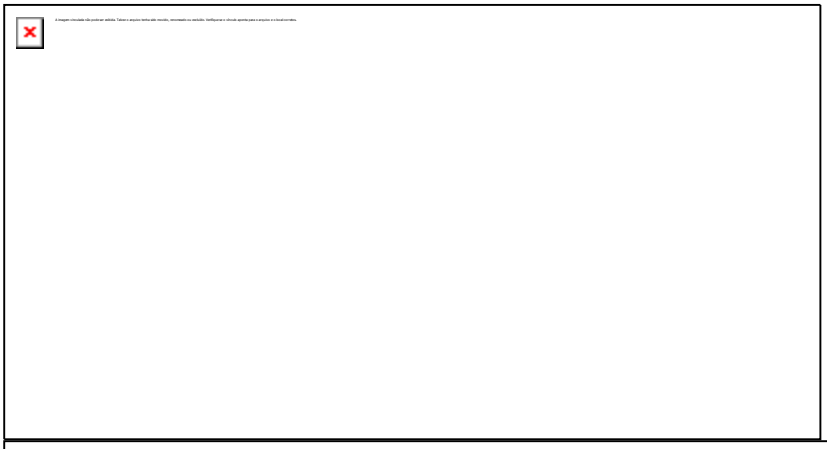
Conforme alinhado em reunião, apresento os documentos para submissão do protocolo. Sendo: declaração e documentos anexos conforme a mesma.

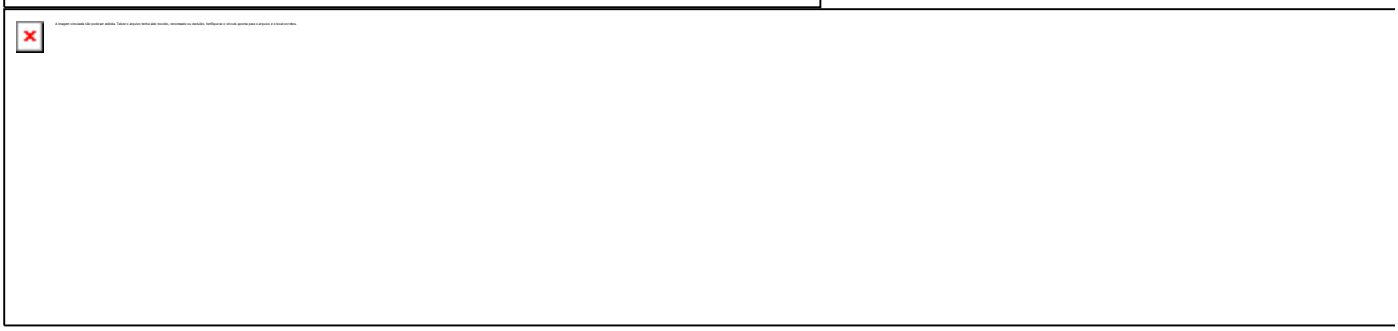
Estamos encerrando a elaboração dos anexos conforme a seguir, e enviaremos em poucos minutos.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Permanecemos a disposição,





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Date: Monday, 24 May 2021 22:37
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezada Emanuela Medrades,

Boa tarde!

A pedido do Coordenador-Geral de Logistica de Insumos Estratégicos para Saúde (CGLOG) venho por meio deste, *mui respeitosamente,* solicitar vossos préstimo quanto ao envio dos documentos elencados na Resolução da Diretoria Colegiada (RDC) 476, de 10 de março de 2021 para que esta coordenação possa solicitar junto a Agencia Nacional de Vigilância Sanitária (ANVISA) o pedido de concessão de excepcionalidade para a importação do objeto disposto no Contrato 52/2021.

Ficamos no aguardo.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
lista.divisaoimportacao@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: terça-feira, 25 de maio de 2021 13:18
Para: Ariadne Gisele Muniz Bonvino; William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo
Cc: Alex Lial Marinho; Rodrigo Otavio Moreira da Cruz
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: DECLARAÇÃO_GMP.pdf

Ariadne, bom dia.

Conforme falamos, recebemos a confirmação de protocolo do GMP IFA.

Peço que identifique na declaração anexa,

Mais uma vez, permanecemos a disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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PRECISA Medicamentos

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Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz

<rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados,

Solicitação protocolada no SEI/Anvisa conforme Protocolo anexo.
Irei avisar à Anvisa de Imediato.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

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Enviada em: segunda-feira, 24 de maio de 2021 17:17
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Senhores,

Em continuação, apresento os documentos conforme a seguir.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

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Atenciosamente,

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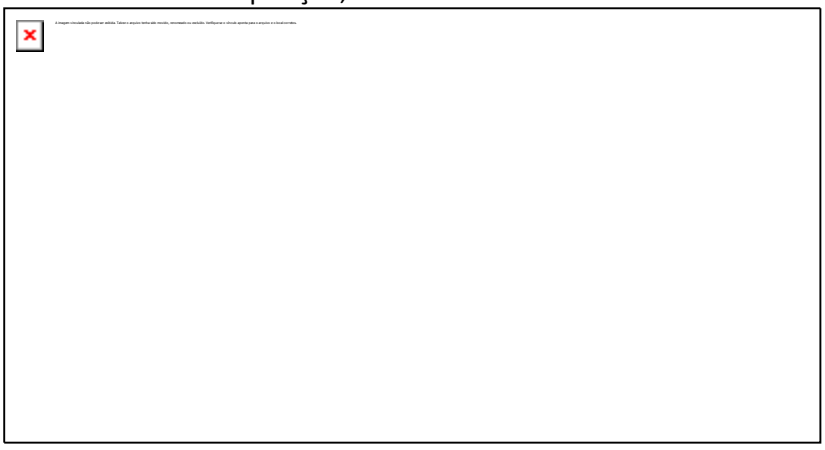

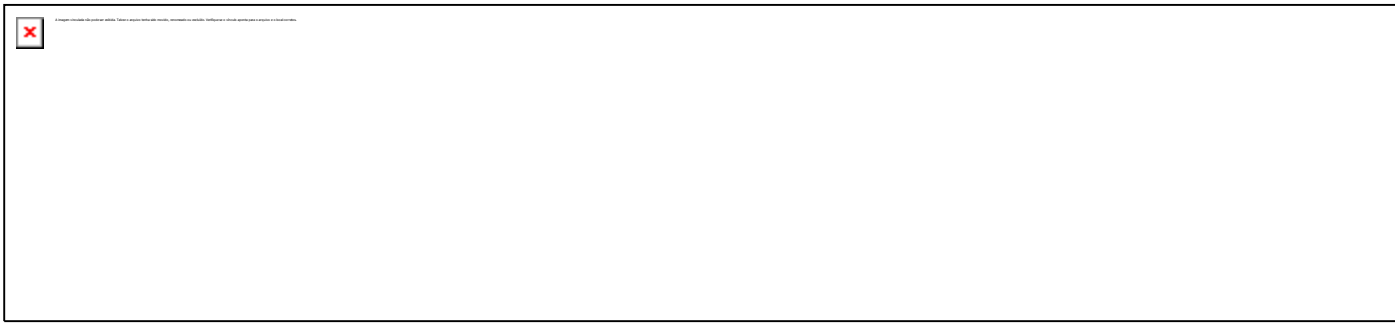

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Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

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Ficamos no aguardo.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
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DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

D E C L A R A Ç Ã O.

25 de maio de 2021.

A DLOG – Departamento de Logística em Saúde MS
c/c: DIIMP – Divisão de Importação

Ref. Autorização Excepcional de Importação_COVAXIN

Caros,

Informamos que conforme nossa reunião de 24 de maio de 2021, prosseguimos com o protocolo de Boas Práticas de Fabricação para o IFA da Covaxin e recebemos a confirmação através do sistema da ANVISA conforme a seguir.

AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA

COMPROVANTE DE PROTOCOLIZAÇÃO ON-LINE

Protocolo:
25352654787202106
Expediente:
2014094217
Número de Transação:
4487982021
Tipo de Documento:
Processo
Número do Processo:
25351524631202101
Favorecido:
03.394.819/0001-79 - PRECISA COMERCIALIZAÇÃO DE MEDICAMENTO LTDA
Assunto:
70224 - INSUMOS FARMACÊUTICOS ATIVOS BIOLÓGICOS - Certificação de BPF de INDÚSTRIA INTERNACIONAL exceto MERCOSUL

Protocolizado On-Line via Peticionamento Eletrônico por:
330.976.208-42 - EMANUELA BATISTA DE SOUZA em 25/05/2021 10:01:53

Peço que compartilhem com a agência o expediente para que eles possam acessas os documentos ali inseridos.

EMANUELA BATISTA DE SOUZA MEDRADES:33097620842

Digitally signed by EMANUELA BATISTA DE SOUZA MEDRADES:33097620842
Date: 2021.05.25 21:45:21 +05'30'

Atenciosamente,

Precisa Comercialização de Medicamentos Ltda

Recibo Eletrônico de Protocolo - 1464456

Usuário Externo (signatário): Ariadne Gisele Muniz Bonvino
IP utilizado: 189.28.128.242
Data e Horário: 25/05/2021 13:35:11
Tipo de Peticionamento: Intercorrente
Número do Processo: 25351.915151/2021-48
Interessados:
MINISTERIO DA SAUDE/DEPARTAMENTO DE LOGISTICA EM SAUDE-DLOG/CGLOG/DIIMP
Protocolos dos Documentos (Número SEI):
- Declaração Precisa - Protocolo GMP para o IFA 1464455

O Usuário Externo acima identificado foi previamente avisado que o peticionamento importa na aceitação dos termos e condições que regem o processo eletrônico, além do disposto no credenciamento prévio, e na assinatura dos documentos nato-digitais e declaração de que são autênticos os digitalizados, sendo responsável civil, penal e administrativamente pelo uso indevido. Ainda, foi avisado que os níveis de acesso indicados para os documentos estariam condicionados à análise por servidor público, que poderá alterá-los a qualquer momento sem necessidade de prévio aviso, e de que são de sua exclusiva responsabilidade:

- a conformidade entre os dados informados e os documentos;
- a conservação dos originais em papel de documentos digitalizados até que decaia o direito de revisão dos atos praticados no processo, para que, caso solicitado, sejam apresentados para qualquer tipo de conferência;
- a realização por meio eletrônico de todos os atos e comunicações processuais com o próprio Usuário Externo ou, por seu intermédio, com a entidade porventura representada;
- a observância de que os atos processuais se consideram realizados no dia e hora do recebimento pelo SEI, considerando-se tempestivos os praticados até as 23h59min59s do último dia do prazo, considerado sempre o horário oficial de Brasília, independente do fuso horário em que se encontre;
- a consulta periódica ao SEI, a fim de verificar o recebimento de intimações eletrônicas.

A existência deste Recibo, do processo e dos documentos acima indicados pode ser conferida no Portal na Internet do(a) Agência Nacional de Vigilância Sanitária.

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1425

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: terça-feira, 25 de maio de 2021 13:39
Para: Emanuela Medrades; William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo; LISTA - DIVISÃO DE IMPORTAÇÃO
Cc: Alex Lial Marinho; Rodrigo Otavio Moreira da Cruz
Assunto: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: SEI_ANVISA - 1464456 - Recibo Eletrônico de Protocolo.pdf

Bom dia a todos,

O novo documento enviado foi protocolado, conforme comprovante anexo.
O Processo da Anvisa continua o mesmo: 25351.915151/2021-48.

Att.,

Atenciosamente,
Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

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Enviada em: terça-feira, 25 de maio de 2021 13:18
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Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, bom dia.

Conforme falamos, recebemos a confirmação de protocolo do GMP IFA.

Peço que identifique na declaração anexa,

Mais uma vez, permanecemos a disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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Prezados,

Solicitação protocolada no SEI/Anvisa conforme Protocolo anexo.
Irei avisar à Anvisa de Imediato.

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Ariadne Bonvino
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Em continuação, apresento os documentos conforme a seguir.

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PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Tuesday, 25 May 2021 01:24
To: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Caros, boa tarde.

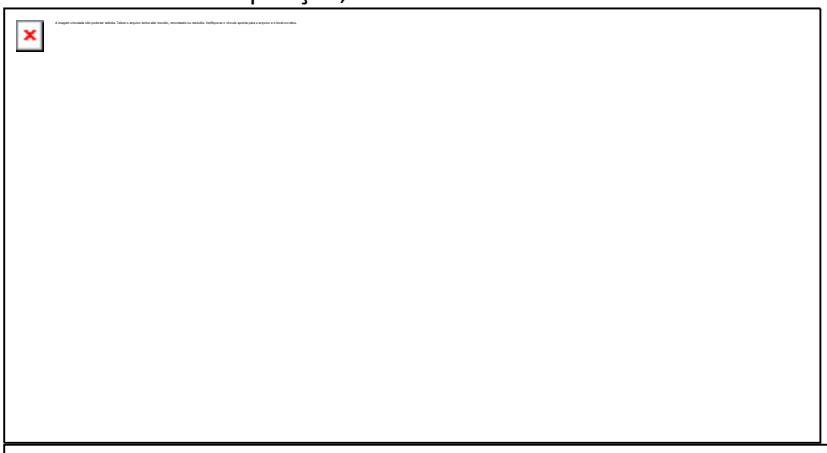
Conforme alinhado em reunião, apresento os documentos para submissão do protocolo. Sendo: declaração e documentos anexos conforme a mesma.

Estamos encerrando a elaboração dos anexos conforme a seguir, e enviaremos em poucos minutos.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Permanecemos a disposição,



From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 24 May 2021 22:37
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezada Emanuela Medrades,

Boa tarde!

A pedido do Coordenador-Geral de Logistica de Insumos Estratégicos para Saúde (CGLOG) venho por meio deste, *mui respeitosamente,* solicitar vossos préstimo quanto ao envio dos documentos elencados na Resolução da Diretoria Colegiada (RDC) 476, de 10 de março de 2021 para que esta coordenação possa solicitar junto a Agencia Nacional de Vigilância Sanitária (ANVISA) o pedido de concessão de excepcionalidade para a importação do objeto disposto no Contrato 52/2021.

Ficamos no aguardo.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
lista.divisaoimportacao@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA

COMPROVANTE DE PROTOCOLIZAÇÃO ON-LINE

Protocolo:
25352762268202111

Expediente:
2100866214

Número de Transação:
4706702021

Tipo de Documento:
Cumprimento de Exigência

Número do Processo:
25351524631202101

Favorecido:
03.394.819/0001-79 - PRECISA COMERCIALIZAÇÃO DE MEDICAMENTO LTDA

Assunto:
7086 - CUMPRIMENTO DE EXIGÊNCIA

Protocolizado On-Line via Peticionamento Eletrônico por:
330.976.208-42 - EMANUELA BATISTA DE SOUZA em 31/05/2021 12:28:21

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 31 de maio de 2021 13:12
Para: Ariadne Gisele Muniz Bonvino; William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo; LISTA - DIVISÃO DE IMPORTAÇÃO
Cc: Alex Lial Marinho; Rodrigo Otavio Moreira da Cruz
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: exig_cpbf_med.jpeg

Cara Ariadne, boa tarde.

Compartilho protocolo realizado para envio do relatório de validação do método de controle da proteína S1(antígeno) junto ao CBPF.

Informo que a potência foi concluída no sábado e eles estão encerrando a compilação para o relatório final. Informei a ANVISA que como ultrapassamos as 21h aqui, o relatório será protocolado amanhã no primeiro horário.

Gostaria de pedir a gentileza que consultem junto a ANVISA qual o prazo de análise que eles optaram por seguir, se 7 ou 30 dias.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 25 May 2021 22:09
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Bom dia a todos,

O novo documento enviado foi protocolado, conforme comprovante anexo.
O Processo da Anvisa continua o mesmo: 25351.915151/2021-48.

Att.,

Atenciosamente,
Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 25 de maio de 2021 13:18
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, bom dia.

Conforme falamos, recebemos a confirmação de protocolo do GMP IFA.

Peço que identifique na declaração anexa,

Mais uma vez, permanecemos a disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 25 May 2021 02:02
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados,

Solicitação protocolada no SEI/Anvisa conforme Protocolo anexo.
Irei avisar à Anvisa de Imediato.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 24 de maio de 2021 17:17
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Senhores,

Em continuação, apresento os documentos conforme a seguir.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Certa de sua compreensão, conto com apoio no sigilo desse processo bem como no direcionamento a Precisa Medicamentos em qualquer necessidade eventual.

Segue meu contato direto 11 93257 4642. Estou a integral disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Tuesday, 25 May 2021 01:24
To: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Caros, boa tarde.

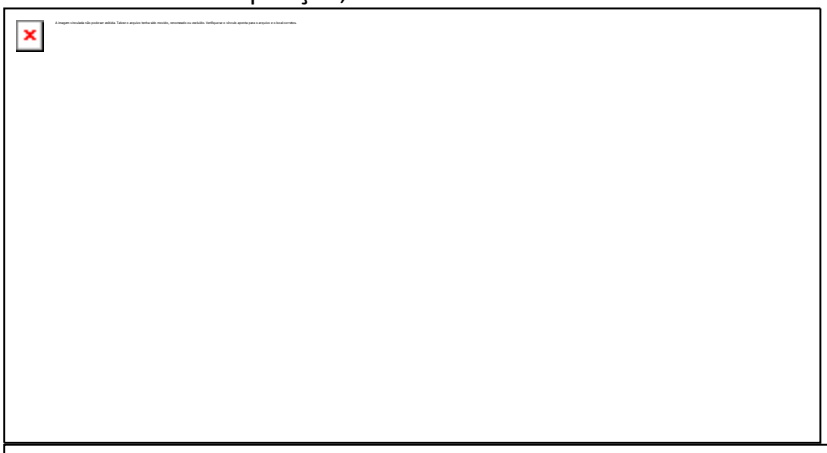
Conforme alinhado em reunião, apresento os documentos para submissão do protocolo. Sendo: declaração e documentos anexos conforme a mesma.

Estamos encerrando a elaboração dos anexos conforme a seguir, e enviaremos em poucos minutos.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Permanecemos a disposição,



From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 24 May 2021 22:37
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezada Emanuela Medrades,

Boa tarde!

A pedido do Coordenador-Geral de Logistica de Insumos Estratégicos para Saúde (CGLOG) venho por meio deste, *mui respeitosamente,* solicitar vossos préstimo quanto ao envio dos documentos elencados na Resolução da Diretoria Colegiada (RDC) 476, de 10 de março de 2021 para que esta coordenação possa solicitar junto a Agencia Nacional de Vigilância Sanitária (ANVISA) o pedido de concessão de excepcionalidade para a importação do objeto disposto no Contrato 52/2021.

Ficamos no aguardo.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
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lista.divisaoimportacao@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: segunda-feira, 31 de maio de 2021 14:06
Para: ANVISA - Daniela Marreco Cerqueira; ANVISA - Daniela Marreco Cerqueira; Quinta Diretoria
Cc: William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo; LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: exig_cpbf_med.jpeg

Prezada Anvisa, boa tarde!

Encaminho, para ciência, e-mail da empresa Precisa em que informa que foi protocolada documentação adicional para o CBPF.

E empresa solicita, ainda, esclarecimento acerca do prazo para análise desta petição, 7 ou 10 dias?

Agradeço.

Att.,

Atenciosamente,
Farmacêutica
Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 13:12
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Cara Ariadne, boa tarde.

Compartilho protocolo realizado para envio do relatório de validação do método de controle da proteína S1(antígeno) junto ao CBPF.

Informo que a potência foi concluída no sábado e eles estão encerrando a compilação para o relatório final. Informei a ANVISA que como ultrapassamos as 21h aqui, o relatório será protocolado amanhã no primeiro horário.

Gostaria de pedir a gentileza que consultem junto a ANVISA qual o prazo de análise que eles optaram por seguir, se 7 ou 30 dias.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 25 May 2021 22:09
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Bom dia a todos,

O novo documento enviado foi protocolado, conforme comprovante anexo.
O Processo da Anvisa continua o mesmo: 25351.915151/2021-48.

Att.,

Atenciosamente,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 25 de maio de 2021 13:18
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, bom dia.

Conforme falamos, recebemos a confirmação de protocolo do GMP IFA.

Peço que identifique na declaração anexa,

Mais uma vez, permanecemos a disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 25 May 2021 02:02
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados,

Solicitação protocolada no SEI/Anvisa conforme Protocolo anexo.
Irei avisar à Anvisa de Imediato.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 24 de maio de 2021 17:17
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Senhores,

Em continuação, apresento os documentos conforme a seguir.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Certa de sua compreensão, conto com apoio no sigilo desse processo bem como no direcionamento a Precisa Medicamentos em qualquer necessidade eventual.

Segue meu contato direto 11 93257 4642. Estou a integral disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Medicamentos

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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Tuesday, 25 May 2021 01:24
To: William Amorim Santana <william.santana@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Caros, boa tarde.

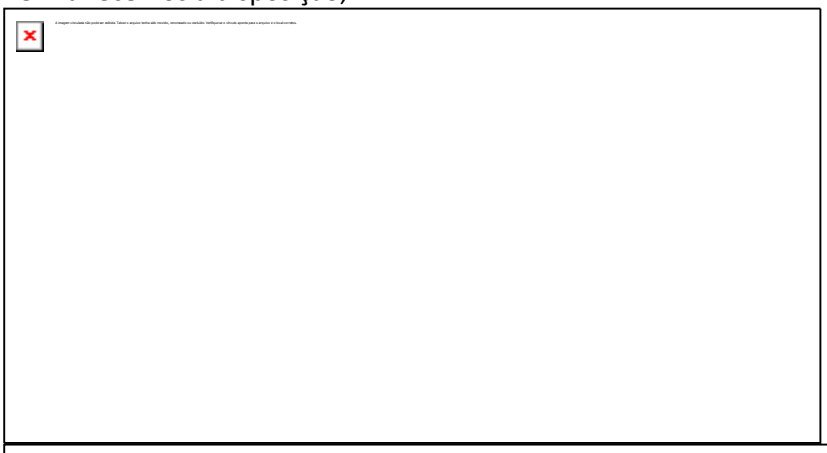
Conforme alinhado em reunião, apresento os documentos para submissão do protocolo. Sendo: declaração e documentos anexos conforme a mesma.

Estamos encerrando a elaboração dos anexos conforme a seguir, e enviaremos em poucos minutos.

[Anexo V – Declaração com informações referente a Fatura Comercial para abertura de registro de LI]

[Anexo VII – CAPA referente a Inspeção da ANVISA/GGFIS e suas respectivas conclusões]

Permanecemos a disposição,



From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 24 May 2021 22:37
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Alex Lial Marinho <alex.marinho@saude.gov.br>
Subject: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezada Emanuela Medrades,

Boa tarde!

A pedido do Coordenador-Geral de Logistica de Insumos Estratégicos para Saúde (CGLOG) venho por meio deste, *mui respeitosamente,* solicitar vossos préstimo quanto ao envio dos documentos elencados na Resolução da Diretoria Colegiada (RDC) 476, de 10 de março de 2021 para que esta coordenação possa solicitar junto a Agencia Nacional de Vigilância Sanitária (ANVISA) o pedido de concessão de excepcionalidade para a importação do objeto disposto no Contrato 52/2021.

Ficamos no aguardo.

DIVISÃO DE IMPORTAÇÃO - DIIMP
Coordenação-Geral de Logistica de Insumos Estratégicos para Saúde – CGLOG
Departamento de Logistica de Insumos Estratégicos para Saúde – DLOG
Secretaria Executiva
Ministério da Saúde
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
lista.divisaoimportacao@saude.gov.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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À AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA
QUESTIONAMENTOS REFERENTE PARTE CLÍNICA.

Hyderabad, 22 de maio de 2021

Ref.: Vacina Covid-19, Virion Inteiro Inativado (BBV152) / Submissão Prévia para Autorização de Uso Emergencial

A Precisa Comercialização de Medicamentos em atendimento ao estabelecido como estratégia de atuação da Agência nesse cenário de Pandemia apresenta através deste documento as suas respostas, considerações e compromissos com cada um dos itens a seguir.

A. QUESTIONAMENTOS SOBRE OS ESTUDOS CLÍNICOS:

1. Apresentar os protocolos, com descrição das respectivas emendas aprovadas, de todos os estudos clínicos conduzidos com a vacina.
   Resposta:

S No.	Title of the study	Status
1.	An adaptive, Seamless Phase 1, Followed by Phase 2 Randomized, Double-blind, Multicenter Study to evaluate the Safety, Reactogenicity, Tolerability and Immunogenicity of the Whole-Virion Inactivated SARS-CoV-2 Vaccine (BBV152) in Healthy Volunteers.	Study is ongoing.
2.	An adaptive, Seamless Phase 1, Followed by Phase 2 Randomized, Double-blind, Multicenter Study to evaluate the Safety, Reactogenicity, Tolerability and Immunogenicity of the Whole-Virion Inactivated SARS-CoV-2 Vaccine (BBV152) in Healthy Volunteers.	
3.	An Event-driven, Phase3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to evaluate the Efficacy, Safety, Immunogenicity and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.	Study is ongoing.

Tabela 1 - Tabular listing of All Clinical Studies Módulo 5 CTD.

As Informações detalhadas de cada um dos estudos, como os protocolos solicitados estão no Módulo 5 do CTD peticionado no expediente nº 1214929212 na data de 30 de março 2021.

Todos os módulos do CTD estão sendo revisados e atualizados, e terão tais atualizações marcadas para melhor identificação da ANVISA.

Conforme informado pela BBIL, receberemos os documentos atualizados em 10 de junho de 2021.

2. Apresentar o relatório de Imunogenicidade atualizado e completo, contendo os resultados de todos os parâmetros imunológicos (anticorpos de ligação, neutralizantes e reposta celular) avaliados nos estudos clínicos. O relatório deve incluir resultados individuais tabelados para todos os participantes avaliados e apresentação dos resultados de avaliação de anticorpos em título geométrico médio e aumento de título de anticorpos. Todos os resultados disponíveis até momento, para todos os pontos de tempo de coleta, devem ser apresentados.
Resposta:

A avaliação de imunogenicidade foi planejada no subconjunto dos 600 participantes que foram recrutados nos centros de categoria 3. Todas as amostras de sangue desses participantes foram coletadas no Dia 0, Dia 28, Dia 56 e essas amostras estão sendo analisadas. Os dados de imunogenicidade em termos de títulos médios geométricos (GMTs) por anticorpo neutralizante, proteína S e título de ligação anti-IgG específico de RBD serão submetidos ao CDSCO (Agência Indiana) e estarão disponíveis em 15 de junho de 2021.

3. Apresentar os dados de segurança acumulados dos estudos de fase 1 e 2, com foco nos eventos adversos graves, eventos adversos de interesse especial e casos graves de Covid-19, acompanhados das respectivas narrativas detalhadas.
Resposta:

Dados disponíveis no CSR interino que será disponibilizado até 30 de junho de 2021, contendo também:

1. Relatório estatístico completo (25.800 participantes):
A. EA sério / não solicitado / sério até 2 meses após a dose-2;
B. Eficácia de 130 eventos sintomáticos;
C. Eficácia assintomática de 36 eventos;
D. Eficácia contra variantes preocupantes;

4. Apresentar os relatórios completos com resultados atualizados para os desfechos primários, secundários e exploratórios, dos estudos clínicos fase 1, 2 e 3, que incluam as informações conforme o definido no guia do ICH E 3, Estrutura e conteúdo dos relatórios de estudos clínicos.
Resposta:

Relatórios disponíveis apresentados no Módulo 5 do eCTD peticionado no expediente nº 1214929212 na data de 30 de março 2021.

5. Ressaltamos que os seguintes pontos referentes ao estudo fase 3, protocolo BBIL/BBV152-C/2020, devem ser claramente esclarecidos, justificados e/ou descritos:

   i. Data de corte dos dados para a avaliação interina de eficácia e segurança.
   Resposta:

   - 2° Report Interino com data de corte para eficácia em 08 de maio de 2021.

- Para monitoramento de segurança, todas os eventos adversos não graves foram apresentados para os primeiros 8.000 (oito mil) participantes recrutados inicialmente até o dia 01/03/2021, completando 42 dias de monitoramento.
- Todos as EAGs foram apresentadas até o dia 07 de abril de 2021.

ii. Descrição detalhada e justificativa da estratégia de randomização adotada.
Resposta:

Todo o plano de randomização foi evoluído e explicado no documento denominado "RESPONSES CLÍNICAL ANVISA QUERIES", através das respostas as questões 3.7 e justificado na resposta 3.13, além do Plano de Randomização constar no Anexo 9 do documento peticionado no expediente nº 1214929212 na data de 30 de março 2021.

iii. Descrição detalhada sobre a disposição dos participantes e representação em fluxograma para as populações de eficácia, Imunogenicidade e segurança no estudo fase 3, com uma contabilidade clara de todos os pacientes que foram incluídos e dos que foram retirados do estudo. O número de pacientes que foram randomizados, incluídos e retirados por semana do estudo deve ser fornecido, bem como os motivos para todas as interrupções pós-randomização, agrupados por tratamento e motivo principal (perda seguimento, evento adverso, não conformidades, etc.). Deve ser também fornecido o número de participantes triados para inclusão no estudo e uma análise das razões para a exclusão de participantes durante a triagem. Informar quantos participantes receberam uma dose da vacina e quantos receberam duas doses até o momento. Todos os dados sobre disposição de participantes solicitados devem ser apresentados também para cada categoria 1, 2 e 3 de participantes definida no estudo e para cada centro do estudo.
Resposta:

Essas informações foram solicitadas a IQVIA e serão enviadas para a ANVISA.

Compartilhamos o projeto de análise (Mock Shells) no Anexo 1 que detalham todas as tabelas, listas de segurança e números para o relatório final já no formato que será apresentado no CSR.

E a seguir o layout da disposição dos participantes e os dados que serão detalhados.

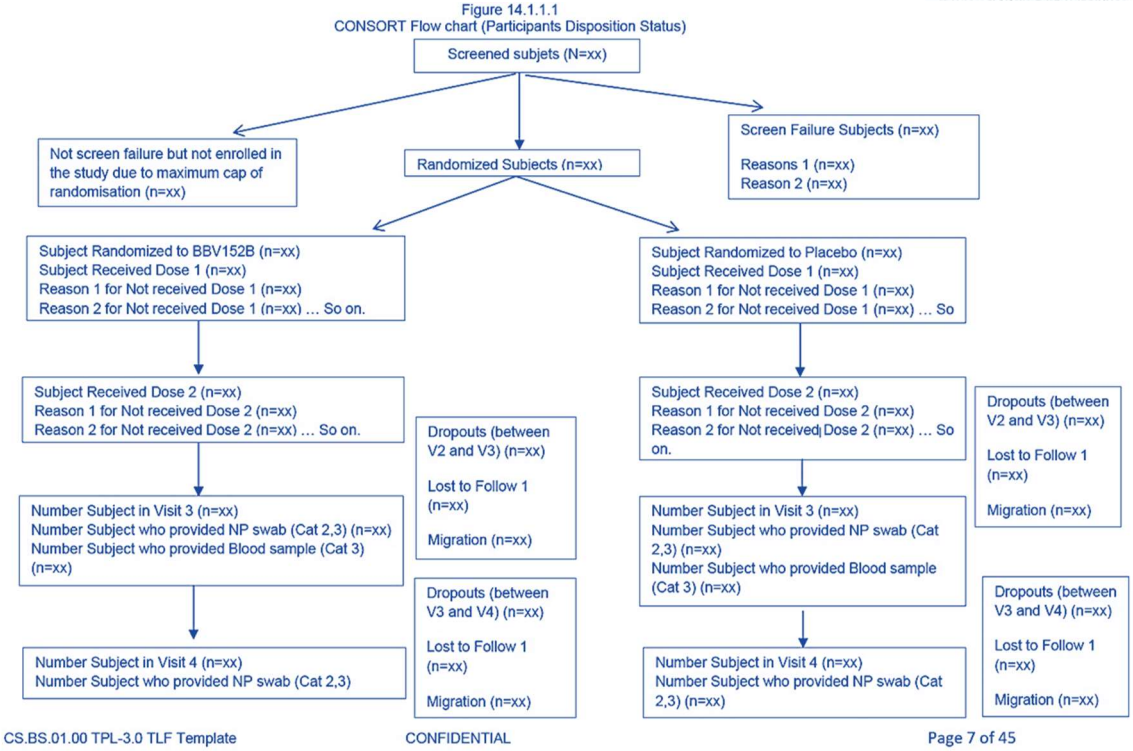

Figura 1 - Consort Flow Chart (Participants Disposition Status).

iv. Informar qual o número total de participantes que foram incluídos na avaliação interina de eficácia. Apresentar detalhamento sobre essa população considerada para análise interina de eficácia, descrevendo quantos tinham recebidos duas doses da vacina e dentre esses quantos tinham acompanhamento total de 42 dias no momento de corte de dados para a análise de eficácia. Informar também quantos participantes tinham recebido apenas uma dose da vacina no momento de corte de dados para análise interina. Descrever qual era a população considerada para análise por protocolo e por intenção de tratar.
Resposta:

Foram incluídos na segunda avaliação interina de eficácia do desfecho primário o total de 24.417 (vinte e quatro mil, quatrocentos e dezessete) participantes, todos já com a segunda dose da vacina/placebo há duas semanas, ou seja, total de 42 dias, sendo dividido conforme tabela abaixo.

Description	**Treatment Arm**		
	BBV152 (N = 12219)	**Placebo (N=12198)**	**Total (N =24417)**
First occurrence of Virologically confirmed (RT-PCR) n (%)	23 (0.188)	104 (0.853)	127 (0.520)
VE (%)	77.9		
98.78% CI	[60.8, 88.4]		
p value	<0.0001		

Tabela 2 – Segunda avaliação interina.

Para avaliação da eficácia não foram considerados os participantes com desvios de protocolo.

O SAP (Statistical Analisys Plan) com as descrições das populações PPs (per-protocol-set) e FAS (Full Analysis Set) está sendo inserido neste documento conforme a seguir.

Anexo 2. SAP BBV152.

v. Informar quantos casos Covid positivo ocorreram no braço vacinados e placebo conforme a categoria 1, 2 e 3, definida pela empresa.

S No.	Site	Category	Number of Cases
1	AIIMS, Delhi	Symptomatic	2
2	Director of Public Health – Chennai	Symptomatic	1
3	Government Fever Hospital – Guntur	Symptomatic	7
4	ICMR – Kolkata	Symptomatic	12
5	Jeevan Rekha – Belgavi	Symptomatic	8
6	Lokmanya Tilak Municipal Medical College & General Hospital-Mumbai	Symptomatic	1
7	Maharaja Agrasen Multi speciality Hospital- Jaipur	Symptomatic	17
8	Nizam's institute of Medical Sciences – Hyderabad	Symptomatic	15
9	Prakash institute of Medical Science & Research – Sangli	Symptomatic	4
10	Prakhar Hospital – Kanpur	Symptomatic	19
11	Rahate surgical Hospital & ICU	Symptomatic	21
12	RCSMGMC & CPR Hospital – Kolhapur	Symptomatic	6
13	Redkar Hospital - Goa	Symptomatic	6
14	Vydehi Institute of Medical Sciences & Research Centre – Bangalore	Symptomatic	2
15	All India Institute of Medical Sciences - (Patna)	Symptomatic	-
16	ESIC Medical College and Hospital - (Faridabad)	Symptomatic	-
17	MG Medical College, Sri Balaji Vidyapeeth - (Pondicherry)	Symptomatic	3
18	People's University - (Bhopal)	Symptomatic	1
19	Gangaram - (New Delhi)	Symptomatic	-
20	Aligarh Muslim University - (Uttar Pradesh)	Symptomatic	-
21	Gmers Medical College and Civil Hospital - (Ahmedabad)	Symptomatic	4
22	Sir J.J. Group of Hospitals - (Mumbai)	Symptomatic	-
23	(IMS) & SUM Hospital - (Bhubaneswar)	Symptomatic	-
24	SRM Hospital & Research Center – (Chennai)	Symptomatic	1
25	PGIMS - (Rohtak)	Symptomatic	-
			130

Tabela 3 - Caso de Covid por Site.

S No.	Site Name and Location	Subjects completed 1st dose	Subjects completed 2nd dose	Subjects Completed follow up (Day 42)
	Category 1: Sites			
1	All India Institute of Medical Sciences - (New Delhi)	659	629	629
2	All India Institute of Medical Sciences - (Patna)	1216	1137	1129
3	ESIC Medical College and Hospital - (Faridabad)	1126	1002	997
4	ICMR-National Institute of Cholera and Enteric Diseases - (Kolkata)	988	969	967
5	Lokmanya Tilak Municipal General Hospital - (Mumbai)	197	191	191

6	MG Medical College, Sri Balaji Vidyapeeth - (Pondicherry)	901	868	831
7	People's University - (Bhopal)	1725	1426	1424
8	Rahate Surgical Hospital & ICU - (Nagpur)	1670	1594	1579
9	Vydehi institute of Medical Sciences - (Bangalore)	496	476	429
10	Director of Public Health & Preventive Medicine - (Chennai)	29	27	27
11	Gangaram - (New Delhi)	318	276	276
12	Prakhar Hospital – (Kanpur)	2250	2244	2243
13	Jeevan Rekha – (Karnataka)	2227	2216	2216
14	Maharaja Agrasen Multi speciality Hospital - (Jaipur)	1494	1431	1124
15	Sunita Jaiprakash Ramanand - RCSMGMC & CPR Hospital - (Kolhapur)	887	882	737
16	Vijaykumar Patil - Prakash Institute of Medical Science & Research - (Sangli)	611	594	409
	Category 2: Sites			
17	Aligarh Muslim University - (Uttar Pradesh)	1008	938	937
18	Gmers Medical College and Civil Hospital - (Ahmedabad)	1081	1018	1018
19	Sir J.J. Group of Hospitals - (Mumbai)	438	379	378
20	Government Fever Hospital - (Guntur)	1358	1351	1350
21	(IMS) & SUM Hospital - (Bhubaneswar)	510	495	494
22	SRM Hospital & Research Center – (Chennai)	603	446	404
	Category 3: Sites			
23	Nizam's institute of Medical Sciences - (Hyderabad)	1998	1888	1883
24	PGIMS - (Rohtak)	456	433	433
25	Redkar Hospital and Research Centre - (Goa)	1554	1544	1544
	Total	**25800**	**24454**	**23649**

Tabela 4 - Categoria e quantidade de participantes por site.

vi. Esclarecer, quanto ao acompanhamento dos participantes para detecção de casos suspeitos e confirmação de Covid, como o contato telefônico de 15 em 15 dias garantiu que os indivíduos sintomáticos tivessem amostras biológicas coletadas no intervalo de tempo adequado para confirmação virológica por PCR. A empresa deve apresentar justificativa, incluindo dados científicos e discussão sobre a diminuição da carga viral ao longo do tempo a partir do início dos sintomas e a sensibilidade comprovada do teste PCR.
Resposta:

Para os casos sintomáticos, todos os participantes foram acompanhados por telefone. O questionário de acompanhamento telefônico cobre todos os sintomas e, a critério dos PIs, todos os suspeitos foram chamados ao local e foram coletadas amostras para confirmação do quadro de doença COVID-19. Portanto, há menor chance de perder os casos sintomáticos.

Todas as chamadas telefônicas de 15 dias foram realizadas em todos os sites da categoria de forma dilatada.

É importante mencionar que visitas de doença não programadas foram incentivadas para os participantes até o dia 360. Todos os participantes receberam contatos da equipe de estudo na assinatura do consentimento informado e foram instruídos a contatar a equipe conforme necessário.

vii. Ainda quanto aos critérios para identificar um caso suspeito de COVID-19 sintomático a empresa informa que os participantes com qualquer sintoma de COVID-19 com duração de pelo menos 48 horas (exceto para febre e/ou sintomas respiratórios) visitarão a clínica ou serão visitados em casa por uma equipe médica qualificada dentro de 72 horas para coletar uma amostra de swab nasofaríngeo (NF) para teste de RT-PCR para SARS-CoV-2. Esclarecer como foi garantido que a coleta de swab NF para teste PCR foi feita em período de tempo máximo adequado após o início dos sintomas suspeitos, visto que foi estabelecido apenas um prazo mínimo a partir do início de sintomas, e não foi estabelecido também o necessário prazo máximo a partir do início de sintomas**.**
Resposta:

Para os casos sintomáticos, todos os participantes foram acompanhados por telefone. O questionário de acompanhamento telefônico cobre todos os sintomas e, a critério dos PIs, todos os suspeitos foram chamados ao local e foram coletadas amostras para confirmação do quadro de doença COVID-19. Portanto, há menor chance de perder os casos sintomáticos.

viii. Esclarecer se foram definidos critérios de avaliação dos casos Covid-19 positivos de acordo com gravidades leve, moderada e grave. Apresentar documentação que comprove qual escala de gravidade foi adotada, com descrição dos respectivos sintomas para definição de gravidade.
Resposta:

Os critérios de avaliação dos casos graves de Covid19, bem como identificação de sintomas de desfechos primários, foram realizados com base no *Development and Licensure of Vaccines to Prevent COVID-19 – Guidance for Industry* do FDA, conforme a seguir:

Identificação de sintomas para desfecho primário em acordo com o guia do FDA e também aplicado a outros estudos clínicos de vacinas contra SARS- CoV-2 como por exemplo no COV-02-IB (ClinicalTrials.gov NCT04456595).

- Fever or chills.
- Cough.
- Shortness of breath or difficulty breathing.
- Fatigue.
- Muscle or body aches.
- Headache.
- New loss of taste or smell
- Sore throat.
- Congestion or runny nose.
- Nausea or vomiting.
- Diarrhea.

Case Definition of symptomatic COVID-19 (Severe)	Virologically confirmed (RT-PCR positive) SARS-CoV-2 Severe Respiratory tract infection with one or more of the following symptoms: 1. Clinical signs at rest indicative of severe systemic illness (respiratory rate >30/min, heart rate >125/min, SpO2<93%) 2. Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation, or ECMO) 3. Evidence of shock (SBP <90 mm Hg, DBP <60 mm Hg, or requiring vasopressors) 4. Significant acute renal, hepatic, or neurologic dysfunction 5. Admission to an ICU 6. Death

Tabela 5 - Definição de casos graves de Covid-19 conforme protocolo 3.0 BBV152.

E por fim, a definição de casos graves descritas nas páginas 13 e 14 do documento inserido no Anexo 3:

> As it is possible that a COVID-19 vaccine might be much more effective in preventing severe versus mild COVID-19, sponsors should consider powering efficacy trials for formal hypothesis testing on a severe COVID-19 endpoint. Regardless, severe COVID-19 should be evaluated as a secondary endpoint (with or without formal hypothesis testing) if not evaluated as a primary endpoint. FDA recommends that severe COVID-19 be defined as virologically confirmed SARS-CoV-2 infection with any of the following:
>
> - Clinical signs at rest indicative of severe systemic illness (respiratory rate ≥ 30 per minute, heart rate ≥ 125 per minute, SpO2 ≥ 93% on room air at seas level or PaO2/FiO2 > 300 mmHg).
> - Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation or ECMO) .
> - Evidence of shock (SBP < 90 mm Hg, DBP < 60 mm Hg, or requiring vasopressors).
> - Significant acute renal, hepatic, or neurologic dysfunction.
> - Admission to an ICU.
> - Death.
>
> SARS-CoV-2 infection (whether or not symptomatic) should be evaluated as a secondary or exploratory endpoint, if not evaluated as a primary endpoint.
> The above diagnostic criteria may need to be modified in certain populations; for example, in pediatric patients and those with respiratory comorbidities. Sponsors should discuss their proposed case definitions with the Agency prior to initiating enrollment.

ix. Esclarecer se, no caso de um participante com suspeita de COVID-19 que teve um primeiro resultado negativo no teste de confirmação virológica por PCR, coletas adicionais de amostras clínicas foram estabelecidas como necessárias para novo teste por PCR em

diferentes períodos desde o início dos sintomas, para descarte definitivo de possibilidade de um caso positivo de COVID-19.
Resposta:

As coletas adicionais ou realizações de novo teste após RT-PCR negativo eram definidas pelo PI/site e justificada com racional caso fosse conduzido uma nova testagem de confirmação.

x. Esclarecer quais foram os critérios para permitir a administração da segunda dose da vacina nos participantes do estudo. Esclarecer se os participantes que foram positivos para COVID-19 entre a primeira e a segunda doses puderam receber a segunda dose.
Resposta:

Conforme descrito no protocolo BBV152 versão 3.0 nos critérios de elegibilidade, a revacinação não acontecerá nas seguintes condições:

- Pregnancy.
- History of virologically (RT-PCR) confirmed SARS-CoV-2 infection
- Anaphylactic reaction following administration of the investigational vaccine.

xi. Justificar a definição de casos graves de Covid no estudo fase 3, que está em desacordo com as definições harmonizadas internacionalmente e conforme o preconizado pela OMS.
Resposta:

Os critérios de avaliação dos casos graves de Covid19, bem como identificação de sintomas de desfechos primários, foram realizados com base no *Development and Licensure of Vaccines to Prevent COVID-19 – Guidance for Industry* do FDA, conforme a seguir:

Identificação de sintomas para desfecho primário em acordo com o guia do FDA e também aplicado a outros estudos clínicos de vacinas contra SARS- CoV-2 como por exemplo no COV-02-IB (ClinicalTrials.gov NCT04456595).

- Fever or chills.
- Cough.
- Shortness of breath or difficulty breathing.
- Fatigue.
- Muscle or body aches.
- Headache.
- New loss of taste or smell
- Sore throat.
- Congestion or runny nose.
- Nausea or vomiting.
- Diarrhea.

Case Definition of symptomatic COVID-19 (Severe)	Virologically confirmed (RT-PCR positive) SARS-CoV-2 Severe Respiratory tract infection with one or more of the following symptoms: 1. Clinical signs at rest indicative of severe systemic illness (respiratory rate >30/min, heart rate >125/min, SpO2<93%) 2. Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation, or ECMO) 3. Evidence of shock (SBP <90 mm Hg, DBP <60 mm Hg, or requiring vasopressors) 4. Significant acute renal, hepatic, or neurologic dysfunction 5. Admission to an ICU 6. Death

Tabela 6 - Definição de casos graves de Covid-19 conforme protocolo 3.0 BBV152.

E por fim, a definição de casos graves descritas nas páginas 13 e 14 do documento inserido no Anexo 4:

> As it is possible that a COVID-19 vaccine might be much more effective in preventing severe versus mild COVID-19, sponsors should consider powering efficacy trials for formal hypothesis testing on a severe COVID-19 endpoint. Regardless, severe COVID-19 should be evaluated as a secondary endpoint (with or without formal hypothesis testing) if not evaluated as a primary endpoint. FDA recommends that severe COVID-19 be defined as virologically confirmed SARS-CoV-2 infection with any of the following:
>
> - Clinical signs at rest indicative of severe systemic illness (respiratory rate ≥ 30 per minute, heart rate ≥ 125 per minute, SpO2 ≥ 93% on room air at seas level or PaO2/FiO2 > 300 mmHg).
> - Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation or ECMO) .
> - Evidence of shock (SBP < 90 mm Hg, DBP < 60 mm Hg, or requiring vasopressors).
> - Significant acute renal, hepatic, or neurologic dysfunction.
> - Admission to an ICU.
> - Death.
>
> SARS-CoV-2 infection (whether or not symptomatic) should be evaluated as a secondary or exploratory endpoint, if not evaluated as a primary endpoint.
> The above diagnostic criteria may need to be modified in certain populations; for example, in pediatric patients and those with respiratory comorbidities. Sponsors should discuss their proposed case definitions with the Agency prior to initiating enrollment.

xii. Apresentar os resultados de eficácia da vacina proposta para os subgrupos de acordo com a soro positividade dos participantes para SarsCov-2 em linha de base, no momento da inclusão no estudo.
Resposta:

Dado indisponível no momento. Dados de eficácia em participantes soropositivos serão apresentados em desfechos secundários.

A análise primária avalia a eficácia contra a primeira ocorrência de casos sintomáticos de COVID-19 confirmados virológicos (RT-PCR). Os participantes que forem soropositivos no início do estudo não entrarão na análise de eficácia primária. No entanto, como um desfecho secundário no protocolo, estamos avaliando a eficácia do BBV152 em indivíduos soropositivos. Isso foi feito para limitar o recrutamento de participantes soropositivos para o estudo. No entanto, ~ 35% da soro positividade foi observada.

xiii. Esclarecer como será avaliada a eficácia da vacina e perda de proteção em longo prazo, após a ocorrência de 130 casos Covid-19 no estudo, conforme planejado pelo desenvolvedor.
Resposta:

No estudo de Fase 3, um subgrupo (600) dos participantes será avaliado quanto à imunogenicidade em termos de GMT e soro conversão do título de anticorpos neutralizantes contra o vírus SARS-CoV-2 no Mês 0, Mês 1, Mês 2, Mês 3, Mês 6 , Mês 9 e mês 12.

xiv. Justificar a utilização do adjuvante Alum no grupo controle, visto que os eventos adversos causados pelo adjuvante terão análise prejudicada por não haver um controle sem o adjuvante Alum. Apresentar análise dos eventos adversos no grupo placebo e sua relação potencial com o adjuvante Alum.
Resposta:

Conforme mencionado anteriormente, o adjuvante IMDG possui um efeito imunomodulador independentemente de sua associação com um antígeno, e isso poderia prejudicar a análise da eficácia da Covaxin, ainda que este efeito não seja tão representativo.

Por isso, optou-se pela utilização do adjuvante Alum no grupo controle. Além do fato de também conter base de alumínio também presente no IMDG.

Description	Treatment Arm		
	BBV152 (N=4,061) n (%)	Placebo (N=3,804) n (%)	Total (N=7,865) n (%)
No of Subject with at least one Adverse Event	335 (8.25)	300 (7.89)	635 (8.07)
No of Subjects with at least one Local Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	99 (2.44)	94 (2.47)	193 (2.45)
No of Subjects with at least one Local Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	55 (1.35)	39 (1.03)	94 (1.20)
No of Subjects with at least one Systemic Solicited AE within 7 days after Day 0 Vaccination (1 event not resolved)	94 (2.31)	55 (1.45)	149 (1.89)
No of subjects with at least one Systemic Solicited AE within 7 days after Day 28 Vaccination (1 event not resolved)	30 (0.74)	23 (0.60)	53 (No 0.67)

No of subjects with at least one Unsolicited Adverse Events	50(1.23)	67(1.76)	117 (1.49)
All Ongoing Adverse Events	9 (0.22)	11 (0.29)	20 (0.25)
Severity			
Mild	317 (7.81)	288 (7.57)	605 (7.69)
Moderate	17 (0.42)	17 (0.45)	34 (0.43)
Severe	9 (0.22)	7 (0.18)	16 (0.20)

Tabela 7 - Eventos adversos reportados para 7.865 participantes.

xv. Esclarecer como os participantes do estudo foram instruídos sobre como registrar os potenciais eventos adversos, solicitados ou não, locais e sistêmicos. Apresentar os formulários e/ou diários, eletrônicos ou não, que foram utilizados pelos participantes do estudo. Informar quais os equipamentos para permitir medição e temperatura, pressão e outras avaliações foram fornecidos aos participantes do estudo.
Resposta:

Anexo 5 diário do participante com as informações a serem preenchidas pelos participantes. E instruções. Cada participante recebeu 01 (um) termômetro junto ao ICF e Diário. Os instrumentos são para aferir os sinais solicitados tanto no diário, quanto nas ligações de acompanhamento ou nas ligações de suspeita de Covid19.

Anexo 6. Diário do participante;
Anexo 7. CRF.

xvi. Informar quais foram os eventos adversos solicitados definidos no estudo.
Resposta:

Solicited Local AEs	**Solicited Systemic AEs**
• Pain at the injection site; • Swelling at the injection site; • Induration (hardness) at the injection site; • Erythema (redness) at the injection site	• Fever; • Chills; • Headache; • Nausea; • Vomiting; • Fatigue; • Myalgia; • Arthralgia

Tabela 8 - Eventos adversos relacionados ao estudo.

Na tabela a seguir, a classificação desses eventos solicitados.

Reaction	**Grade 0**	**Grade 1**	**Grade 2**	**Grade 3**	**Grade 4**
Injection site pain	None	Does not interfere with the activity	Repeated use of over-the counter pain reliever > 24 hours or	Any use of prescription pain reliever or prevents	Requires emergency room visit or hospitalization

			interferes with the activity	daily activity	
Injection site erythema (redness) < 25 mm/ < 2.5 cm 25 in diameter	< 25 mm/ < 2.5 cm	25 - 50 mm/ 2.5 - 5 cm	51 - 100 mm/ 5.1 - 10 cm	> 100 mm/ > 10 cm	Necrosis or exfoliative dermatitis
Injection site swelling/induration (hardness)	< 25 mm/ < 2.5 cm in diameter	25 - 50 mm/ 2.5 - 5 cm in diameter	51 - 100 mm/ 5.1 - 10 cm in diameter	> 100 mm/ > 10 cm in diameter	Necrosis
Fever (oral)	< 38.0°C or <100.4°F	38.0 – 38.4°C or 100.4 – 101.1°F	38.5 – 38.9° C or 101.2 – 102.0°F	39.0 – 40.0°C or 102.1 – 104.0°F	< 40.0°C or <104.0°F
Chills	None	No interference with activity	Some interference with activity not requiring medical intervention	Prevents daily activity and requires medical	Requires emergency room visit or hospitalization
Headache	None	No interference with activity	Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity	Significant; any use of prescription pain reliever or prevents daily activity	Requires emergency room visit or hospitalization
Nausea	None	No interference with activity or 1-2 episodes/ 24 hours	Some interference with activity or > 2 episodes/24 hours	Prevents daily activity, requires outpatient intravenous hydration	Requires emergency room visit or hospitalization for hypotensive shock
Vomiting	None	No interference with activity or 1-2 episodes/ 24 hours	Some interference with activity or > 2 episodes/24 hours	Prevents daily activity, requires outpatient intravenous hydration	Requires emergency room visit or hospitalization for hypotensive shock
Fatigue	None	No interference with activity	Some interference with activity	Significant;	Requires

				prevents daily activity	emergency room visit or hospitalization
Myalgia (muscle aches all over the body)	None	No interference with activity	Some interference with activity	Significant; prevents daily activity	Requires emergency room visit or hospitalization
Arthralgia (joint aches in several joints)	None	No interference with activity	Some interference with activity	Significant; prevents daily activity	Requires emergency room visit or hospitalization

Tabela 9 - Classificação dos eventos solicitados.

Reference: Brighton classification case definition or common terminology criteria for adverse events (CTCAE) version 5.0.

xvii. Apresentar as narrativas completas de eventos adversos graves, incluindo óbitos, e eventos adversos de interesse especial. As narrativas devem incluir a natureza e intensidade do evento, idade e sexo do paciente; condição clínica geral do paciente, o curso clínico que levou ao evento e opinião do investigador e do patrocinador sobre causalidade. Deve ser informado também as doenças concomitantes/anteriores relevantes com detalhes de ocorrência/duração e medicação concomitante/anterior com detalhes da dosagem. A empresa também deve fornecer a avaliação de causalidade em relação a esses eventos.
Resposta:

Apresentando os casos de óbitos no expediente nº 2032599211 na data de 26 de maio de 2021.

Anexo 8. – Com o mesmo tratamento para as outras EAGs.

xviii. Informar o número de lote, data de fabricação e extensão da utilização de cada lote utilizado nos estudos clínicos.
Resposta:

NÚMERO DE LOTE	TAMANHO DO LOTE	DATA	FINALIDADE
37520001A	500 mL	23/05/2020	Estudo pré-clínico e de fase 1
37520002A	500 mL	27/05/2020	Estudo pré-clínico
37520003A	500 mL	30/05/2020	Estudo clínico fase I
37520011A	1,5 L	05/07/2020	Estudo clínico fase II e fase III
37520012A	1,5 L	09/07/2020	Estudo clínico fase II e fase III

Tabela 10 - Lotes utilizados nos estudos clínicos.

Tables, Listings & Figures Mock shells
For Interim Analysis 3

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2.0, Dated: 09/04/2021</td></tr>
<tr><td>Author:
Mayur Kharche,
Biostatistician,
Cytespace Research Pvt Ltd.</td><td colspan="2">Internal reviewers:
Samir Thaker, Biostatistician
Sponsor reviewer:
Mr. Vamshi Krishna Sarangi, Senior. Executive-Biostatistician
Sponsor approver:
Dr. Raches Ella, Head - Business Development & Advocacy</td></tr>
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1 General Programming Note:

- N =number of participants in the relevant population per cohort and n= The number of participants, % = n/N *100
- m= Count of Events (One participant may be counted more than once)
- For Decimal point of statistics of respective parameter please use the SAP Section Appendix 1
- For individual TLFs Footnotes must be left justified except “page x of y” (where Y is the total number of pages for the individual TLF output) which must be right justified.
- In compiled TLFs for the page identification in the format Page X of Y (where Y is the total number of pages for the TLF) should appear in row 2, In header which must be right justified.
- All TLFs will be based on SDTM/ADaM or Derived datasets and the SDTM/ADaM or Derived dataset used to create respective TLFs will be provided in the footnote “Source” as appropriate.

2 General Notes:

- Treatment: BBV152B and Placebo. In BBV152B: BBV152B Lot 1, BBV152B Lot 2, BBV152B Lot 3.
- The section headings/TOC provided in Mock Shell document is only for the mock shell for reference purpose and actual mock shell for respective TLFs Output will start form the “table number, table title and population information for example (Table 14.1.1.1 Participants Disposition Status by Treatment Group (Enrolled Analysis Set)) column.

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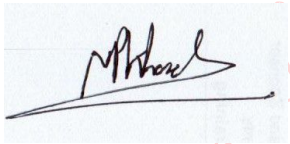
3 Signature Page

Authored by:

Mayur Kharche, Biostatistician

Cytespace Research Pvt. Ltd.

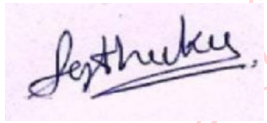


Signature and date

Internal reviewers:

Samir Thaker, Biostatistician

Cytespace Research Pvt Ltd.



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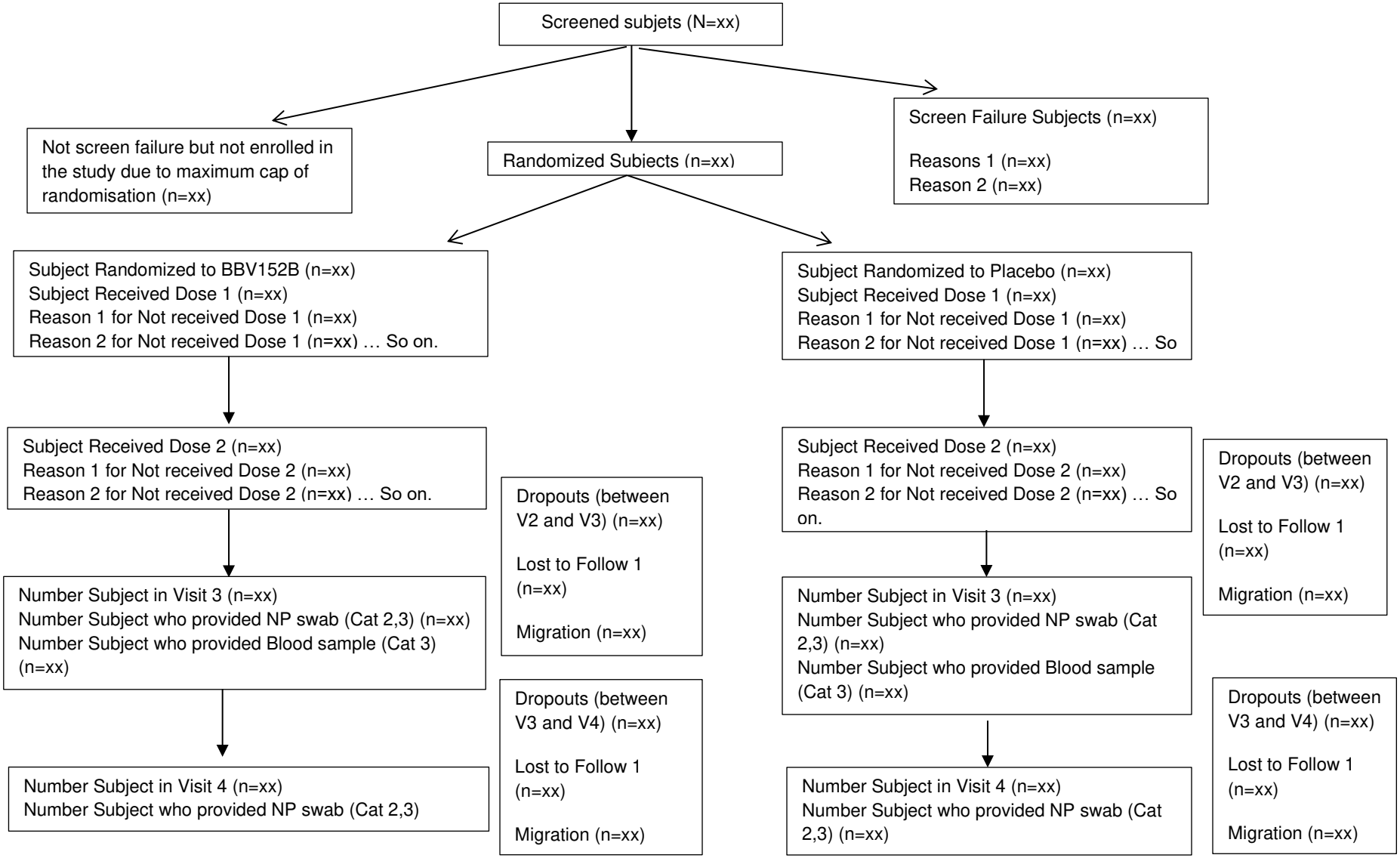
4 TFLs

4.1 Table

14.1.1 Disposition and Analysed Datasets

Figure 14.1.1.1
CONSORT Flow chart (Participants Disposition Status)



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Note: This figure will not be created programmatically.

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Table 14.1.1.1a
Participants Disposition Status

Description	BBV152B N=xx n (%)	Placebo N=xx n (%)	Total N=xx n (%)
Screened participants			xx
Screen failure			xx
Screen but not enrolled^			xx
Enrolled participants	xx (xx.x)	xx (xx.x)	xx (xx.x)
Ongoing participants	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of completed participants	xx (xx.x)	xx (xx.x)	xx (xx.x)
Randomization Analysis Set	xx (xx.x)	xx (xx.x)	xx (xx.x)
Full Analysis Set (FAS)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Per-protocol Analysis Set (PP)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Immunogenicity Analysis Subset (IAS)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Safety Analysis Set (SAF)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Discontinued participants	xx (xx.x)	xx (xx.x)	xx (xx.x)
Category of Site			
Category 1 (Symptomatic)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Category 2 (Symptomatic/Asymptomatic)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Category 3 (Symptomatic/Asymptomatic + Immunogenicity)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Visit 1 completed	xx (xx.x)	xx (xx.x)	xx (xx.x)
Visit 2 completed	xx (xx.x)	xx (xx.x)	xx (xx.x)
Visit 3 completed	xx (xx.x)	xx (xx.x)	xx (xx.x)
Visit 4 completed	xx (xx.x)	xx (xx.x)	xx (xx.x)
Reasons for Discontinuation			
Adverse event/serious adverse event	xx (xx.x)	xx (xx.x)	xx (xx.x)
Protocol violation	xx (xx.x)	xx (xx.x)	xx (xx.x)
Consent withdrawal	xx (xx.x)	xx (xx.x)	xx (xx.x)
Migration from the study site	xx (xx.x)	xx (xx.x)	xx (xx.x)
Lost to follow-up	xx (xx.x)	xx (xx.x)	xx (xx.x)
Pregnancy	xx (xx.x)	xx (xx.x)	xx (xx.x)
Screen Failure	xx (xx.x)	xx (xx.x)	xx (xx.x)
Physician decision	xx (xx.x)	xx (xx.x)	xx (xx.x)
Sponsor termination	xx (xx.x)	xx (xx.x)	xx (xx.x)
Prohibited Medication	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)

Note: ^Participants who signed ICF and not screen failure but not enrolled in the study due to maximum cap of randomisation participants reached.
This table will be prepared based on available data till cut off date.
Ongoing participants: Subjects who ongoing in the trial till cut off date will be assumed to have Ongoing participants.
Completed participants: Subjects who completed the trial on or before cut off date, as indicated in the Study Phase Disposition eCRF form, will be assumed to have completed participants.
% = n/N *100 Where, N = number of enrolled participants and n = Number of participants

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Source: xxxx ddmmmyyyy hh:mm;
Program: x_xx_x_x_xx.sas, ddmmmyyyyy hh:mm

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Table 14.1.1.2
Summary of Analysis Population
(Randomization Analysis Set)

Analysis Populations	BBV152B N=xx n (%)	Placebo N=xx n (%)	Total N=xx n (%)
Randomization Analysis Set (a)	xx (100.0)	xx (100.0)	xx (100.0)
Full Analysis Set (b)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Per-protocol Analysis Set (c)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Immunogenicity Analysis Subset (d)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Safety Analysis Set (e)	xx (xx.x)	xx (xx.x)	xx (xx.x)

Note:
(a) All randomized participants classified according to the study product (vaccine or placebo) to which they were randomized.
(b) All randomized participants who received at least one dose of IP and had no immunologic evidence of prior COVID-19 (i.e, negative against SARS-CoV-2 antibodies) at Visit 1 before the first dose of IP. Participants will be analysed according to the study product (vaccine or placebo) received.
(c) All participants in the FAS who received planned doses of IP per schedule, seronegative for SARS-CoV-2 Antibody by ELISA at baseline, and have no major protocol deviations, as determined, and documented by the Sponsor. Participants will be analysed according to the study product (vaccine or placebo) received.
(d) Designated participants at study sites included in the immunogenicity study (Category 3) who had received both doses of IP.
(e) The Safety Set consists of all randomized participants who received at least one dose of IP, classified according to the study product received.
% = n/N *100 Where, N = number of enrolled participants and n = Number of participants

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_xx.sas, ddmmmyyyyy hh:mm

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Table 14.1.1.3
Summary of Immunogenicity Analysis Population by BBV152B Lots and Placebo
(Randomization Analysis set (Catetegory 3))

Population	BBV152B Lot 1 (N=xxx)	BBV152B Lot 2 (N=xxx)	BBV152B Lot 3 (N=xxx)	BBV152B All Lots (N=xxx)	Placebo (N=xxx)	Total (N=xxxx)
Randomization Analysis Set (a)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Full Analysis Set (b)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Per-protocol Analysis Set (c)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Immunogenicity Analysis Subset (d)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Safety Analysis Set (e)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

Note: All randomized participants classified according to the study product (vaccine or placebo) to which they were randomized.
(a) All randomized participants who received at least one dose of IP and had no immunologic evidence of prior COVID-19 (i.e, negative against SARS-CoV-2 antibodies) at Visit 1 before the first dose of IP. Participants will be analysed according to the study product (vaccine or placebo) received.
(b) All participants in the FAS who received planned doses of IP per schedule, seronegative for SARS-CoV-2 Antibody by ELISA at baseline, and have no major protocol deviations, as determined, and documented by the Sponsor. Participants will be analysed according to the study product (vaccine or placebo) received.
(c) Designated participants at study sites included in the immunogenicity study (Category 3) who had received both doses of IP.
(d) The Safety Set consists of all randomized participants who received at least one dose of IP classified according to the study product received.
% = n/N *100 Where, N = number of Enrolled participants and n = Number of participants

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_xx.sas, ddmmmyyyyy hh:mm Page x of y

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14.1.2 Demography and Baseline Characteristics

Table 14.1.2.1
Baseline Demographic Characteristics
(Full Analysis Set)

Baseline Demographic Variables Statistics	BBV152B (N=xx)	Placebo (N=xx)	Total (N=xx)
Sex, n (%)			
Male	xx (xx.x)	xx (xx.x)	xx (xx.x)
Female	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)
Age (years)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
Race, n (%)			
Asian	xx (xx.x)	xx (xx.x)	xx (xx.x)
Black	xx (xx.x)	xx (xx.x)	xx (xx.x)
Caucasian	xx (xx.x)	xx (xx.x)	xx (xx.x)
Native American	xx (xx.x)	xx (xx.x)	xx (xx.x)
Pacific Islander	xx (xx.x)	xx (xx.x)	xx (xx.x)
Unknown	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)
Ethnicity, n (%)			
Hispanic Or Latino	xx (xx.x)	xx (xx.x)	xx (xx.x)
Not Hispanic Or Latino	xx (xx.x)	xx (xx.x)	xx (xx.x)
Unknown	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)
Weight (kg)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x

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Min; Max	xx; xx	xx; xx	xx; xx
Height (cm)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
BMI (kg/m2)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
Temperature (°C)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
Results (Serology Test)			
Positive	xx (xx.x)	xx (xx.x)	xx (xx.x)
Negative	xx (xx.x)	xx (xx.x)	xx (xx.x)
Pregnancy test result			
Positive	xx (xx.x)	xx (xx.x)	xx (xx.x)
Negative	xx (xx.x)	xx (xx.x)	xx (xx.x)
RT-PCR Result			
Positive	xx (xx.x)	xx (xx.x)	xx (xx.x)
Negative	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cycle threshold (CT) value - E Gene			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx

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Cycle threshold (CT) value - ORF Gene			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
Age >=60 (years)			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
At Risk Participants#	xx (xx.x)	xx (xx.x)	xx (xx.x)
At Risk Participants, Age < 60 years	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable chronic heart disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable chronic lung disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Controlled Diabetic	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable Liver Disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Severe obesity (BMI >35)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other stable co-morbid condition	xx (xx.x)	xx (xx.x)	xx (xx.x)
None of the above	xx (xx.x)	xx (xx.x)	xx (xx.x)
Multiple risk categories*	xx (xx.x)	xx (xx.x)	xx (xx.x)
At Risk Participants, Age >= 60 years	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable chronic heart disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable chronic lung disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Controlled Diabetic	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stable Liver Disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Severe obesity (BMI >35)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other stable co-morbid condition	xx (xx.x)	xx (xx.x)	xx (xx.x)
None of the above	xx (xx.x)	xx (xx.x)	xx (xx.x)
Multiple risk categories*	xx (xx.x)	xx (xx.x)	xx (xx.x)

Note: N = number of participants in the relevant population, n = Number of participants, % = n/N *100
#The participants with age >= 60 and the participants with age < 60 who satisfies at least one comorbidity conditions will be considered as at-risk participants
*Multiple risk categories count contains for participant selected multiple categories (i.e. more than one)

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Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_xx.sas, ddmmmyyyyy hh:mm

Programming Note: Baseline results will be used to create this table.

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14.2 Efficacy Endpoints

14.2.1 Primary Efficacy Endpoints

Table 14.2.1.1
Primary Endpoint: First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19
(Per Protocol Set)

	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
First occurrence of virologically confirmed n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
VE Point Estimate	xx.xx		
95.006% CI	[xx.xx, xx.xx]		

Note: CI=Confidence Interval. VE= vaccine efficacy.
The estimate VE is given in terms of parameter P (i.e. Proportion of cases in the vaccine group) and the ratio h = Fp/Fv, which is expected to be very close to 1, since R = hP / (1-P) and thus VE = 1 – hP / (1-P). A two-sided confidence interval (CI) around the estimated VE will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)].
Fv and Fp are the corresponding total lengths of follow-up in years in the two groups from Day 42, with follow-up in years defined as a follow-up in days divided by 365.25. We have considered ratio of Fp/Fv=1 for this analysis.
N = number of participants in the relevant population,
n = Number of participants with First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19. (The symptomatic COVID-19 cases include any participant who meets the Case Definitions for symptomatic endpoint or severe symptomatic COVID-19)., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95.006% Confidence interval will be presented as appropriate.
Point estimate and CI based on the number of participants.

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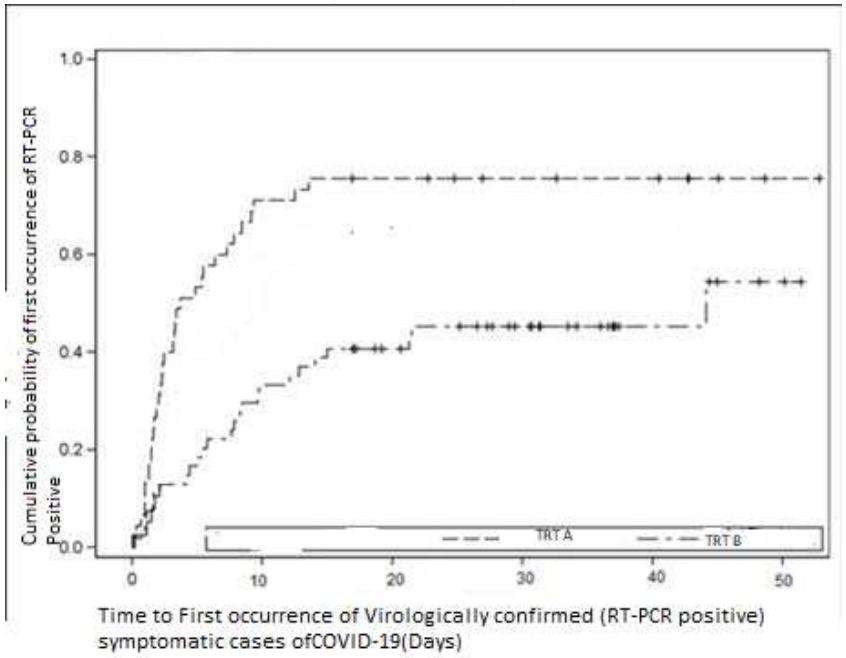
Figure 14.2.1.1a
Primary Endpoint (Kaplan Meier Plot): First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19
(Per Protocol Set)



The symptomatic COVID-19 cases include any participant who meets the Case Definitions for symptomatic endpoint or severe symptomatic COVID-19 were considered.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note: *This Figures is only for sample purpose, in actual figure each treatment BBV152B and placebo will be presented and use X axis label as "Time to First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases ofCOVID-19." and Y axis label as "Cumulative probability of first occurrence of RT-PCR Positive".*

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Table 14.2.1.2
First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 by >=60 years of age
(Per Protocol Set)

	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
First occurrence of virologically confirmed n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
VE Point Estimate	xx.xx		
95% CI	[xx.xx, xx.xx]		

Note: CI=Confidence Interval. VE= vaccine efficacy.
The estimate VE is given in terms of parameter P (i.e. Proportion of cases in the vaccine group) and the ratio h = Fp/Fv, which is expected to be very close to 1, since R = hP / (1-P) and thus VE = 1 – hP / (1-P). A two-sided confidence interval (CI) around the estimated VE will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)].
Fv and Fp are the corresponding total lengths of follow-up in years in the two groups from Day 42, with follow-up in years defined as a follow-up in days divided by 365.25. We have considered ratio of Fp/Fv=1 for this analysis.
N = number of participants in the relevant population,
n = Number of participants with First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19. (The symptomatic COVID-19 cases include any participant who meets the Case Definitions for symptomatic endpoint or severe symptomatic COVID-19) and Age>=60. Years (, % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95% Confidence interval will be presented as appropriate.
Point estimate and CI based on the number of participants.
Footnote will be added for table 14.2.1.2, Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment

Repeat for the following table and update the first column 1st row accordingly:

Table 14.2.1.3 First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 by 18-59 years of age (Per Protocol Set)
Table 14.2.1.4 First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 of At-risk particpants (Per Protocol Set)

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14.2.2 Secondary Efficacy Endpoints

Table 14.2.2.1
Secondary Endpoint: First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 based on the case definition for the secondary efficacy symptomatic endpoint
(Per Protocol Set)

	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
First occurrence of virologically confirmed, n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
VE Point Estimate	xx.xx		
95% CI	[xx.xx, xx.xx]		

Note: CI=Confidence Interval. VE= vaccine efficacy.
The estimate VE is given in terms of parameter P (i.e. Proportion of cases in the vaccine group) and the ratio h = Fp/Fv, which is expected to be very close to 1, since R = hP / (1-P) and thus VE = 1 – hP / (1-P). A two-sided confidence interval (CI) around the estimated VE will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)].
Fv and Fp are the corresponding total lengths of follow-up in years in the two groups from Day 42, with follow-up in years defined as a follow-up in days divided by 365.25. We have considered ratio of Fp/Fv=1 for this analysis.
N = number of participants in the relevant population,
n = Number of participants with First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 based on the case definition for the secondary efficacy symptomatic endpoint., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95% Confidence interval will be presented as appropriate. Point estimate and CI based on the number of participants.

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Table 14.2.2.2
Secondary Endpoint: Virologically confirmed (RT-PCR positive) severe cases of COVID-19
(Per Protocol Set)

	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
Virologically confirmed (RT-PCR positive) severe cases of COVID-19, n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
VE Point Estimate	xx.xx		
90% CI	[xx.xx, xx.xx]		
P-value	x.xxxx		

Note: Confidence interval (CI) around the estimated VE of point estimate will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)]. Fv and Fp are the corresponding total lengths of follow-up in years in the two groups from Day 42, with follow-up in years defined as a follow-up in days divided by 365.25. We have considered ratio of Fp/Fv=1 for this analysis.
P-value is calculated by using z-test of proportions or for a number of severe cases < 5 in either the vaccine or placebo group, a one-sided Fisher exact test.
N = number of participants in the relevant population,
n = Number of participants with Virologically confirmed (RT-PCR positive) severe cases of COVID-19., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm

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Table 14.2.2.3
Secondary Endpoint: Virologically confirmed First COVID-19 asymptomatic cases
(Per Protocol Set)

	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
First occurrence of virologically confirmed, n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
VE Point Estimate	xx.xx		
95% CI	[xx.xx, xx.xx]		

Note: CI=Confidence Interval. VE= vaccine efficacy.
The estimate VE is given in terms of parameter P (i.e. Proportion of cases in the vaccine group) and the ratio h = Fp/Fv, which is expected to be very close to 1, since R = hP / (1-P) and thus VE = 1 – hP / (1-P). A two-sided confidence interval (CI) around the estimated VE will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)].
Fv and Fp are the corresponding total lengths of follow-up in years in the two groups from Day 42, with follow-up in years defined as a follow-up in days divided by 365.25. We have considered ratio of Fp/Fv=1 for this analysis.
N = number of participants in the relevant population,
n = Number of participants with First occurrence of Virologically confirmed (RT-PCR positive) first asymptomatic cases of COVID-19 Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95% Confidence interval will be presented as appropriate. Point estimate and CI based on the number of participants.
For table number 14.2.2.4 “Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment” and add the same in the footnote.
For table number 14.2.2.6 “Includes cases that were seropositive at baseline. Excludes cases in which vaccination was incomplete” and add the same in the footnote In all below tables update the footnote of “n” as appropriate.

Repeat for the following table and update the title and footnote accordingly:

Table 14.2.2.4 Secondary Endpoint: Virologically confirmed COVID-19 asymptomatic and symptomatic cases occurring from two weeks after the second vaccination (Per Protocol Set)

Table 14.2.2.5 Secondary Endpoint: The number of participants with virologically confirmed COVID-19 deaths (Per Protocol Set)

Table 14.2.2.6 Secondary Endpoint: The number of participants with virologically confirmed symptomatic COVID-19 (Seropositive at Baseline) (Safety Analysis Set)

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Table 14.2.2.7

Secondary Endpoint: The first occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19(by variants)

(Per Protocol Set)

	variants Name	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
First occurrence of virologically confirmed n (%)	XXX	xx (xx.x)	xx (xx.x)	xx (xx.x)

Note: N = number of participants in the relevant population,
n = Number of participants with First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 based on participant who meets the Case Definitions for Symptomatic Endpoint or Severe Symptomatic COVID-19., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note: Data for this table will be received from external source not from eDC.

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Table 14.2.2.8
Comparison of CT (E and ORF gene) values between BBV152B and placebo in first Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 (Per Protocol Set)

Description Statistics	BBV152B (N=XX)	Placebo (N=XX)	Total (N=XX)
Cycle threshold (CT) value - E Gene			
n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Mean±SD	xx.x±xx.xx	xx.x±xx.xx	xx.x±xx.xx
Geometric mean	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x
Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Min; Max	xx; xx	xx; xx	xx; xx
Cycle threshold (CT) value - E Gene			
Point Estimate	xx.xx		
95% CI	[xx.xx, xx.xx]		
P-value	x.xxxx		
Cycle threshold (CT) value - ORF Gene	…	…	…
…			

Note: Point estimate, 95% CI and P-value will be calculated by using t test. CI=Confidence interval.
N = number of participants in the relevant population,
n = Number of participants with Virologically first confirmed (RT-PCR positive) symptomatic cases of COVID-19., % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95% Confidence interval will be presented as appropriate. Point estimate and CI based on the number of participants.

Repeat for the following table and update the title and footnote accordingly:

Table 14.2.2.9 Comparison of CT (E and ORF gene) values between BBV152B and placebo in first Virologically confirmed (RT-PCR positive) Asymptomatic cases of COVID-19 (Per Protocol Set)

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14.3 Adverse Event

Table 14.3.1.1
Summary of Adverse Events
(Safety Analysis Set)

Adverse Events	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
All Adverse Events	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
All solicited adverse event	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Solicited AEs within 7 days post dose 1	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Solicited AEs within 7 days post dose 2	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unsolicited adverse events	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
All Medically Attended Adverse Events (MAAEs)	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Immediate adverse events within 30 minutes post each dose	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Immediate AEs within 30 minutes post dose 1	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Immediate AEs within 30 minutes post dose 2	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
All Adverse Event of Special Interest (AESI)	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
All Ongoing Adverse Events	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Severity*			
Mild	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
moderate	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
severe	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Outcome			
Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Related AEs			
Certain	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Probable/Likely	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Possible	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

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Unlikely	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unrelated	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
AEs Action Taken			
Dose Not Changed	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Temporarily stopped drug	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Dose Reduced	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Dose Increased	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
INV withdrawn	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Not applicable	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
SAEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
AEs Leading to Discontinuation from the Study	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
AEs Leading to Death	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Related AEs Leading to Death	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

Note: N = number of participants in the relevant population, n = Number of participants, m = Count of Events (One participant may be counted more than once), % = n/N *100
*Maximum severity will be considered for respective subjecs.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm

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Table 14.3.1.2
Incidence of Adverse Events by System Organ Class and Preferred Term
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Any AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class.
In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.1.3
Incidence of Solicited Adverse Events within Day 7 of dose 1 vaccination by System Organ Class and Preferred Term
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Any Solicited Local AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Any Solicited Systemic AEs	…	…	…
…			
Any Solicited not Local and Systemic AEs	…	…	…
…			

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class.
In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.
Repeat for the following table:

Table 14.3.1.4 Incidence of Solicited Adverse Events within Day 7 of dose 2 vaccination by System Organ Class and Preferred Term (Safety Analysis Set)

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Table 14.3.1.5
Incidence of Adverse Events by System Organ Class and Preferred Term and by Severity
(Safety Analysis Set)

System Organ Class Preferred Term	Severity	BBV152B (N=XX) m, n (%)	Placebo (N=XX) m, n (%)	Total (N=XX) m, n (%)
AEs	Mild	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Moderate	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Severe	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
UNCODED*	Mild	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Moderate	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Severe	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
UNCODED*	Mild	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Moderate	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Severe	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
<System Organ Class 1>	Mild	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Moderate	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Severe	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
<Preferred Term 1>	Mild	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Moderate	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
	Severe	xx xx (xx.x)	xx xx (xx.x	xx xx (xx.x)
.....				

MedDRA version xx.x
Note: *Terms that have not been coded yet were displayed as "UNCODED". Verbatim terms were provided in the listings.
N = number of participants in the relevant population, n = Number of participants, % = n/N *100.
Maximum severity for the respective subject and adverse event will be considered.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class and severity.
In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.1.6
Incidence of Adverse Events by System Organ Class and Preferred Term and by Outcome
(Safety Analysis Set)

System Organ Class Preferred Term	Outcome	BBV152B (N=XX) m, n (%)	Placebo (N=XX) m, n (%)	Total (N=XX) m, n (%)
AEs	Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
	Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
...				

MedDRA version xx.x
Note: *Terms that have not been coded yet were displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm

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Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class.
In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.1.7
Safety Secondary Endpoints: Incidence of Solicited local and systemic adverse events by System Organ Class and Preferred Term
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Any solicited local and systemic AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)
All solicited local and systemic adverse events occurred within 7 days post each vaccination will be considered.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class. In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

Solicited Local Adverse Events will be included: Pain at the injection site, Swelling at the injection site, Induration (hardness) at the injection site, and Erythema (redness) at the injection site within 7 days post each vaccination.
Solicited Systemic Adverse Events will be included: Fever, Chills, Headache, Nausea, Vomiting, Fatigue, Myalgia, and Arthralgia within 7 days post each vaccination

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Table 14.3.1.8

Safety Secondary Endpoints: Incidence of Unsolicited adverse events (AEs) occurring between the vaccination and 28 days after the final vaccination by System Organ Class and Preferred Term

(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Unsolicited AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)
An unsolicited AE is any AE reported by the participant that is not specified as solicited AEs, but starts 7 days after administration BBV152B/Placebo.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class. In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

An unsolicited AE is any AE reported by the participant that is not specified as a solicited AE in the protocol, or is specified as solicited AEs in the protocol, but starts 7 days after administration Vaccine/Placebo.

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Table 14.3.1.9
Safety Secondary Endpoints: Incidence of Immediate adverse events within 30 minutes post each vaccination
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Immediate AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED". Verbatim terms are provided in the listings.
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participants may be counted more than once)

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class. In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.1.10
Safety Secondary Endpoints: Incidence of Medically attended adverse events (MAAEs) or AEs leading to withdrawal
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152 (N= xx) m, n (%)	Placebo (N= xx) m, n (%)	Total (N= xx) m, n (%)
Medically Attended AEs or AE leading to Withdrawal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Medically Attended AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
…	…	…	…
AE leading to Withdrawal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
…	…	…	…

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED". Verbatim terms are provided in the listings.
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once).
All medically attended adverse events or AE leading to withdrawal will be considered.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class. In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.1.11
Safety Secondary Endpoints: Incidence of Adverse Event of Special Interest (AESI).
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
AEs of Special Interest	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED". Verbatim terms are provided in the listings.
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class. In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

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Table 14.3.2.1
Summary of Serious Adverse Events
(Safety Analysis Set)

Serious Adverse Events	BBV152B (N=XX) m, n (%)	Placebo (N=XX) m, n (%)	Total (N=XX) m, n (%)
All SAEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Related	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Not Related	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
SAEs Relationship			
Certain	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Probable/Likely	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Possible	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unlikely	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unrelated	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
All Ongoing SAEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Outcome			
Recovered/Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Recovering/Resolving	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Recovered/Resolved with sequelae	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Not recovered/Not Resolved	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Fatal	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
SAEs Action Taken			
Dose Not Changed	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Temporarily stopped drug	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Dose Reduced	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Dose Increased	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Drug withdrawn	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Unknown	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Not applicable	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Seriousness Criteria			
Death	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Life Threatening	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Requires inpatient hospitalization or prolongation of existing hospitalization	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Significantly or permanently disabling or incapacitating	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Congenital anomaly or birth defect	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Other medically important serious event	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
SAEs Leading to Death	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
Related SAEs Leading to Death	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
SAEs leading to Hospitalization	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

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Note: N = number of participants in the relevant population, n = Number of participants, m = Count of Events (One participant may be counted more than once), % = n/N *100

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm

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Table 14.3.2.2
Incidence of Serious Adverse Events by System Organ Class and Preferred Term
(Safety Analysis Set)

System Organ Class Preferred Term	BBV152B (N=xx) m, n (%)	Placebo (N=xx) m, n (%)	Total (N=xx) m, n (%)
Any AEs	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
UNCODED*	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<System Organ Class 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 1>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 2>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)
<Preferred Term 3>	xx xx (xx.x)	xx xx (xx.x)	xx xx (xx.x)

MedDRA version xx.x
Note: * Terms that have not been coded yet are displayed as "UNCODED".
N = number of participants in the relevant population, n = Number of participants, % = n/N *100,
m = Count of Events (One participant may be counted more than once)

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
Sort by descending frequency of System Organ Class and descending frequency of Preferred Term within each System Organ Class.
In case if we do not have any UNCODED terms in the database then UNCODED (System Organ Class) and UNCODED (Preferred Term) row will not be presented in the table (Remove the UNCODED term related footnote accordingly.

Repeat for the following table and update the first column 1st row accordingly:

Table 14.3.2.3 Incidence of Serious Adverse Events by System Organ Class and Preferred Term for >60 years particapants (Safety Analysis Set)

Table 14.3.2.4 Incidence of Related Serious Adverse Events by System Organ Class and Preferred Term (Safety Analysis Set)

Table 14.3.2.5 Incidence of Death by System Organ Class and Preferred Term (Safety Analysis Set)

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Table 14.3.2.6
Safety Secondary Endpoints: Serious Adverse Events (SAEs) occurring at any time in all study participants
(Safety Analysis Set)

	BBV152B (N=xx)		Placebo (N=xx)	Total (N=xx)
Number of at Least one SAE, m, n (%)	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Point Estimate	xx.xx		xx.xx	
95% CI	[xx.xx, xx.xx]		[xx.xx, xx.xx]	
P-value		x.xxxx		
Seriousness criteria for SAE, m, n (%)	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Death	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Life Threatening	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Requires inpatient hospitalization or prolongation of existing hospitalization	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Significantly or permanently disabling or incapacitating	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Congenital anomaly or birth defect	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Other medically important serious event	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
Number of at Least one Related SAE, m, n (%)	xx, xx (xx.xx)		xx, xx (xx.xx)	xx, xx (xx.xx)
Point Estimate	xx.xx		xx.xx	
95% CI	[xx.xx, xx.xx]		[xx.xx, xx.xx]	
P-value		x.xxxx		
Seriousness criteria for Related SAE, m, n (%)	xx, xx (xx.x)		xx, xx (xx.x)	xx, xx (xx.x)
…	…	…	…	…

Note: CI=Confidence Interval. Point Estimate and 95% Confidence Intervalare calculated for each treatment group using the Cloper Pearson test and P-value for the between BBV152B and Placebo group comparison are calculated using Fisher/ Chi-square test based on all AEs data.
N = number of participants in the relevant population, n = Number of participants, m = Count of Events (One participant may be counted more than once) % = n/N *100
For seriousness criteria, if one subject observed multiple seriousness criteria then same subject will be counted in respective cateogories.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming note:
Decimal place of point estimate and 95% Confidence interval will be presented as appropriate.

Table 14.3.2.**7** Safety Secondary Endpoints: Serious Adverse Events (SAEs) occurring at any time for 18-59 years particapants (Safety Analysis Set)
Table 14.3.2.**8** Safety Secondary Endpoints: Serious Adverse Events (SAEs) occurring at any time for >60 years particapants (Safety Analysis Set)
Table 14.3.2.9 Safety Secondary Endpoints: Serious Adverse Events (SAEs) occurring at any time for At-risk particapants (Safety Analysis Set)

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14.4.1 Secondary Endpoints (Immunogenicity)

Table 14.4.1.1
Secondary Endpoints (Immunogenicity): Geometric Mean Titer (GMT) of SARS-CoV-2 Specific Neutralizing Antibody (nAb)
(Immunogenicity Analysis Subset)

Time Point	Statistics	BBV152B Lot 1 (N=xx)	BBV152B Lot 2 (N= xx)	BBV152B Lot 3 (N= xx)	BBV152B All Lots (N= xx)	Placebo (N= xx)	Total (N= xx)
Day xx	n	xx	xx	xx	xx	xx	xx
	Point estimate of GMT	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	95% CI of GMT	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	95% CI of Mean	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]
	Median (Q1; Q3)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)

…

n= Number of participants; GMT= Geometric Mean Titre; SD = Standard Deviation; Q1 = First Quartile; Q3 = Third Quartile; CI = Confidence Interval, point estimate and 95% CI are calculated using t-test.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
In Timepoint variable, Day xx= respective available timepoints in the datasets.

Repeat for the following table

Table 14.4.1.2 Secondary Endpoint: Geometric Mean Titer (GMT) of SARS-CoV-2 S1 protein-specific Binding Antibody (bAb) (Immunogenicity Analysis Subset)

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Table 14.4.1.3
Secondary Endpoints (Immunogenicity): Lot-to-Lot consistency based on the neutralizing titer of the three consistent lots at Day 56
(Immunogenicity Analysis Subset)

Statistics	BBV152B Lot 1 Vs Lot 2	BBV152B Lot 1 Vs Lot 3	BBV152B Lot 2 Vs Lot 3
Point estimate of GMT Ratio	xx.xx	xx.xx	xx.xx
95% CI of GMT Ratio	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]

CI = Confidence Interval, Point estimate and 95% CI are calculated form differences between means of log10(titer) using t-test.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm

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14.4.2 Immunogenicity Analysis

Table 14.4.2.1
Immunogenicity Analysis: Geometric Mean Titer (GMT) of SARS-CoV-2 RBD-specific Binding Antibody (bAb)
(Immunogenicity Analysis Subset)

Time Point	Statistics	BBV152B Lot 1 (N=xx)	BBV152B Lot 2 (N= xx)	BBV152B Lot 3 (N= xx)	BBV152B All Lots (N= xx)	Placebo (N= xx)	Total (N= xx)
Day xx	n	xx	xx	xx	xx	xx	xx
	Point estimate of GMT	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	95% CI of GMT	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	95% CI of Mean	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]	[xx.xx, xx.xx]
	Median (Q1; Q3)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)	xx.x (xx; xx)

…

n= Number of participants; GMT= Geometric Mean Titre; SD = Standard Deviation; Q1 = First Quartile; Q3 = Third Quartile; CI = Confidence Interval, point estimate and 95% CI are calculated using t-test.

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x_x.sas, ddmmmyyyyy hh:mm Page x of y

Programming Note:
In Timepoint variable, Day xx= respective available timepoints in the datasets.

Repeat for the following table

Table 14.4.2.2 Secondary Endpoint: Geometric Mean Titer (GMT) of SARS-CoV-2 NP-specific Binding Antibody (bAb) (Immunogenicity Analysis Subset)

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16.2 Listings

Listing 16.2.2.1
Adverse Events
(Full Analysis Set)

Patients ID/Treatment	System organ class/ Preferred Term/ Investigator Term	Start/End Date (Relative Day) of AE	Duration of AE (days)	Serious AEs (Yes/No)	Severity	Relationship to the IP	Action Taken	Outcome
xxxx	XXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXX	DDMMMYYYY/ DDMMMYYYY (xx)	…	…	…		…	… …

Note: MedDRA version xx.x

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x.sas, ddmmmyyyyy hh:mm

Programming Note: Sort by Patients ID and alphabetically for primary system organ class and preferred term within each system organ class. If adverse event is ongoing then present “ONGOING” in End date column. UNCODED term will be presented at end of the listing.

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Listing 16.2.2.2
Serious Adverse Events
(Full Analysis Set)

Patients ID/Treatment	System organ class/ Preferred Term/ Investigator Term	Start/End Date (Relative Day) of SAE	Duration of SAE (days)	Fatal (Yes/No)	Severity	Relationship to the IP	Action Taken	Seriousness Criteria	Study Drug Related to SAE	Outcome
Xxxx	XXXXXXXXXXXXXXX/	DDMMMYYYY/								
	XXXXXXXXXXXXXXX/	DDMMMYYYY	…	…	…		…	…	…	…
	XXXXXXXXXXXXXXX	(xx)								

Note: MedDRA version xx.x

Source: XXXX ddmmmyyyy hh:mm;
Program: x_xx_x_x.sas, ddmmmyyyyy hh:mm

Programming Note: Sort by Patients Number and alphabetically for system organ class and preferred term within each system organ class. If serious adverse event is ongoing then present “ONGOING” in End date column. UNCODED term will be presented at end of the listing.

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STATISTICAL ANALYSIS PLAN

Protocol title: An Event-Driven, Phase3, Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity, and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults≥18Years of Age.	
Protocol number: BBIL/BBV152-C/2020	**Applicable Protocol Version: 4.0; Dated: 11/03/2021**
Author: Mayur Kharche, Biostatistician Cytespace Research Pvt Ltd	**Internal reviewer(s):** Samir Thaker, Biostatistician **Sponsor reviewer** Vamshi Krishna Sarangi Senior-Executive-Biostatistics Medical Affairs **Sponsor approver:** Dr. Raches Ella Head Business Development & Advocacy Bharat Biotech International Limited (BBIL)
SAP Version: 2	Date 09-Apr-2021
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The layout of this document is based on the Guideline on the International Conference on Harmonization (ICH E9).

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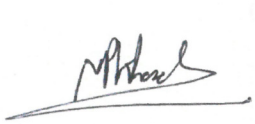

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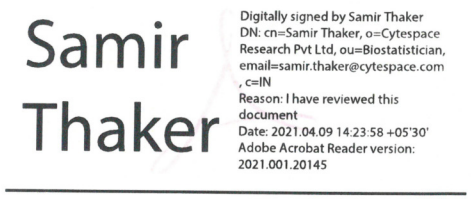

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Glossary of abbreviations

ABBREVIATION	DESCRIPTION
AE	Adverse event
AEFI	Adverse Event Following Immunization
ATC	Anatomical Therapeutic Chemical
Anti-IgG	Anti-Immunoglobulin G
BBIL	Bharat Biotech International Ltd.
BBV152	A Whole Virion Inactivated SARS-CoV-2 vaccine
CI	Confidence interval
COVID 19	Corona virus disease 2019
CV	Coefficient of variation
DBL	Database lock
eCRF	Electronic case report form
eDC	Electronic data capture
ELISA	Enzyme-Linked Immunosorbent Assay
FAS	Full Analysis Set
GCP	Good Clinical Practice
GMT	Geometric Mean Titers
IEC	Independent Ethics Committee
ICH	International Conference on Harmonisation
IC	Informed Consent
IMP	Investigational medicinal product
ITT	Intent-to-treat
IWRS	Interactive web response systems
MAAE	Medically Attended Adverse Event
MedDRA	Medical dictionary for regulatory activities
N	Population Size
N	Sample Size
NP	Nasopharyngeal
ODS	Output delivery system
PP	Per Protocol
PT	Preferred term
PCR	Polymerase chain reaction
RTF	Rich text format
SAE	Serious adverse event
SAF	Safety Analysis Flag
SAP	Statistical Analysis Plan
UIP	Universal Immunisation Program
URTI	Upper Respiratory Tract Infection

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SD	Standard deviation
SOC	System organ class
TEAEs	Treatment-emergent adverse events
TLFs	Tables, data listings and figures
WBC	White Blood Cell
WHO	World Health Organization
WHO-DD	WHO Drug Dictionary

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1. Overview

1.1 Introduction

The purpose of this Statistical Analysis Plan (SAP) is to provide details of the statistical analyses that have been outlined within the Protocol Version 4.0 for BBIL/BBV152-C/2020, dated 11/03/2020. The scope of this plan includes the final analysis, which will be executed by the Biostatistics department unless otherwise specified.

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2. Trial objectives

The following objectives are those stated in the protocol.

2.1 Primary Objectives (Efficacy)

- To evaluate the efficacy of BBV152 to prevent symptomatic COVID-19.

2.2 Secondary Objectives (Efficacy)

- To evaluate the efficacy of BBV152 to prevent COVID-19 based on the case definition for the secondary efficacy symptomatic endpoint.
- To evaluate the efficacy of BBV152 to prevent severe COVID-19.
- To evaluate the efficacy of BBV152 to prevent any severity COVID-19 by age.
- To evaluate the efficacy of BBV152 to prevent asymptomatic COVID-19.
- To evaluate the efficacy of BBV152 to prevent COVID-19 regardless of symptomatology or severity.
- To evaluate the efficacy of BBV152 to prevent COVID-19 related deaths.
- To evaluate the efficacy of BBV152 to prevent symptomatic COVID-19, regardless of the previous infection.

2.3 Secondary Objectives (Safety)

- To assess the safety of BBV152

2.4 Secondary Objectives (Immunogenicity)

- To evaluate the immunogenicity of BBV152

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3. Endpoints

3.1 Primary Endpoint

- First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19. (The symptomatic COVID-19 cases include any participant who meets the Case Definitions for Symptomatic Endpoint or Severe Symptomatic COVID-19).
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].

3.2 Secondary Endpoints (Efficacy)

- First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 based on the case definition for the secondary efficacy symptomatic endpoint.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].
- Virologically confirmed (RT-PCR positive) severe cases of COVID-19.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].
- Virologically confirmed COVID-19 cases of any severity occurring among participants 18 through 59 years of age and ≥60 years of age.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].
- Virologically confirmed COVID-19 asymptomatic cases. Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment.
  [Time Frame: Month 2 to Month 12].
- Virologically confirmed COVID-19 asymptomatic and symptomatic cases occurring from two weeks after the second vaccination. Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].
- The number of participants with virologically confirmed COVID-19 deaths.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].
- The number of participants with virologically confirmed symptomatic COVID-19. Includes cases that were seropositive at baseline. Excludes cases in which vaccination was incomplete.
  [Time Frame: Day 42 (two-weeks after the second dose) to Month 12].

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3.3 Secondary Endpoints (Safety)

- Serious Adverse Events (SAEs) occurring at any time in all study participants; SAE rates will be analyzed when the primary efficacy endpoint (130 cases) is reached and at the study end.
  [Time Frame: Throughout the study period].
- Solicited local and systemic adverse events (AEs).
  [Time Frame: within 7 days post each vaccination]
- Unsolicited adverse events (AEs) occurring between the vaccination and 28 days after the final vaccination, among all study participants.
  [Time Frame: Within 28 days post vaccination]
- Immediate adverse events with 30 minutes of vaccination
  [Time Frame: within 30 minutes post each vaccination]
- Medically attended adverse events (MAAEs) or AEs leading to withdrawal through the entire study period.
- The occurrence of enhanced respiratory disease episodes reported by patient/documented in hospital records throughout the trial.
  [Time Frame: Throughout the study period]
- Adverse Event of Special Interest (AESI).
  [Time Frame: Throughout the study period]

3.4 Secondary Endpoints (Immunogenicity)

- Geometric Mean Titer (GMT) of SARS-CoV-2 Specific Neutralizing Antibody (nAb)
  [Time Frame: Month 0 to Month 12]
- Geometric Mean Fold Rise (GMFR) of SARS-CoV-2 Neutralizing Antibody (nAb) at Month.
  [Time Frame: Month 0 to Month 12]
- Geometric Mean Titer (GMT) of SARS-CoV-2 S1 protein-specific Binding Antibody (bAb).
  [Time Frame: Month 0 to Month 12]
- Lot-to-Lot consistency will be assessed based on the neutralizing titer of the three consistent lots used in the trial.
  [Time Frame: Month 0 to Month 2]

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4. Trial design

This is a randomized, double-blind, phase 3 study to evaluate the Efficacy, Safety, and Immunogenicity of BBV152, a Whole-Virion Inactivated SARS-CoV-2 Vaccine in Volunteers aged 18 years and above.

A total of 25,800 subjects will be enrolled and randomized in a 1:1 ratio to receive BBV152 vaccine and placebo. All participants will be assessed for efficacy and safety endpoints and provide a NP swab and blood sample before the first dose of IP. The NP swab and blood collected will be subject to RT-PCR and Anti-SARS-CoV-2 IgG antibodies. The results of this will not affect enrolment of the participant. Participants who are found to be positive for either RT-PCR Or Anti-SARS-CoV-2 IgG antibodies will be excluded from the primary efficacy analysis.

In addition, sites will be segregated based on the study objectivise:

Category 1 (Symptomatic): In addition to administering the IP, a series of post-dose telephonic follow-up visits will be scheduled to detect suspect symptomatic COVID-19 infections. If a suspect is identified, a nasopharyngeal sample will be collected from the participant for detecting the presence of COVID-19 infection. Telephonic follow-up will occur at 15 ±2 -day intervals.

Category 2 (Symptomatic/Asymptomatic): In addition to administering the IP and telephonic follow-up visits scheduled to detect suspect symptomatic COVID-19 infections, a series of post-dose Nasopharyngeal samples for detecting incidence of Asymptomatic COVID-19 infection at 1-Month intervals will be collected.

Category 3 (Symptomatic/Asymptomatic+Immunogenicity): In addition to administering the IP and telephonic follow-up visits scheduled to detect suspect symptomatic COVID-19 infections, repeated NP swabs for asymptomatic, and a series of blood samples will be collected for analyzing serum for immunological assessments.

Efficacy assessments will include surveillance for COVID-19 with RT-PCR confirmation of SARS-CoV-2 infection after the first and second dose of IP. As noted above, this is a case (event) driven study: if the prespecified criterion for early efficacy is met at the time of interim analysis (IA) and the Data and Safety Monitoring Board (DSMB) recommends stopping for demonstrated efficacy, or efficacy is established by the planned primary analysis after 130 primary endpoint events have accrued, a study

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report describing the efficacy and safety of BBV152 will be prepared based on the data available at that time. Five millilitre of blood will be collected from all the RT-PCR confirmed symptomatic COVID-19 participants.

If success criteria are met either at the time of the interim analyses or when the total number of cases toward the primary endpoint has accrued, participants will continue to be followed in a blinded fashion until Month 12, to enable assessment of long-term safety (all category sites) and immunogenicity (only for category 3 [immunogenicity] sites).

The design and focus of the study are dependent on the current COVID-19 pandemic, requiring identification of participant candidates at high risk of SARS-CoV-2 infection. The Sponsor may adjust the size of the study or duration of follow-up based on the blinded review of the total number of cases of COVID-19 (based on appropriate quantum of symptomatic or severe cases) accrued during the study, in addition to estimated percentages of study participants with immunologic evidence of SARS-CoV-2 infection at baseline.

If achieving 130 cases of COVID-19 is manifestly unattainable based on plausible expansions of sample size or increased follow-up, an analysis of blinded data may be performed and change of the study design such as changing the required lower bound for the primary analysis may be proposed.

4.1 Blinding

The placebo is identical to the vaccine. Sufficient measures will be taken to assure that blinding of participants and evaluation staff is maintained. Study product assignments will be accessible to the data coordinating centre staff and others who are required to know this information to ensure proper trial conduct. The DSMB members may also be unblinded to treatment assignment as required to review vaccine safety and efficacy. Emergency unblinding decisions are expected to be rare and justified only when that information is needed for the future clinical management of that participant.

If in the opinion of the investigator, the event the health and safety of the participant will benefit from knowing the treatment code, efforts will be made to contact the medical monitor as long as Subject safety is not at imminent risk. If the Subject is at imminent

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risk, the investigator should have the ability to unblind although should notify the Medical Monitor (MM) and Sponsor as soon as possible thereafter.

4.2 Planned number of sites.

Multicentre study

4.3 Planned number of subjects.

A total sample size of 25,800 volunteers, ages ≥18 years and above will receive selected formulation of BBV152 vaccine and placebo in a 1:1 ratio. Recruitment should support the generalizability of results, including enrolment of healthy participants as well as participants at risk for severe COVID-19, such as persons ≥60 years of age and those individuals with stable co-morbid diseases such as hypertension, diabetes, obesity, chronic kidney disease, chronic obstructive pulmonary disease (COPD), and chronic heart disease.

The study is designed to obtain a two-sided 95% CI for vaccine efficacy with a lower bound ≥ 30%. (A slight adjustment, to a 95.3% CI, will be necessary at the final analysis if there is an interim analysis with possible early stopping for demonstrated efficacy.) For assumed true efficacy of 60%, the required number of cases for 85% power is 130. The total number of participants required depends on the assumed incidence during the follow-up period. We assume an average incidence among placebo recipients of 1% during follow-up beginning 14 days after the second dose; thus, the expected number of participants required to accrue 130 cases is approximately 18,572. Allowing for baseline seropositivity and RT-PCR confirmed COVID-19 cases as exclusions (20%) and other losses (loss to follow-up, etc.) of 10%, the number becomes 25,794. It is planned to randomize approximately 25,800 study participants.

The assumption of Vaccine Efficacy of 60% is for sample size estimation only. The intended success criteria for vaccine efficacy are 50% (in agreement with the minimum requirement given in the WHO Target Product Profile). Based on appropriate accrual of symptomatic or severe cases, the Sponsor may increase the sample size or increase the follow-up time. These changes will be reflected in future amendments. The null hypothesis Vaccine Efficacy value may be adaptively modified to below 30% during the trial, based on a lower-than-projected COVID-19 attack rate or case accrual rate, with collaborative decision-making by DSMB. Starting with a 30% null hypothesis

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VE value rather than a lower value helps assure that vaccine efficacy is estimated with sufficient precision to support decision-making about a vaccine, which may include regulatory approval and acceptance of the vaccine for manufacturing and widespread use

4.4 Treatment Intervention and Dose

Whole-Virion Inactivated SARS-CoV-2 vaccine (BBV152) will be administered as two-dose intramuscular injection 28 days apart.

BBV152B:

Note: BBV152B (Based on Phase 1 trial interim report) The dose selected for this study (6 µg of Antigen & Adjuvant-IMDG) is based on the assessment of available safety and immunogenicity data from Phase 1 studies (NCT04471519) and animal studies infusion

- Dosage Form and Route of Administration: COVID-19 Vaccine (BBV152), is a liquid 0.5 mL Vero cell-derived inactivated vaccine containing NLT 6µg and administered as a two-dose regimen intramuscularly (IM) 4 weeks apart.
- Dose Regimen: Vaccine is administered as two doses, on Day 0 and Day 28.

4.5 Success Criteria for Final Anlaysis

Success will be defined by a two-sided 95% CI for vaccine efficacy (adjusted as necessary for interim monitoring) with a lower bound ≥ 30% with point estimate >50%. The International Coalition of Medicines Regulatory Authorities noted that “a specific

Active Ingredient	Quantity
Whole Virion, Inactivated Corona Virus Antigen (Strain: NIV-2020-770)	BBV152B
	6µg
Inactive Ingredients	
Aluminium Hydroxide Gel equivalent to Al^{+++}	250 mcg
TLR7/8 Agonist	15 mcg
2-Phenoxyethanol (2PE) I.P.	2.5 mg
Phosphate Buffered Saline	q.s. to 0.5 mL

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numeric value to be used for the lower bound and vaccine efficacy point estimate was not agreed upon at this stage". It was also reflected that efficacy estimates crossing a certain pre-specified lower bound for efficacy, due to factors such as epidemiological evolution of the pandemic, would not preclude the possibility of a positive benefit-risk conclusion if there also were other data supportive of efficacy. will be more than 250 ml due to addition of the drug solution to 250 mL of 0.9% Sodium Chloride solution.

4.6 Premature Discontinuation of The Trial

The Premature termination or temporary suspension of the study may be done if there is sufficient reasonable cause. Written notification, documenting the reason for study suspension or termination, will be provided by the suspending or terminating party. If the study is prematurely terminated or suspended, the Investigator will promptly inform the Ethics Committee (EC) and will provide the reason(s) for the termination or suspension. Circumstances that may warrant termination or suspension include, but are not limited to:

- Determination of unexpected significant, and unacceptable risk to subjects.
- Due to protocol non-compliance and/or any other reason, data generated is insufficient and is non-evaluable.
- Plans to modify, suspend, or discontinue the development of the investigational vaccine.

If the study is suspended it may resume once concerns about safety, protocol compliance, data quality, etc. are addressed and satisfy the Sponsor, IEC, and/or regulatory authority.

4.7 Early Discontinuation from of The Study

Failure of the participants to comply with the requirements of the protocol will lead to early discontinuation from the study. The discontinuation from the study will be considered by the investigator if it is in the participants or legally acceptable representative's best interest. A participants whose data is complete for all the observations is considered to have completed the study.

It will be specified on the study conclusion page of the CRF as to which of the following reasons were responsible for the withdrawal of the participants from the study.

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- Adverse Event/Serious Adverse Event
- Protocol violation
- Consent withdrawal, not due to an adverse event
- Migration from the study site
- Lost to follow-up.
- Pregnancy
- Screen Failure
- Physician decision
- Sponsor termination
- Prohibited Medication
- Death
- Others

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4.8 Schedule of Study Visits and Procedures

Table 1: Study Flow Chart of Phase 3 study Category 1 Site (Symptomatic):

Parameters	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10	Visit 11	Visit 12	Visit 13
	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Informed consent	✓												
Inclusion/ exclusion criteria	✓												
Screening number	✓												
Demography	✓												
Urine pregnancy test	✓	✓	✓										
Blood sample for Immunogenicity	✓												
Nasopharyngel Swab	✓												
Randomization	✓												
Vitals (Including pulse Oximetry) & General & Systemic Examination	✓	✓											
Investigational vaccine administration	✓	✓											
Subject Diary distribution	✓	✓											
Concomitant medication	✓	✓	As applicable for treatment of SAE and MAAE										
Current Health Status	✓	✓											
COVID-19 Symptoms examination	✓	✓											
Adverse event recording	✓	✓	✓	SAEs and MAAEs									
Telephonic follow-up (2 times/month) [Current health, General History, COVID-19 Symptom history, Adverse Event recording]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Table 2: Study Flow Chart of Phase 3 study Category 2Site (Symptomatic/Asymptomatic):

Parameters	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10	Visit 11	Visit 12	Visit 13
	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Informed consent	✓												
Inclusion/ exclusion criteria	✓												
Screening number	✓												
Demography	✓												
Randomization	✓												
Vitals (Including pulse Oximetry) & General & Systemic Examination	✓	✓	✓	✓	✓	✓	✓	✓					
Urine pregnancy test	✓	✓	✓										
Blood sample for Immunogenicity	✓												
Nasopharyngeal Swab (asymptomatic participants only)	✓		✓	✓	✓	✓	✓	✓					
Investigational vaccine administration	✓	✓											
Subject Diary distribution	✓	✓											
Concomitant medication	✓	✓	✓	✓	✓	✓	✓	✓	As applicable for treatment of SAE and MAAEs				
Current Health Status	✓	✓	✓	✓	✓	✓	✓	✓					
COVID-19 Symptoms examination	✓	✓	✓	✓	✓	✓	✓	✓					
Adverse event recording	✓	✓	✓	✓	✓	✓	✓	✓	SAE and MAAEs				
Telephonic follow-up (2 times/month) [Current health, General History, COVID-19 Symptom history, Adverse Event recording]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Table 3: Study Flow Chart of Phase 3 study Category 3Site (Symptomatic/Asymptomatic+Immunogenicity)

Parameters	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10	Visit 11	Visit 12	Visit 13
	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Informed consent	✓												
Inclusion/ exclusion criteria	✓												
Screening number	✓												
Demography	✓												
Randomization	✓												
Vitals (Including pulse Oximetry) & General & Systemic Examination	✓	✓	✓	✓	✓	✓	✓	✓					
Urine pregnancy test	✓	✓	✓										
Blood sample for Immunogenicity	✓	✓*	✓*	✓*			✓*			✓*			✓*
Nasopharyngeal Swab (asymptomatic participants only)	✓		✓	✓	✓	✓	✓	✓					
Investigational vaccine administration	✓	✓											
Subject Diary distribution	✓	✓											
Concomitant medication	✓	✓	✓	✓	✓	✓	✓	✓	As applicable for treatment of SAE and MAAEs				
Current Health Status	✓	✓	✓	✓	✓	✓	✓	✓					
COVID-19 Symptoms examination	✓	✓	✓	✓	✓	✓	✓	✓					
Adverse event recording	✓	✓	✓	✓	✓	✓	✓	✓	SAEs and MAAEs				
Telephonic follow-up (2 times/month) [Current health, General History, COVID-19 Symptom history, Adverse Event recording]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

*** Blood sample for subset 600 subjects in the immunogenicity cohort will be collected to assess immunogenicity (Only 3 sites).**

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5. Changes/deviations from the planned analysis

The trial has accrued confirmed symptomatic COVID-19 cases faster than expected. Hence, the second interim analysis will be conducted on more than the planned 87 participants with confirmed symptomatic COVID-19. The IWRS system was used for randomization of the participant during the visit. As there are several data entry activities ongoing across all sites in the eDC, the IWRS is considered to have all participants with the intended allocation. Hence, for the purpose of the interim analysis, the unblinded statistician will consider the IWRS dataset. All available participants with confirmed symptomatic COVID-19 cases will be included in the second interim analysis, using IWRS source data instead of eDC data and assuming the ratio of total length of follow-up (placebo to vaccine) is 1. However, the final analysis will be performed based on source data from the eDC on at least 130 confirmed symptomatic COVID-19 cases and the observed ratio Fp/Fv of follow-up time in the placebo group to follow-up time in the vaccine group.

Any deviation in implementing the original statistical plan will be described and justified in the final clinical study report.

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6. Surveillance and case identification

In addition, different procedures will be followed to identify potential cases based upon the site. The three categories of procedures are as follows:

6.1 Category 1 (Symptomatic):

In addition to administering the IP, a series of post-dose telephonic follow-up visits will be scheduled to detect suspect symptomatic COVID-19 infections. If a suspect is identified, a nasopharyngeal sample will be collected from the participant for detecting the presence of COVID-19 infection. Telephonic follow-up will occur at 15-day intervals.

6.2 Category 2 (Symptomatic/Asymptomatic):

In addition to administering the IP and periodically detecting suspect symptomatic COVID-19 infections, a series of post-dose Nasopharyngeal samples for detecting incidence of Asymptomatic COVID-19 infection at 1-Month intervals will be collected.

6.3 Category 3 (Symptomatic/Asymptomatic+Immunogenicity):

In addition to administering the IP and periodically detecting suspect symptomatic COVID-19 infections, repeated NP swabs for asymptomatic, a series of blood samples will be collected for analyzing serum for immunological assessments.

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7. Analysis populations

Agreement and authorization of participants included/excluded from each analysis population will be reached prior to Interim/final database hard lock. IQVIA and Sponsor will supply a list of all participants to be excluded from the relevant analysis populations, including the reason(s) for exclusion from the analysis populations.

The serum will be collected on Day 0, before vaccination, for assessment of seroprevalence (presence of binding antibody titers to COVID-19) at baseline. At a later time, point, once these samples are analyzed, participants who are positive at baseline will be excluded from immunogenicity and efficacy analyses, but they will continue to be followed up for safety outcomes.

7.1 Enrolled Population

All participants who sign the Informed consent form.

7.2 Randomization Analysis Set

All randomized participants classified according to the study product (vaccine or placebo) to which they were randomized.

7.3 Full Analysis Set (FAS)

All randomized participants who received at least one dose of IP and had no immunologic evidence of prior COVID-19 (i.e, negative against SARS-CoV-2 antibodies) at Visit 1 before the first dose of IP. Participants will be analysed according to the study product (vaccine or placebo) received.

7.4 Per-protocol (PP) Set

All participants in the FAS who received planned doses of IP per schedule, seronegative for SARS-CoV-2 Antibody by ELISA at baseline, and have no major protocol deviations, as determined, and documented by the Sponsor. Participants will be analysed according to the study product (vaccine or placebo) received.

7.5 Immunogenicity Analysis Subset

Designated participants at study sites included in the immunogenicity study (Category 3 and Category 4) who had received both doses of IP.

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7.6 Safety Analysis Set (SAS)

The Safety Set consists of all randomized participants who received at least one dose of IP and contributed any solicited AE information, classified according to the study product received.

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8. General Considerations

8.1 Visit and date Conventions.

Visit day will be calculated from the reference start date which will be used to present start/stop day of assessments and events. The reference start date is defined as the date of first study drug administration.

The following conventions will be used for visit references:

- $Visit\ day = (date\ of\ event - reference\ start\ date)$ +1
- $Visit\ week = \frac{visit\ day}{7},\ rounding\ up\ to\ next\ whole\ number$
- $Visit\ month = \frac{visit\ day}{30.44},\ rounding\ up\ to\ next\ whole\ number$

8.2 Visit Windows

Inclusion within the visit window should be based on the actual date and not the intended date of the visit. The window for the visits following baseline (including unscheduled visits) will be constructed in such a way that the upper limit of the interval falls half way between the two visits

For laboratory and non-laboratory parameters, unless otherwise specified, if a patient has more than one measurement included within a window, the assessment closest to the target day will be used. In case of ties between observations located on different sides of the target day, the earlier assessment will be used. In case of ties located on the same side of the target day (i.e. more than one value for the same day but different time), the value with the earlier entry date/time will be used

Table - Visit Windows

Assessment	Visit	Month	Target Day	Day Range
Baseline	**Visit 1**	**Month 0**	**<30**	
Month 1	**Visit 2**	**Month 1**	**30**	**30-32**
Month 2	**Visit 3**	**Month 2**	**60**	**53-67**

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Month 3	**Visit 4**	**Month 3**	**90**	**83-97**
Month 4	**Visit 5**	**Month 4**	**120**	**113-127**
Month 5	**Visit 6**	**Month 5**	**150**	**143-158**
Month 6	**Visit 7**	**Month 6**	**180**	**173-187**
Month 7	**Visit 8**	**Month 7**	**210**	**213-217**
Month 8	**Visit 9**	**Month 8**	**240**	**233-247**
Month 9	**Visit 10**	**Month 9**	**270**	**263-277**
Month 10	**Visit 11**	**Month 10**	**300**	**193-307**
Month 11	**Visit 12**	**Month 11**	**333**	**323-337**
Month 12	**Visit 13**	**Month 12**	**360**	**353-367**
Unscheduled Illness Visit:	**Visit 999**	**US**		**<367**

8.3 Baseline

Baseline is the closest recorded measurement before the administration of the first dose of IP. If the measurement is done on the same day as the first dose and the exact measurement time relative to the first dose is unknown, it will be assumed the measurement is done before the administration of the first dose of IP. If a participants does not receive IP, baseline is the closest recorded measurement on or before the enrolment date.

8.4 End of Study

The end of study date is defined as the date when the last participants is assessed or receives an intervention for evaluation in the study (i.e., last Subject last visit), following any additional parts in the study (e.g., long-term follow-up), as applicable.

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8.5 Study Day 1

The first day of study vaccine administration

8.6 Study Dates

Informed Consent (IC) Date

The date on which the study informed consent form is signed.

Screening Date

The screening date is the informed consent (IC) date.

Enrolment Date

The date on which the investigator confirms that the participants has met all eligibility criteria and the enrolment in the study.

End of Study Date

The date recorded on the End of Study eCRF

8.7 Stratifications and Subgroups

In this study primarily BBV152 will be compared with Placebo. For analysis purposes, trial participants may be sub-classified into the following three stratification levels, The three Stratifications of study are as follows

- >=60 years of age with expected ratios of 30-40%
- <60 Year of age and a HCP with expected ratios of upto 5%
- <60 with co-morbid condition with expected ratios of 55-65%

Immunogenicity Subset

Designated participants at study sites included in the immunogenicity study who had a valid immunogenicity test result before the first dose of IP and at least 1 valid result after the first dose of IP, classified according to the study product received.

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8.8 Interim analysis

Formal interim analyses are planned when at least approximately 1/3 (43 cases) and 2/3 (87 cases) of the target number of 130 participants with confirmed symptomatic COVID-19 have been accrued, to determine 1) whether vaccine efficacy (VE) has been demonstrated and, if not, 2) whether the sample size and/or length of follow-up should be increased.

The analysis for demonstrated efficacy, with possible early stopping, will test the null hypothesis that VE ≤ 30% using the Lan-DeMets O'Brien-Fleming-like α-spending function framework to define the boundary to be used as a guideline. For 43 of 130 cases at the first interim analysis and 87 of 130 cases at the second interim analysis, the one-sided α for determination of efficacy will be 0.0001 and 0.0061, respectively. This is equivalent to requiring a two-sided 99.98% confidence interval (CI) for VE with lower bound ≥ 30% at the first interim analysis and a two-sided 98.78% CI for VE with lower bound ≥ 30% at the second interim analysis. For interim analyses at exactly 43 and 87 of a total of 130 cases, the test for efficacy ≥ 30% at the final analysis would be done at the one-sided 0.0231 significance level (i.e., the CI for VE would be a two-sided 95.38% CI). If the interim analyses are done at different numbers of cases than 43 and 87, the same boundaries as indicated above will be used, and the test and CI at the final analysis will be adjusted accordingly. The use of these relatively stringent criteria for demonstrated efficacy at the interim analyses means that only a slight correction in the significance level and CI will be necessary at the final analysis if the study is not stopped early.

If needed, the analysis for possible increase of sample size will be done on unblinded data using the method of Chen, DeMets, and Lan. It is planned to increase sample size only for conditional power ≥ 50%, assuming the true VE is as observed in the interim data, or for an unexpectedly low COVID-19 event rate.

In addition to the analyses described above, if efficacy is not demonstrated at the second interim analysis, an analysis for possible early stopping for futility (low efficacy or negative efficacy), using conditional power calculations, will be done. The DSMB will be asked to consider a recommendation to stop the study for futility if conditional power ≤ 20% to show any significant VE (i.e., a two-sided 95% CI for VE with lower bound > 0), assuming true VE = 60%.

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Finally, additional interim analyses will be conducted on all severe PCR-confirmed COVID-19 cases occurring since vaccination, if the number of such cases is at least 5. The purpose of these analyses is to identify possible vaccine-associated enhanced disease (VAED) – i.e., severe disease occurring due to the vaccine. The guideline for possible study pausing for these analyses, based on a comparison of proportions of severe cases in vaccine and placebo recipients, will be a one-sided p-value ≤ 0.05 in the direction of a higher proportion of severe cases in vaccine recipients. The test may be done by a z-test of proportions or, for a number of severe cases < 5 in either the vaccine or placebo group, a one-sided Fisher exact test. For example, assuming equal numbers of participants in the two groups, a case split of 5 vaccine: 0 placebo would meet the guideline, by a one-sided Fisher exact test. If the guideline is met, the DSMB may recommend that the study be paused and a thorough review of all severe cases be conducted by the DSMB. After a pause, the study may continue if agreed to by the DSMB and the FDA. These analyses will be done at the time of the interim and final analyses of vaccine efficacy, as long as at least 5 severe cases have occurred, or at other times at the discretion of the DSMB, depending on the observed number of severe cases.

Review of interim efficacy and safety data and recommendations based on the data will be within the purview of the external DSMB. The DSMB may recommend stopping the study because of concerns for participant safety at the time of a formal interim analysis or at any other time it reviews safety data.

The below mentioned analyses will be presented in the interim analysis 2 using PP population set; in most of these analyses, two-sided 95% CIs for VE will be presented. The exception is the analysis of virologically confirmed severe cases of COVID-19, in which a two-sided 90% CI will be presented, and the null hypothesis that the proportion of severe cases in placebo recipients is equal to or higher than the proportion in vaccine recipients will be tested at a one-sided 0.05 significance level by a z-test of proportions or, if the number of severe cases in either group is less than 5, by a Fisher exact test.

- Primary endpoint: first occurrence of virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 at least two weeks after the second dose of vaccine or placebo.

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- Additional analysis on primary endpoint: First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (18 to 59 years).
- Additional analysis on primary endpoint: First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (18 to 59 years) with comorbidity.
- Additional analysis on primary endpoint: First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (18 to 59 years) without comorbidity.
- Additional analysis on primary endpoint: first occurrence of virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (>= 60 years).
- Additional analysis on primary endpoint: first occurrence of virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (>= 60 years) with comorbidity.
- Additional analysis on primary endpoint: first occurrence of virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 in age group (>= 60 years) without comorbidity.
- Secondary endpoint (efficacy): virologically confirmed (RT-PCR positive) severe cases of COVID-19.
- Secondary endpoint (efficacy): virologically confirmed COVID-19 asymptomatic cases. Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment.

Addendum to CSR will be generated for the extended follow up phase.

8.9 Final analysis

The final analysis of all 25800 participants randomized in the study and of the data collected up to end of the study for all endpoints to be analysed according to the protocol. The final analysis shall be done after the last participant/last visit has been completed.

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8.10 Publication of Results

Any formal presentation or publication of data from/ during this trial will be considered jointly between the investigator and the sponsor, as indicated in the contract agreement undersigned by both parties.

8.11 Software

All analyses will be conducted using SAS® Version 9.4.

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9. Statistical Considerations

9.1 Multicentre studies

25800 subjects were randomised in 25 sites across India.

9.2 Missing data

Missing data is assumed to be missing and no imputation will be performed. Partial date imputation will be performed for the concomitant medication data please refer appendix 2.

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10. Output Presentations

Programs will be developed and maintained and output will be verified in accordance with current risk-based quality control procedures.

Tables, figures, and listings will be produced with validated.

The production environment for statistical analysis consists of statistical analysis software; for example, the SAS System version 9.4 or later.

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11. Participant disposition and withdrawal

11.1 Variables and derivations

End of trial classifications are defined as follows.

- Screen failure: Subject for whom informed consent was obtained and documented in writing (i.e., the participant signed an informed consent form), but who did not meet inclusion and exclusion criteria.
- Completed trial: Subjects who completed the trial, as indicated in the Study Phase Disposition eCRF form, will be assumed to have completed trial.
- Discontinued subjects: subjects who discontinued the trial, as indicated in the Study of study eCRF form, will be assumed to have discontinued subjects if at least one partial/full vaccine administrated from trial.

The following parameters will be summarized for the Subject's disposition table as per eCRF:

- Number of screening failure subjects
- Number of Enrolled subjects
- Number of Randomized subjects
- Number of completed subjects.
- Number of discontinued subjects
- in Randomization population Set.
- in FAS population
- in PP population Set.
- in Immunogenicity population Subset.
- in Safety population Set.
- in Category 1 (Symptomatic)
- in Category 2 (Symptomatic/Asymptomatic):
- in Category 3 (Symptomatic/Asymptomatic+Immunogenicity):

The following parameters will be summarised for the study discontinuation table as per eCRF Subject's primary reason for discontinuation (reasons mentioned in eCRF end of study form) which is as follows:

- Adverse Event/Serious Adverse Event
- Protocol violation
- Consent withdrawal
- Migration from the study site

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- Physician decision
- Sponsor termination
- Prohibited Medication
- Death
- Lost to follow-up.
- Others

Derivation:

- indicated as “screen failure” in the eCRF End of study form as “primary reason for study discontinuation” will be assumed screen failure for the trial.
- status is indicated as “COMPLETED” (as per eCRF study End of study form) to ensure that completes as per CRF design.
- Subject status is indicated as “DISCONTINUED” (as per eCRF study EOS form) to ensure that discontinued the as per CRF design.

11.2 Analysis

disposition and Withdrawal will be summarised (frequency and percentages) and the screening failure participants will be summarised (frequency) for the enrolled population by treatment group and participants listing, participant number for the Enrolled Set population by treatment and Subject number.

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12. Participant demographics and other baseline characteristics

12.1 Variables and derivations

The following demographic and other baseline characteristics will be summarized:

- Age (in Years)
- Age Groups
- Stratification Groups (>= 60 Years age, a HCP and <with any comorbidity)
- Gender
- Race
- Ethnicity
- Height (cm)
- Weight (kg)
- BMI (kg/m2)
- Temperature (°C)
- Results (Serology Test)
- Pregnancy test result
- RT-PCR Result
- Cycle threshold (CT) value - E Gene
- Cycle threshold (CT) value - ORF Gene
- Stable chronic lung disease at baseline
- Stable cardiac disease at baseline
- Severe obesity (body mass index ≥ 35 kg/m2) at baseline
- Controlled Diabetes (Type 1, Type 2) at baseline
- Stable Liver disease at baseline

12.2 Analysis

The following demographic and others baseline characteristics will be summarized for the FAS population by treatment group and presented in data listings for the Randomization Set population by treatment group and Subject number.

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13. Exposure and Compliance to Study Drug

13.1 Variables and derivations

In eCRF “Vaccine Administration” form we are capturing the treatment dosing related data.

Subject will be considered compliant with overall treatment COVID-19 Vaccine (BBV152) Vaccine/Placebo. if they received the scheduled administration of all doses within the schedule visits

The following parameters will be summarised for the treatment exposure.

- Number of Investigational vaccine administration
- Number of participants that received two doses
- Number of participants that received one dose
- Average number of doses administered.

13.2 Analysis

Treatment exposure and the compliance will be summarised (frequency, missing frequency and percentages) for table for SAF and the listing will be provided for Randomized population set by treatment and Subject number.

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14. Medical and Co morbidities history

14.1 Variables and derivations

Medical history information will be coded using the MedDRA central coding dictionary Version 23.1 or later. All conditions, which are pre-existing prior to study vaccine administration, must be recorded on the study participant's eCRF

Partial date imputation is not done for Medical and treatment history.

- The following parameters will be summarised for the Subject's Medical history/ Co morbidities as mentioned in eCRF.
- Number of subjects with at least one medical history
- Number of subjects for each medical history by SOC and PT

The following variables will be listed:

- Subject number
- System organ class/ Preferred terms / Reported terms.
- Start date of medical history.
- End date of medical history (If the medical history is ongoing then "Ongoing" text will populate in this variable)

Derivation:

Subject medical history status is indicated as "ongoing" at day 1 (as per eCRF medical history form) is all pre-medical condition at day 1.

14.2 Analysis

Medical history will be summarized by system organ class (SOC), and preferred term (PT), only for the SAF. Medical history/ Co morbidities will be presented as data listings for the randomization population by treatment group and participant number.

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15. Prior Concomitant, and other medications

15.1 Variables and derivations

In eCRF “Prior or Concomitant Medications” form we are capturing the prior and concomitant medication related data.

All medications will be coded using the WHO Drug dictionary Global B3 format September 1, 2020 or later

‘Prior medications’ are defined any medication prior to first administration of the study drug.

Concomitant medications are defined as any medication taken after or on the first administration of the study drug till the end of the trial.

Prior, Concomitant medication (CM) records will include the medication, Description for CM, Indication, Dose and unit, Frequency, route and start and end date of concomitant medication.

As per eCRF If the question “Was the medication/therapy taken prior to the study” is answered as “YES” then we will consider it as “prior concomitant medication” otherwise If the question “Was the medication/therapy taken prior to the study” is answered as “NO” then we will not consider it as “concomitant medication”

In Appendix 2 the algorithm is given for calculation of partial date imputation for Concomitant Medication and it will be used for partially missing Concomitant Medication start and end date imputation.

The following parameters will be summarised for the Subject’s prior and concomitant medication:

- Number of subjects with at least one prior and concomitant medication
- Number of subjects for each prior and concomitant medication by ATC-2 and PT.

Derivations:

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- All medications captured on the “Prior or Concomitant Medications” form of the eCRF will be categorised (prior and concomitant medication), which are identifies as follows:

15.2 Analysis

Prior and concomitant treatment medications will be summarized only for the SAF population and presented in data listings for the Randomization Set population by Treatment group and number.

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16. Adverse events

16.1 Variables and derivations

Adverse Events (AEs) will be coded using MedDRA central coding dictionary, Version 23.1 or later.

- An adverse event (AE) is any untoward medical occurrence in a participants or clinical investigation Subject administered an INV and which does not necessarily have a causal relationship with this treatment.

- SAE is any untoward medical occurrence that at any dose: Please refer protocol section 26.5

- Adverse Events of Special Interest (AESI): An AESI can be either serious or non-serious. Serious AESIs will be recorded and reported as per reporting guidelines for SAEs. The following AESIs (if any) will be evaluated during the study period.

    - Anaphylaxis
    - Vaccine-associated enhanced respiratory disease (VAERD)
    - Generalized convulsion

The following parameters will be summarised for the Participants adverse events as mentioned in eCRF.

- Number of Participants with at least one AEs
- Number of Participants with at least one drug related AE.
- Number of Participants with at least one serious AEs
- Number of Participants with at least one drug related serious AEs.
- AEs by Severity
- AEs leading to Death.
- Drug-related AEs leading to Death.
- AEs leading to early withdrawn of study.
- AEs by Age group

Derivations:

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- The question “Relationship to study drug” is answered as “Certain”, “Probable/Likely” and “Possible” then respective AEs will be considered as drug related AE.
- the question “Is this AEs serious” is answered as “YES” then respective AE will be considered as serious AEs.
- the question “Is this AEs serious” is answered as “YES” and answered as “Certain”, “Probable/Likely” and “Possible” then respective AEs will be considered as drug related SAEs.
- Subject’s primary reason for discontinuation is “DEATH” then we will consider it as AEs leading to death.
- If Relationship to the investigational product is indicated as “RELATED” and Subject’s primary reason for discontinuation is “DEATH” then we will consider it as drug related AEs leading to death
- Subject’s primary reason for discontinuation ADVERSE EVENT” then we will consider it as AEs leading to early withdrawal from study.

16.2 Analysis

An overall summary will be presented as the number of participants within each of the event type categories described in the sub-sections below, including the incidence of AEs by SOC and PT, unless otherwise specified. Both number of participants, number of event (One subject may be counted more than once) and percentage will be provided for the SAF population.

A data listing with all AEs (including coding details [SOC, PT and verbatim term only]) will be presented for the randomized population set by treatment group and Patient number.

16.2.1 Incidence of AEs

The incidence of all AEs by alphabetically SOC and PT will be presented for the SAF population.

16.2.2 Incidence of Solicited adverse event.

The incidence of all Solicited Local AEs will be summarised by Local Reaction, by maximum severity and Solicited Systemic AEs (please refer section 24.2 in protocol)

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by alphabetically SOC and PT within each SOC and severity will be presented for the SAF population.

16.2.3 Incidence of Medically Attended Adverse Events (MAAEs)

The incidence of all AEs by alphabetically SOC and PT will be presented for the SAF population.

16.2.4 Incidence of Adverse Event of Special Interest (AESI)

The incidence of all AEs by alphabetically SOC and PT will be presented for the SAF population.

16.2.5 AEs by severity

The incidence of all AEs will be presented by SOC, PT and severity for the SAF population.

16.2.6 AEs by Outcome

The incidence of all AEs will be presented by SOC, PT and outcome for the SAF population.

16.2.7 Drug-related AEs

The incidence of all drug related AEs will be presented by SOC and PT for the SAF population.

16.2.8 Serious AEs

Serious AEs are defined as AEs for which seriousness is indicated as “yes”.

The incidence of all serious AEs will be presented by SOC and PT. A data listing of serious adverse events (SAEs) will also be presented for the SAF population.

16.2.9 AEs leading to early withdrawal from study.

The incidence of all serious AEs leading to early withdrawal will be presented by SOC and PT. A data listing of AEs leading to early withdrawal from study will be presented for the SAF population.

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16.2.10 AEs leading to death.

The incidence of all AEs leading to death will be presented by SOC and PT. A data listing of all AEs for deceased participants will be presented for the SAF population.

16.2.11 AEs Age wise adverse events

The incidence of all AEs leading to death will be presented by SOC and PT. A data listing of all AEs for deceased participants will be presented for the SAF population.

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17. Vital (Including Pulse Oximetry) &General & Systemic Examination

All summaries for vital signs will be based on the SAF population, unless otherwise specified. Data listings for the will be based on the ITT population.

17.1 Variables and derivations

For vital signs, baseline is defined as the last observation made prior to the first administration of study drug.

The following vital signs will be reported for this study:

- Temperature (°C)
- Pulse (beats/min)
- Systolic blood pressure (mmHg)
- Diastolic blood pressure (mmHg)
- Respiratory rate (breaths/min)
- Oxygen saturation (SpO2) %

17.2 Analysis

The Vital sign will be summarized by visit for the SAF. presented in data listings for the Randomized population by treatment group and Subject number Vital sign test and by visit.

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18. General Examination

18.1 Variables and derivation

The General examination will be measure on scheduled visits (visit 1 through visit 7)

General Examination for Body systems parameters will be examined as follows:

- Pallor
- Cyanosis
- Hair
- Nails
- Icterus
- Edema
- Lymphadenopathy
- Other General examination observation

These above other general examination observation measurements will be categorised and summarised as follow:

- NORMAL
- ABNORMAL

Note: If the General examination data will be found missing then new category “MISSING” will be added in the summary table.

18.2 Analysis

The General examination will be summarized by visit for the SAF. presented in data listings for the Randomized population by treatment group and Subject number, General examination test and by visit.

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19. Primary endpoint assessments

The primary endpoint parameter is mention below.

19.1 Variables and derivations

19.1.1 First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19.

The following variables will be reported for this study:

- Start Date of dose administration ("Vaccine Administration" form in eCRF)
- The symptomatic COVID-19 cases include any participant who meets the Case Definitions for Symptomatic Endpoint or Severe Symptomatic COVID-19
- Start Date of Virologically confirmed
- Time Frame: Day 42 to Month 12.

Derivation:

Follow-up (days)= (date of Last followup – Date of Day 42) +1

Total length of follow up (years) in vaccine/placebo = sum (Follow-up (days))/ 365.25 in respective treatment group.

19.2 Primary endpoint analysis

Estimation of vaccine efficacy (VE) in this study is based on person-time incidence rates: VE = 1 – (nv/Fv)/ (np/Fp) = 1 – R, where R = (nv/Fv) / (np/Fp); nv and np are the numbers of participants who develop PCR-confirmed symptomatic COVID-19 among BBV152 vaccine and placebo recipients, respectively, and Fv and Fp are the corresponding total lengths of follow-up in years in the two groups, with follow-up in years defined as a follow-up in days divided by 365.25. VE will typically be expressed as a percentage. We assume that nv and np follow Poisson distributions with respective parameters λvFv and λpFp; the true (unknown) VE is 1 – λv / λp. Then, conditional on n = nv + np, the total number of participants who develop symptomatic COVID-19, the number nv in the vaccine group follows a binomial distribution with n trials and probability parameter λvFv / (λvFv + λpFp), estimated by P = nv / (nv+np). The estimate VE can be given in terms of P and the ratio h = Fp/Fv, which is expected to be very close to 1, since by the above definitions R = hP / (1-P) and thus VE = 1 –

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hP / (1-P). A two-sided confidence interval (CI) around the estimated VE will be obtained by converting an exact CI around the estimated probability parameter P, using the observed h = Fp/Fv, to a CI for VE. If (PL, PU) is the CI around P, the CI for VE will be [1 – hPU/(1-PU), 1 – hPL/(1-PL)].

The primary analysis of VE will be based on the per-protocol population, excluding participants who were positive for binding antibody titters to SARS-CoV-2 on Day 0, with follow-up for each participant beginning 14 days after the second dose of vaccine or placebo and continuing until the onset of a confirmed COVID-19 case, a protocol deviation that could affect the risk of COVID-19 (for example, receipt of another vaccine against a viral disease), or the end of follow-up. To keep the overall type I error rate for estimating VE at two-sided 0.05, the CI for VE will be adjusted from a 95% CI as needed to account for interim analyses.

Additionally, the same analysis will be performed using the FAS population. Also, subgroup analyses will be done by age group (18-59 years and 60+ years) and by subgroups with and without co-morbidities, using the per-protocol population.

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20. Secondary Endpoints (Efficacy)

20.1 First occurrence of Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19 based on the case definition for the secondary efficacy symptomatic endpoint. [Time Frame: Day 42 to Month 12].

20.1.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) severe cases of COVID-19
- Start Date of Virologically confirmed

20.2 Virologically confirmed (RT-PCR positive) severe cases of COVID-19. [Time Frame: Day 42 to Month 12].

20.2.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) severe cases of COVID-19
- Start Date of Virologically confirmed

20.3 Virologically confirmed COVID-19 cases of any severity occurring among participants 18 through 59 years of age and ≥60 years of age. [Time Frame: Day 42 to Month 12].

20.3.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) severe cases of COVID-19
- Start Date of Virologically confirmed

20.4 Virologically confirmed COVID-19 asymptomatic cases. Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment.

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[Time Frame: Month 2 to Month 12].

20.4.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) asymptomatic cases of COVID-19
- Start Date of Virologically confirmed
- Serology results at time of enrolment

20.5 Virologically confirmed COVID-19 asymptomatic and symptomatic cases occurring from two weeks after the second vaccination. Excludes cases in which vaccination was incomplete, and cases detected among individuals who were positive by serology at the time of enrolment. [Time Frame: Month 2 to Month 12]

20.5.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) asymptomatic and symptomatic cases of COVID-19
- Start Date of Virologically confirmed
- Serology results at time of enrolment

20.6 The number of participants with virologically confirmed COVID-19 deaths. [Time Frame: Day 42 to Month 12].

20.6.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) cases of COVID-19
- Start Date of Virologically confirmed
- Date of death (related to COVID-19)

20.7 The number of participants with virologically confirmed symptomatic COVID-19. Includes cases that were seropositive at baseline. Excludes cases in which vaccination was incomplete. [Time Frame: Day 42 to

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Month 12].

20.7.1 Variables and derivations

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Virologically confirmed (RT-PCR positive) symptomatic cases of COVID-19
- Start Date of Virologically confirmed
- Serology results at baseline

20.8 Analyses

Vaccine efficacy will be estimated for confirmed symptomatic SARS-CoV-2 infection in the vaccinated population, excluding participants who were seropositive for SARS-CoV-2 on Day 0 and any participants who inadvertently received one dose of vaccine and one dose of placebo. In addition, VE will be estimated for the period between the first dose and 14 days after the second dose.

Other secondary efficacy analyses will compare the treatment groups with regard to 1) severe PCR confirmed COVID-19 disease and 2) PCR-confirmed SARS-CoV-2 infection, regardless of symptomatology. In addition, VE estimation will be done in linear models with the study site as a random effect and with adjustment for covariates (e.g., age, presence of co-morbidities at baseline). These analyses will be done for endpoint events with onset 14 days or more after the second dose and also for all participants with events after the first dose. VE and its 95% CI will be estimated as in the primary analysis PP populations. Additional that same analysis will be perform for stratification analysis.

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21. Secondary Endpoints (Safety)

21.1 Serious Adverse Events (SAEs) occurring at any time in all study participants; SAE rates will be analyzed when the primary efficacy endpoint (130 cases) is reached and at the study end.

21.1.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of SAE (“Adverse Event” form in eCRF)
- Is this AE (“Adverse Event” form in eCRF)
- Causality related to Treatment.
- Seriousness of SAEs
- Death date
- Number of Death

Time Frame: Throughout the study period]. Data will be collected on immediate adverse events (AEs) within 2 hours of vaccination,

21.1.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of Serious adverse events will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.2 Solicited local and systemic adverse events (AEs).

21.2.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of Solicited local and systemic adverse events (“AE form in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)

Time Frame: within 7 days post each vaccination,

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21.2.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of Solicited local and systemic adverse events will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.3 Unsolicited adverse events (AEs) occurring between the vaccination and 28 days after the final vaccination, among all study participants.

21.3.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of unsolicited local and systemic adverse events (“Post Vaccination in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)
- Time Frame: Within 28 days post vaccination,

21.3.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of unsolicited local and systemic adverse events will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.3.3 Immediate adverse events with 30 minutes of vaccination

21.3.4 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of Solicited local and systemic adverse events (“AE form in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)
- Time Frame: within 30 minutes post each vaccination.

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21.3.5 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of Immediate adverse events with 30 minutes will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.4 Medically attended adverse events (MAAEs) or AEs leading to withdrawal through the entire study period

21.4.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of Medically attended adverse events (MAAEs) or AEs leading to withdrawal through the entire study period (“AEs form in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)

21.4.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of Medically attended adverse events (MAAEs) or AEs leading to withdrawal through the entire study period will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.5 The occurrence of enhanced respiratory disease episodes reported by patient/documented in hospital records throughout the trial of hospitalization.

21.5.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)

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- Start Date of enhanced respiratory disease episodes reported events (“AEs form in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)

21.5.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of The occurrence of enhanced respiratory disease episodes reported by patient/documented in hospital records throughout the trial of hospitalization will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

21.6 Adverse Event of Special Interest (AESI).

21.6.1 Variables and derivations

The following variables will be reported for this study:

- Start Date of dose administration (“Vaccine Administration” form in eCRF)
- Start Date of adverse Event of Special Interest (AESI) (“AEs in eCRF form)
- Is this AE (“Adverse Event” form in eCRF)

21.6.2 Analyses

Summary statistics (frequency, percentage, point estimable, 95% CI using Clopper–Pearson exact test) of adverse Event of Special Interest (AESI) will be calculated for Safety analysis set treatment group wise. Rates of events and the corresponding two-sided exact CIs will be presented. Rates will be compared between treatment groups using two-sided z-tests.

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22. Secondary Endpoints (Immunogenicity)

22.1 Geometric Mean Titer (GMT) of SARS-CoV-2 Specific Neutralizing Antibody (nAb)

22.1.1 Variables and derivations

Neutralizing Antibody (nAb)

[Time Frame: Month 0 to Month 12]

22.1.2 Analyses

GMTs of SARS-CoV-2 Specific Neutralizing Antibody (nAb) will be summarised by point estimate and the corresponding 95% CI. Summary statistics for nAb (n, mean, SD, median, Q1 and Q3, 95% CI of Mean, geometric mean, 95% CI of geometric mean) will be calculated using PROC MEANS. Analysis will be done based on Immunogenicity analysis set.

22.2 Geometric Mean Fold Rise (GMFR) of SARS-CoV-2 Specific Neutralizing Antibody (nAb

22.2.1 Variables and derivations

Neutralizing Antibody (nAb)

[Time Frame: Month 0 to Month 12]

22.2.2 Analyses

GMFR of SARS-CoV-2 Specific Neutralizing Antibody (nAb) will be summarised by point estimate and the corresponding 95% CI. Analysis will be done based on Immunogenicity analysis set.

22.3 Geometric Mean Titer (GMT) of SARS-CoV-2 S1 protein-specific Binding Antibody (bAb).

22.3.1 Variables and derivations

Anti- S1 IgG, Anti-N IgG, Anti-RBD, IgG

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[Time Frame: Month 0 to Month 12]

22.3.2 Analyses

GMTs of SARS-CoV-2 S1 protein-specific Binding Antibody (bAb) will be summarised by point estimate and the corresponding 95% CI. Summary statistics for bAb (n, mean, SD, median, Q1 and Q3, 95% CI of Mean, geometric mean, 95% CI of geometric mean) will be calculated using PROC MEANS based on S1 protein-specific binding antibody titer. Analysis will be done based on Immunogenicity analysis set.

22.4 Lot-to-Lot consistency will be assessed based on the neutralizing titer of the three consistency lots used in the trial.

22.4.1 Variables and derivations

Microneutralization Test (MNT_{50}) and Plaque Reduction Neutralization Test ($PRNT_{50}$)

[Time Frame: Month 0 to Month 12]

22.4.2 Analyses

A total of 600 participants were randomised to the BBV152 lot consistency study in a 3:1 ratio of Vaccine to Placebo (Lot 1, Lot 2, Lot 3, Placebo)). The 3 lots were 3 consecutively manufactured lots. Thus, 450 participants (150 in each lot) in the BBV152 group and 150 participants in the Placebo group were included. The analysis of lot consistency will be based on the GMTs of neutralizing antibodies at Day 56. Summary statistics for neutralizing antibody titer at Day 56 (n, mean, SD, median, Q1 and Q3, 95% CI of Mean, geometric mean, 95% CI of geometric mean) will be calculated using PROC MEANS. Analysis will be done based on Immunogenicity analysis set.

GMT ratios of neutralizing antibodies at Day 56 for each pair of lots (point estimate and 95% confidence interval) will be calculated. The 95% CIs will be calculated from CIs on differences between means of log10(titer), using SAS PROC TTEST).

Lot consistency will be assessed using the criterion that 95% CIs for GMT ratios for all pairs of lots must be contained within the interval [0.5, 2.0], as well as the criterion that all 95% CIs for GMT ratios must be within the interval [0.67, 1.5] for US-FDA.

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23. Revision history

Version	Date	Change
1	23-Feb-2021	Initial Version
2	09-Apr-2021	Section 5, 8.8, 19 and 22 updated. Variables added in the section 20.4 to 20.7

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24. Appendix 1: Programming Conventions for Tables, Data Listings and Figures (TLFs)

All percentages (%) for a specific summary are calculated using the total number of subjects included in the relevant analysis population as the denominator, unless otherwise specified.

Data listings will be based on all subjects, unless otherwise specified.

In general, if we have no response or record for respective parameter in data (i.e. n=0) then while presenting statistics in table only n will be presented as “0” and other statistics will be left blank. In case, we have only one response or record for respective parameter (i.e., n=1) in data then statistic (S.D) in table will be presented blank.

By default, for continuous measures, summary statistics will include, unless otherwise specified:

• Sample Size (N)
- n
- Mean
- Median
- Maximum
- Minimum
- SDs, and
- Frequency of Missing Values.

For categorical measures, summary statistics will include, unless otherwise specified:

- Sample Size (n)
- Frequency of non-missing values
- Percentage, and
- Frequency of Missing Values.

For efficacy tables, below statistics will be included, unless otherwise specified:

- Estimate
- 95 % Confidence Interval
- P-value

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24.1 Paper Size, Orientation and Margins

The margin, page size and line size specifications as stipulated in Table 23.1 will be used for the presentation of all TLFs.

Table 23.1: Output margin, page size and line size specifications

	Landscape	Portrait
Margins (Inches):		
Top	1.25	1
Bottom	1	1
Left	1	1.25
Right	1	1
Header (Inches)	0.5	0.5
Footer (Inches)	0.5	0.5
SAS® specifications:		
PAGESIZE	46	67
LINE SIZE	134	93
Body Font Size	10	10
Heading font Size	12	12

24.2 Fonts

The font type “Times New Roman” must be used for tables, listings, and figures, with a font size of minimum 9 and it should be consistent for the whole report. The font colour must be black for tables, listings, and figures.

Colours are allowed for figures if the data series can be distinguished clearly if printed in black and white paper.

24.3 Header Information

Headers should be defined as follows:

- The header should be placed at the top of the page (same place on each page).
- The header should be placed at the top of the page (same place on each page).
- The sponsor name should appear in row 1, left-aligned in header.

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- The word “Interim Analysis/Final analysis” would be appeared in row 1, centered aligned in header.
- The protocol number should appear in row 2, left-aligned in header.
- The word “Cut-off date: DDMMMYYYY” would appear in row 2, centre aligned in header
- The word “CONFIDENTIAL” should appear in row 1, centered aligned at footer in compiled file only.
- The TLF identification number should appear in row 3, centered in header.
- The TLF title should start in row 4, centered in header.
- The TLF population should appear in row 5, centered in header. The population should be spelled out in full, e.g., Enrolled Analysis Set.
- Row 6 in header should be a continuous row of underscores (‘_’) (the number of underscores should equal the line size).
- Row 7 in header should be a blank line.
- Sentence case should be used for titles in header.
- Titles should not contain quotation marks or footnote references.
- The column headings should be underlined with a row of underscores (‘_’).
- Column headings spanning more than one column should be underlined and have underscores on either side of the title and should be centered.
- Column headings containing numbers should be centered.
- Column headings would be in mixed case.
- In general, the analysis population count should appear in the column header in the form “(N=XX)”.
- The page identification in the format Page X of Y (where Y is the total number of pages for the TLF) should appear in row 2, right aligned at Footer for compiled TLFs if required.

24.4 Table and Data Listing Table, Listing and Figure (TLF) Conventions

24.4.1 General

- The first row in the body of the table or data listing will be blank.
- The left-hand column should start in Column 1.
- Rounding will be done with the SAS® function ROUND if applicable.
- Numerical values in tables should be rounded and not truncated as per section (26.4.2) for respective statistics.

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- Numerical values will be center aligned.
- Text values should be left aligned.
- The first letter of a text entry should be capitalized.
- The study drug will be appeared first in tables with treatment group as columns.
- The width of the TLF should match the line size.

24.4.2 Univariate statistics

- Statistics should be presented in the same order across tables (i.e., n, mean, SD, minimum, median and maximum).
- If the original data has N decimal places, then the summary statistics would have the following decimal places:
- Minimum, maximum: N.
- Mean and median: N +1.
- SD: N + 2.
- CI: N+1
- Point estimate: N+1.

24.4.3 Frequencies and percentages [n, (m) and %]

- Count values should be reported, with one space between the right the percent inside parentheses and the left the mention. Parentheses should be justified to accept a maximum of 100.0 as a value and padded with blank space if the percent is less than 100.0. An example is given below:
- 156, 77, (100.0)
- 56, 50, (64.9)
- 0, (0.0)
- Percent values should be reported inside parentheses, with one space between the right parenthesis of the mention and the left parenthesis of the percentage. Parentheses should be justified to accept a maximum of 100.0 as a value and padded with blank space if the percent is less than 100.0. An example is given below:
- 77 (100.0)
- 50 (64.9)
- 0 (0.0)
- Percentages may be reported to 0 decimal places as appropriate (for example, where the denominator is relatively small).

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- Where counts are zero, mentions of 0 and percentages of 0.0 should appear in the table.

24.4.4 Confidence intervals (CIs)

- CIs would be presented with one additional decimal place as that of the raw data.
- CIs will be presented as [lower bound, upper bound].

24.4.5 P-values

- P-values should be reported to four decimal places.

24.4.6 Ratios/Estimate

- Ratios/estimate would be reported with one additional decimal place as that of the raw data.

24.4.7 Spacing

- There should be a minimum of 1 blank space between columns (preferably 2).

24.4.8 Missing values

- A “0” should be used to indicate a zero frequency.
- A blank will be used to indicate missing data in data listings.

24.5 Tables, Listings and Figure output conventions

The compiled file will be presented in PDF format with TOC for listing and table/figures separately.

The Table, Listing and Figures will be provided in RTF and PDF files using the SAS® Output Delivery System (ODS) and in addition all listings also be provided in excel file.

All percentages (%) for a specific summary are calculated using the total number of subjects included in the relevant analysis population as the denominator, unless otherwise specified.

Data listings will be based on all subjects treated, unless otherwise specified.

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By default, descriptive statistics for quantitative measurements will include the number of subjects (n), mean, standard deviation (SD), minimum, median and maximum.

24.6 Dates and times

In footer of the TLFs date and time will be presented in format ddmmyyyy and hh: mm. and Depending on data available, dates and times will take the form ddmmyyyy and hh:mm.

24.7 Spelling format

The spelling format to be used is English US.

24.8 Presentation of treatment

Treatment: BBV152 vaccine and placebo,

24.9 Presentation of visits

- Baseline (Month 0)
- Visit 1 (Month 1+2 days)
- Visit 3 (Month 2±1 week
- Visit 4 (Month 3±1 week)
- Visit 5 (Month 4±1 week)
- Visit 6 (Month 5±1 week):
- Visit 7 (Month 6±1 week)
- Visit 8 (Month 7±1 week):
- Visit 9 (Month 8±1 week
- Visit 10 (Month 9±1 week)
- Visit 11 (Month 10±1 week)
- Visit 12 (Month 11±1 week)
- Visit 13 (Month 12±1 week):

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25. Appendix 2: Partial date conventions and Concomitant medication guidelines

The whole missing date will not be imputed for this study and only partial date imputation will be performed. Conventions pertaining to partial dates are presented.

25.1 Table: Algorithm for partial date imputation for Concomitant Mediation's (CM)

Concomitant Medication	Missing	Imputation
Start Date	Day	If CM start Month = Treatment starts month and CM start Year = Treatment start Year, then CM start Day= minimum of (Treatment Start Day or CM end Day) Otherwise CM start day = "01"
	Day and Month	If CM start Year = Treatment start Year, then CM start Day and Month = minimum of (Treatment Start Day and Month or CM end Day and Month) Otherwise CM start Day and Month = "01 Jan"
	Day, Month and Year	No Imputation will be performed.
End Date	Day	If CM End Month = Study conclusion Month and CM End Year= Study conclusion Year, Then CM End Day= Study Conclusion Day Otherwise CM End Day = last day of respective month
	Day and Month	If CM End Year = Study Conclusion Year, then CM End Day and Month = Study Conclusion Day and Month Otherwise CM End Day and Month = "31 Dec"

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	Day, Month and Year	No Imputation will be performed

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Contains Nonbinding Recommendations

Development and Licensure of Vaccines to Prevent COVID-19

Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Biologics Evaluation and Research
June 2020

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Preface

Public Comment

This guidance is being issued to address the coronavirus disease 2019 (COVID-19) public health emergency. This guidance is being implemented without prior public comment because the Food and Drug Administration (FDA or Agency) has determined that prior public participation for this guidance is not feasible or appropriate (see section 701(h)(1)(C) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 371(h)(1)(C)) and 21 CFR 10.115(g)(2)). This guidance document is being implemented immediately, but it remains subject to comment in accordance with the Agency's good guidance practices.

Comments may be submitted at any time for Agency consideration. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. Submit electronic comments to https://www.regulations.gov. All comments should be identified with the docket FDA-2020-D-1137 and complete title of the guidance in the request.

Additional Copies

Additional copies are available from the FDA webpage titled "COVID-19-Related Guidance Documents for Industry, FDA Staff, and Other Stakeholders," *available at* https://www.fda.gov/emergency-preparedness-and-response/mcm-issues/covid-19-related-guidance-documents-industry-fda-staff-and-other-stakeholders, the FDA webpage titled "Search for FDA Guidance Documents," *available at* https://www.fda.gov/regulatory-information/search-fda-guidance-documents, and the FDA webpage titled "Biologics Guidances," *available at* https://www.fda.gov/vaccines-blood-biologics/guidance-compliance-regulatory-information-biologics/biologics-guidances. You may also send an email request to ocod@fda.hhs.gov to receive an additional copy of the guidance. Please include the docket number FDA-2020-D-1137 and complete title of the guidance in the request.

Questions

For questions about this document, contact the Office of Communication, Outreach, and Development (OCOD) by email at ocod@fda.hhs.gov or at 800-835-4709 or 240-402-8010.

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Contains Nonbinding Recommendations

Development and Licensure of Vaccines to Prevent COVID-19

Guidance for Industry

This guidance represents the current thinking of the Food and Drug Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible for this guidance as listed on the title page.

I. INTRODUCTION

FDA plays a critical role in protecting the United States from threats such as emerging infectious diseases, including the Coronavirus Disease 2019 (COVID-19) pandemic which has been caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). FDA is committed to providing timely guidance to support response efforts to this pandemic.

FDA is issuing this guidance to assist sponsors in the clinical development and licensure of vaccines for the prevention of COVID-19.

This guidance is intended to remain in effect for the duration of the public health emergency related to COVID-19 declared by the Secretary of Health and Human Services (HHS) on January 31, 2020, effective January 27, 2020, including any renewals made by the HHS Secretary in accordance with section 319(a)(2) of the Public Health Service Act (PHS Act) (42 U.S.C. 247d(a)(2)). The recommendations described in the guidance are expected to assist the Agency and sponsors in the clinical development and licensure of vaccines for the prevention of COVID-19 and reflect the Agency's current thinking on this issue.

Given this public health emergency, and as discussed in the Notice in the *Federal Register* of March 25, 2020, titled "Process for Making Available Guidance Documents Related to Coronavirus Disease 2019" (85 FR 16949), *available at* https://www.govinfo.gov/content/pkg/FR-2020-03-25/pdf/2020-06222.pdf, this guidance is being implemented without prior public comment because FDA has determined that prior public participation for this guidance is not feasible or appropriate (see section 701(h)(1)(C) of the Federal Food, Drug, and Cosmetic Act (FD&C Act), (21 U.S.C. 371(h)(1)(C)), and 21 CFR 10.115(g)(2)). This guidance document is being implemented immediately, but it remains subject to comment in accordance with the Agency's good guidance practices. However, FDA expects that the recommendations set forth in this revised guidance will continue to apply outside the context of the current public health emergency.

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Therefore, within 60 days following the termination of the public health emergency, FDA intends to revise and replace this guidance with an updated guidance that incorporates any appropriate changes based on comments received on this guidance and the Agency's experience with implementation.

In general, FDA's guidance documents, including this guidance, do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidance means that something is suggested or recommended, but not required.

II. BACKGROUND

There is currently an outbreak of respiratory disease caused by a novel coronavirus. The virus has been named "SARS-CoV-2" and the disease it causes has been named "COVID-19." On January 31, 2020, the Secretary of HHS issued a declaration of a public health emergency related to COVID-19 and mobilized the Operating Divisions of HHS.[1] In addition, on March 13, 2020, the President declared a national emergency in response to COVID-19.[2]

The SARS-CoV-2 pandemic presents an extraordinary challenge to global health. There are currently no FDA-licensed vaccines to prevent COVID-19. Commercial vaccine manufacturers and other entities are developing COVID-19 vaccine candidates using different technologies including RNA, DNA, protein, and viral vectored vaccines.

This guidance describes FDA's current recommendations regarding the data needed to facilitate clinical development and licensure of vaccines to prevent COVID-19. There are currently no accepted surrogate endpoints that are reasonably likely to predict clinical benefit of a COVID-19 vaccine. Thus, at this time, the goal of development programs should be to pursue traditional approval via direct evidence of vaccine safety and efficacy in protecting humans from SARS-CoV-2 infection and/or clinical disease.

This guidance provides an overview of key considerations to satisfy regulatory requirements set forth in the investigational new drug application (IND) regulations in 21 CFR Part 312 and licensing regulations in 21 CFR Part 601 for chemistry, manufacturing, and controls (CMC), and nonclinical and clinical data through development and licensure, and for post-licensure safety evaluation of COVID-19 preventive vaccines.[3] FDA is committed to supporting all scientifically sound approaches to attenuating the clinical impact of COVID-19. Sponsors engaged in the development of vaccines to prevent COVID-19 should also see the guidance for industry and investigators, *COVID-19 Public Health Emergency: General Considerations for Pre-IND Meeting Requests for COVID-19 Related Drugs and Biological Products* (Ref. 1).

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[1] Secretary of Health and Human Services Alex M. Azar, Determination that a Public Health Emergency Exists. (Jan. 31, 2020, renewed April 21, 2020), *available at* https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx.

[2] Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak (Mar. 13, 2020), *available at* https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/.

[3] Novel devices used to administer COVID-19 vaccines raise additional issues which are not addressed in this guidance.

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There are many COVID-19 vaccines currently in development and FDA recognizes that the considerations presented here do not represent all the considerations necessary to satisfy statutory and regulatory requirements applicable to the licensure of vaccines intended to prevent COVID-19. The nature of a particular vaccine and its intended use may impact specific data needs. We encourage sponsors to contact the Center for Biologics Evaluation and Research (CBER) Office of Vaccines Research and Review (OVRR) with specific questions.

III. CHEMISTRY, MANUFACTURING, AND CONTROLS – KEY CONSIDERATIONS

A. General Considerations

- COVID-19 vaccines licensed in the United States must meet the statutory and regulatory requirements for vaccine development and approval, including for quality, development, manufacture, and control (section 351(a) of the Public Health Service Act (PHS Act), (42 U.S.C. 262)). The vaccine product must be adequately characterized and its manufacture in compliance with applicable standards including current good manufacturing practice (cGMP) (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and 21 CFR Parts 210, 211, and 610). It is critical that vaccine production processes for each vaccine are well defined and appropriately controlled to ensure consistency in manufacturing.

- COVID-19 vaccine development may be accelerated based on knowledge gained from similar products manufactured with the same well-characterized platform technology, to the extent legally and scientifically permissible. Similarly, with appropriate justification, some aspects of manufacture and control may be based on the vaccine platform, and in some instances, reduce the need for product-specific data. FDA recommends that vaccine manufacturers engage in early communications with OVRR to discuss the type and extent of chemistry, manufacturing, and control information needed for development and licensure of their COVID-19 vaccine.

B. Manufacture of Drug Substance and Drug Product

- Data should be provided to show that all source material used in manufacturing is adequately controlled, including, for example, history and qualification of cell banks, history and qualification of virus banks, and identification of all animal derived materials used for cell culture and virus growth.

- Complete details of the manufacturing process must be provided in a Biologics License Application (BLA) to support licensure of a COVID-19 vaccine (21 CFR 601.2). Accordingly, sponsors should submit data and information identifying critical process parameters, critical quality attributes, batch records, defined hold times, and the in-process testing scheme. Specifications should be established for

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each critical parameter. Validation data from the manufacture of platform-related products may provide useful supportive information, particularly in the identification of critical parameters.

- In-process control tests must be established that allow quality to be monitored for each lot for all stages of production (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable, 21 CFR 211.110(a)).

- Data to support the consistency of the manufacturing process should be provided, including process validation protocols and study reports, data from engineering lots, and drug substance process performance qualification.

- The manufacturing process must be adequately validated (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable, 21 CFR 211.100(a) and 211.110). Validation would typically include a sufficient number of commercial-scale batches that can be manufactured routinely, meeting predetermined in-process controls, critical process parameters, and lot release specifications. Typically, data on the manufacture of at least three commercial-scale batches are sufficient to support the validation of the manufacturing process (Ref. 2).

- A quality control system should be in place for all stages of manufacturing, including a well-defined testing program to ensure in process/intermediate product quality and product quality throughout the formulation and filling process. This system should also include a well-defined testing program to ensure drug substance quality profile and drug product quality for release. Data on the qualification/validation for all quality indicating assays should be submitted to the BLA to support licensure.

- All quality-control release tests, including key tests for vaccine purity, identity and potency, should be validated and shown to be suitable for the intended purpose. Release specifications are product specific and will be discussed with the sponsor as part of the review of a BLA.

- If adequately justified, final validation of formulation and filling operations may be completed after product approval if the impact on product quality is not compromised. It is important that any data that will be submitted after product approval be agreed upon prior to licensure and be submitted as a postmarketing commitment using the appropriate submission category.

- For vaccine licensure, the stability and expiry date of the vaccine in its final container, when maintained at the recommended storage temperature, should be demonstrated using final containers from at least three final lots made from different vaccine bulks.

- Storage conditions, including container closure integrity, must be fully validated (21 CFR 211.166).

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- The vaccine must have been shown to maintain its potency for a period equal to that from the date of release to the expiry date (21 CFR 601.2 and 610.10). Post marketing commitments to provide full shelf life data may be acceptable with appropriate justification.

- A product specific stability program should be established to verify that licensed product maintains quality over the defined shelf life.

C. Facilities and Inspections

- Facilities must be of suitable size and construction to facilitate operations and should be adequately designed to prevent contamination, cross-contamination and mix-ups (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable,21 CFR 211.42(a)). All utilities (including plumbing and sanitation) must be validated, and HVAC systems must provide adequate control over air pressure, micro-organisms, dust, humidity, and temperature, and sufficient protection or containment as needed (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable, 21 CFR 211.46(c)) (Ref. 3). Facility and equipment cleaning and maintenance processes must be developed and validated (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable, 21 CFR 211.56(c) and 211.67(b)).

- Manufacturing equipment should be qualified and sterile filtration and sterilization processes validated. Aseptic processes should be adequately validated using media simulations and personnel should be trained and qualified for their intended duties.

- A quality control unit must be established and must have the responsibility for oversight of manufacturing, and review and release of components, containers and closures, labeling, in-process material, and final products (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and, as applicable, 21 CFR 211.22). The quality control unit must have the responsibility for approving validation protocols, reports, investigate deviations, and institute corrective and preventive actions.

- FDA recommends that vaccine manufacturers engage in early communication with CBER's Office of Compliance and Biologics Quality, Division of Manufacturing and Product Quality to discuss facility preparation and inspection timing.

- Pre-license inspections of manufacturing sites are considered part of the review of a BLA and are generally conducted following the acceptance of a BLA filing (21 CFR 601.20). During the COVID-19 public health emergency, FDA is utilizing all available tools and sources of information to support regulatory decisions on applications that include sites impacted by FDA's ability to inspect due to COVID-19. During this interim period, we are using additional tools, where available, to determine the need for an on-site inspection and to support the

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application assessment, such as reviewing a firm's previous compliance history, and requesting records in advance of or in lieu of on-site inspections or voluntarily from facilities and sites.

IV. NONCLINICAL DATA – KEY CONSIDERATIONS

A. General Considerations

- The purpose of nonclinical studies of a COVID-19 vaccine candidate is to define its immunogenicity and safety characteristics through *in vitro* and *in vivo* testing. Nonclinical studies in animal models[4] help identify potential vaccine related safety risks and guide the selection of dose, dosing regimen, and route of administration to be used in clinical studies. The extent of nonclinical data required to support proceeding to first in human (FIH) clinical trials depends on the vaccine construct, the supportive data available for the construct and data from closely related vaccines.

- Data from studies in animal models administered certain vaccine constructs against other coronaviruses (SARS-CoV and MERS-CoV) have raised concerns of a theoretical risk for COVID-19 vaccine-associated enhanced respiratory disease (ERD). In these studies, animal models were administered vaccine constructs against other coronaviruses and subsequently challenged with the respective wild-type virus. These studies have shown evidence of immunopathologic lung reactions characteristic of a Th-2 type hypersensitivity similar to ERD described in infants and animals that were administered formalin-inactivated respiratory syncytial virus (RSV) vaccine and that were subsequently challenged with RSV virus due to natural exposure or in the laboratory, respectively (Refs. 4-9). Vaccine candidates should be assessed in light of these studies as described in section D, below.

- FDA recommends that vaccine manufacturers engage in early communications with FDA to discuss the type and extent of nonclinical testing required for the particular COVID-19 vaccine candidate to support proceeding to FIH clinical trials and further clinical development.

B. Toxicity Studies (Refs. 10-14)

- For a COVID-19 vaccine candidate consisting of a novel product type and for which no prior nonclinical and clinical data are available, nonclinical safety studies will be required prior to proceeding to FIH clinical trials 21 CFR 312.23(a)(8).

[4] The preclinical program for any investigational product should be individualized with respect to scope, complexity, and overall design. We support the principles of the "3Rs," to reduce, refine, and replace animal use in testing when feasible. Proposals, with justification for any potential alternative approaches (e.g., in vitro or in silico testing), should be submitted during early communication meetings with FDA (see section VI of this document). We will consider if such an alternative method could be used in place of an animal test method.

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- In some cases, it may not be necessary to perform nonclinical safety studies prior to FIH clinical trials because adequate information to characterize product safety may be available from other sources. For example, if the COVID-19 vaccine candidate is made using a platform technology utilized to manufacture a licensed vaccine or other previously studied investigational vaccines and is sufficiently characterized, it may be possible to use toxicology data (e.g., data from repeat dose toxicity studies, biodistribution studies) and clinical data accrued with other products using the same platform to support FIH clinical trials for that COVID-19 vaccine candidate. Vaccine manufacturers should summarize the findings and provide a rationale if considering using these data in lieu of performing nonclinical safety studies.

- When needed to support proceeding to FIH clinical trials, nonclinical safety assessments including toxicity and local tolerance studies must be conducted under conditions consistent with regulations prescribing good laboratory practices for conducting nonclincial laboratory studies (GLP) (21 CFR Part 58). Such studies should be completed and analysed prior to initiation of FIH clinical trials. When toxicology studies do not adequately characterize risk, additional safety testing should be conducted as appropriate.

- Data from toxicity studies may be submitted as unaudited final draft toxicicologic reports to accelerate proceeding to FIH clincial trials with COVID-19 vaccine candidates. The final, fully quality-assured reports should be available to FDA within 120 days of the start of the FIH clinical trial.

- Use of COVID-19 preventive vaccines in pregnancy and in women of childbearing potential will be an important consideration for vaccination programs. Therefore, FDA recommends that prior to enrolling pregnant women and women of childbearing potential who are not actively avoiding pregnancy in clinical trials, sponsors conduct developmental and reproductive toxicity (DART) studies with their respective COVID-19 vaccine candidate. Alternatively, sponsors may submit available data from DART studies with a similar product using comparable platform technology if, after consultation with the agency, the agency agrees those data are scientifically sufficient.

- Biodistribution studies in an animal species should be considered if the vaccine construct is novel in nature and there are no existing biodistribution data from the platform technology. These studies should be conducted if there is a likelihood of altered infectivity and tissue tropism or if a novel route of administration and formulation is to be used.

C. Characterization of the Immune Response in Animal Models

- Immunogenicity studies in animal models responsive to the selected COVID-19 vaccine antigen should be conducted to evaluate the immunologic properties of the COVID-19 vaccine candidate and to support FIH clinical trials. The aspects of

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immunogenicity to be measured should be appropriate for the vaccine construct and its intended mechanism of action.

- Studies should include an evaluation of humoral, cellular, and functional immune responses, as appropriate to each of the included COVID-19 antigens. Use of antigen-specific enyzme linked immunosorbent assays (ELISA) should be considered to characterize the humoral response. Evaluation of cellular reponses should include the examination of CD8+ and CD4+ T cell responses using sensitive and specific assays. The functional activity of immune responses should be evaluated *in vitro* in neutralization assays using either wild-type virus or pseudovirion virus. The assays used for immunogencity evaluation should be demonstrated to be suitable for their intended purpose.

D. Studies to Address the Potential for Vaccine-associated Enhanced Respiratory Disease

- Current knowledge and understanding of the potential risk of COVID-19 vaccine associated ERD is limited, as is understanding of the value of available animal models in predicting the likelihood of such occurrence in humans. Nevertheless, studies in animal models (e.g., rodents and non-human primates) are considered important to address the potential for vaccine-associated ERD.

- Post-vaccination animal challenge studies and the characterization of the type of the nonclinical and clinical immune response induced by the particular COVID-19 vaccine candidate can be used to evaluate the likelihood of the vaccine to induce vaccine-associated ERD in humans.

- To support proceeding to FIH clinical trials, sponsors should conduct studies characterizing the vaccine-induced immune response in animal models evaluating immune markers of potential ERD outcomes. These should include assessments of functional immune responses (e.g., neutralizing antibody) versus total antibody responses and Th1/Th2 balance in animals vaccinated with clinically relevant doses of the COVID-19 vaccine candidate.

- COVID-19 vaccine candidates with immunogenicity data demonstrating high neutralizing antibody titers and Th1-type T cell polarization may be allowed to proceed to FIH trials without first completing postvaccination challenge studies in appropriate animal models, provided adequate risk mitigation strategies are put in place in the FIH trials. In these situations, postvaccination challenge studies are expected to be conducted in parallel with FIH trials to ensure the potential for vaccine-associated ERD is addressed prior to enrolling large numbers of human subjects into Phase 2 and 3 clinical trials. For COVID-19 vaccine candidates for which other data raise increased concerns about ERD, postvaccination animal challenge data and/or animal immunopathology studies are critical to assess protection and/or ERD *prior* to advancing to FIH clinical trials.

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- The totality of data for a specific COVID-19 vaccine candidate, including data from postvaccination challenge studies in small animal models and from FIH clinical trials characterizing the type of immune responses induced by the vaccine will be considered in determining whether Phase 3 studies can proceed in the absence of postvaccination challenge data to address risk of ERD.

V. CLINICAL TRIALS – KEY CONSIDERATIONS

A. General Considerations

- Understanding of SARS-CoV-2 immunology, and specifically vaccine immune responses that might predict protection against COVID-19, is currently limited and evolving. Thus, while evaluation of immunogenicity is an important component of COVID-19 vaccine development, at this time, the goal of development programs should be to pursue traditional approval via direct evidence of vaccine efficacy in protecting humans from SARS-CoV-2 infection and/or disease.

- Clinical development programs for COVID-19 vaccines might be expedited by adaptive and/or seamless clinical trial designs (described below) that allow for selection between vaccine candidates and dosing regimens and for more rapid progression through the usual phases of clinical development.

- Regardless of whether clinical development programs proceed in discrete phases with separate studies or via a more seamless approach, an adequate body of data, including data to inform the risk of vaccine-associated ERD, will be needed as clinical development progresses to support the safety of vaccinating the proposed study populations and number of participants and, for later stage development, to ensure that the study design is adequate to meet its objectives.

- FDA can provide early advice, and potentially concurrence in principle, on plans for expedited/seamless clinical development. However, sponsors should plan to submit summaries of data available at each development milestone for FDA review and concurrence prior to advancing to the next phase of development.

- Conducting clinical trials in the setting of a public health emergency presents operational challenges. FDA has issued guidance to provide general considerations to assist sponsors in assuring the safety of trial participants, maintaining compliance with good clinical practice (GCP), and minimizing risks to trial integrity for the duration of the COVID-19 public health emergency. It should be noted that not all of the recommendations in that guidance may be applicable to vaccine development, given some of the different considerations for these products (Ref. 15).

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B. Trial Populations

- Once acceptable pre-clinical data are available, FIH and other early phase studies (which typically expose 10–100 participants to each vaccine candidate being evaluated) should first enroll healthy adult participants who are at low risk of severe COVID-19. Exclusion of participants at higher risk of severe COVID-19 from early phase studies is necessary to mitigate potential risk of vaccine-associated ERD until additional data to inform that potential risk becomes available through ongoing product development.

    - As the understanding of COVID-19 pathogenesis continues to evolve, exclusion criteria should reflect the current understanding of risk factors for more severe COVID-19, such as those described by the Centers for Disease Control and Prevention (Ref. 16).

    - Older adult participants (e.g., over 55 years of age) may be enrolled in FIH and other early phase studies so long as they do not have medical comorbidities associated with an increased risk of severe COVID-19. Some preliminary safety data in younger adults (e.g., 7 days after a single vaccination) should be available prior to enrolling older adult participants, especially for vaccine platforms without prior clinical experience.

    - If possible, early clinical studies should also exclude participants at high risk of SARS-CoV-2 exposure (e.g., healthcare workers).

- Sponsors should collect and evaluate at least preliminary clinical safety and immunogenicity data for each dose level and age group (e.g., younger versus older adults) to support progression of clinical development to include larger numbers (e.g., hundreds) of participants and participants at higher risk of severe COVID-19.

    - Preliminary immunogenicity data from early phase development should include assessments of neutralizing vs. total antibody responses and Th1 vs. Th2 polarization.

    - Additional data to further inform potential risk of vaccine-associated ERD and to support progression of clinical development, if available, may include preliminary evaluation of COVID-19 disease outcomes from earlier clinical development and results of non-clinical studies evaluating protection and/or histopathological markers of vaccine-associated ERD following SARS-CoV-2 challenge.

- To generate sufficient data to meet the BLA approval standard, late phase clinical trials to demonstrate vaccine efficacy with formal hypothesis testing will likely need to enroll many thousands of participants, including many with medical comorbidities for trials seeking to assess protection against severe COVID-19.

    - Initiation of late phase trials should be preceded by adequate characterization of safety and immunogenicity (e.g., in a few hundred participants for each

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vaccine candidate, dose level, and age group to be evaluated) to support general safety, potential for vaccine efficacy, and low risk of vaccine-associated ERD.

- Results of non-clinical studies evaluating protection and/or histopathological markers of vaccine-associated ERD following SARS-CoV-2 challenge and COVID-19 disease outcomes from earlier clinical development are other potentially important sources of information to support clinical trials with thousands of participants.

- Although establishing vaccine safety and efficacy in SARS-CoV-2 naïve individuals is critical, vaccine safety and COVID-19 outcomes in individuals with prior SARS-CoV-2 infection, which might have been asymptomatic, is also important to examine because pre-vaccination screening for prior infection is unlikely to occur in practice with the deployment of licensed COVID-19 vaccines. Therefore, COVID-19 vaccine trials need not screen for or exclude participants with history or laboratory evidence of prior SARS-CoV-2 infection. However, individuals with acute COVID-19 (or other acute infectious illness) should be excluded from COVID-19 vaccine trials.

- FDA encourages the inclusion of diverse populations in all phases of vaccine clinical development. This inclusion helps to ensure that vaccines are safe and effective for everyone in the indicated populations.

  - FDA strongly encourages the enrollment of populations most affected by COVID-19, specifically racial and ethnic minorities.

  - Evaluation of vaccine safety and efficacy in late phase clinical development in adults should include adequate representation of elderly individuals and individuals with medical comorbidities.

  - FDA encourages vaccine developers to consider early in their development programs data that might support inclusion of pregnant women and women of childbearing potential who are not actively avoiding pregnancy in pre-licensure clinical trials (Ref. 17).

  - It is important for developers of COVID-19 vaccines to plan for pediatric assessments of safety and effectiveness, given the nature of the COVID-19 public health emergency, and to help ensure compliance with the Pediatric Research Equity Act (PREA) (section 505B of the FD&C Act (21 U.S.C. 355c)) (Ref. 18). The epidemiology and pathogenesis of COVID-19, and the safety and effectiveness of COVID-19 vaccines, may be different in children compared with adults. In order to ensure compliance with 21 CFR Part 50 Subpart D (Additional safeguards for children in clinical investigations), considerations on the prospect of direct benefit and acceptable risk to support initiation of pediatric studies, and the appropriate design and endpoints for pediatric studies, should be discussed in the context of specific vaccine development programs.

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C. Trial Design

- Early phase trials often aim to down-select among multiple vaccine candidates and/or dosing regimens via randomization of participants to different treatment groups. While including a placebo control and blinding are not required for early phase studies, doing so may assist in interpretation of preliminary safety data.

- Later phase trials, including efficacy trials, should be randomized, double-blinded, and placebo controlled.

    - An individually randomized controlled trial with 1:1 randomization between vaccine and placebo groups is usually the most efficient study design for demonstrating vaccine efficacy. Other types of randomization, such as cluster randomization, may be acceptable but require careful consideration of potential biases that are usually avoided with individual randomization.

    - An efficacy trial that evaluates multiple vaccine candidates against a single placebo group may be an acceptable approach to further increase efficiency, provided that the trial is adequately designed with appropriate statistical methods to evaluate efficacy.

    - If the availability of a COVID-19 vaccine proven to be safe and effective precludes ethical inclusion of a placebo control group, that vaccine could serve as the control treatment in a study designed to evaluate efficacy with non-inferiority hypothesis testing.

- Protocols for adaptive trials should include pre-specified criteria for adding or removing vaccine candidates or dosing regimens, and protocols for seamless trials should include pre-specified criteria (e.g., safety and immunogenicity data) for advancing from one phase of the study to the next.

- Follow-up of study participants for COVID-19 outcomes (in particular, for severe COVID-19 disease manifestations) should continue as long as feasible, ideally at least one to two years, to assess duration of protection and potential for vaccine-associated ERD as immune responses to the vaccine wane.

- Efficacy trials should include contingency plans for continued follow up and analysis of safety and effectiveness outcomes in the event that a safe and effective vaccine becomes available (e.g., as demonstrated in a planned interim analysis or as demonstrated in another clinical trial). In that case, discussion with the agency may be necessary to address ethical arguments to break the blind and offer vaccine to placebo recipients.

- In cases where statistical equivalency testing of vaccine immune responses in humans is required to support manufacturing consistency (clinical lot-to-lot consistency trial), this testing can be incorporated into the design of an efficacy trial and does not need to be conducted in a separate study.

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D. Efficacy Considerations

- Either laboratory-confirmed COVID-19 or laboratory-confirmed SARS-CoV-2 infection is an acceptable primary endpoint for a COVID-19 vaccine efficacy trial.

    - Acute cases of COVID-19 should be virologically confirmed (e.g., by RT-PCR).

    - SARS-CoV-2 infection, including asymptomatic infection, can be monitored for and confirmed either by virologic methods or by serologic methods evaluating antibodies to SARS-CoV-2 antigens not included in the vaccine.

- Standardization of efficacy endpoints across clinical trials may facilitate comparative evaluation of vaccines for deployment programs, provided that such comparisons are not confounded by differences in trial design or study populations. To this end, FDA recommends that either the primary endpoint or a secondary endpoint (with or without formal hypothesis testing) be defined as virologically confirmed SARS-CoV-2 infection with one or more of the following symptoms:

    - Fever or chills
    - Cough
    - Shortness of breath or difficulty breathing
    - Fatigue
    - Muscle or body aches
    - Headache
    - New loss of taste or smell
    - Sore throat
    - Congestion or runny nose
    - Nausea or vomiting
    - Diarrhea

- As it is possible that a COVID-19 vaccine might be much more effective in preventing severe versus mild COVID-19, sponsors should consider powering efficacy trials for formal hypothesis testing on a severe COVID-19 endpoint. Regardless, severe COVID-19 should be evaluated as a secondary endpoint (with or without formal hypothesis testing) if not evaluated as a primary endpoint. FDA recommends that severe COVID-19 be defined as virologically confirmed SARS-CoV-2 infection with any of the following:

    - Clinical signs at rest indicative of severe systemic illness (respiratory rate ≥ 30 per minute, heart rate ≥ 125 per minute, $SpO2 \leq 93\%$ on room air at sea level or $PaO2/FiO2 < 300$ mm Hg)
    - Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation or ECMO)
    - Evidence of shock (SBP < 90 mm Hg, DBP < 60 mm Hg, or requiring vasopressors)
    - Significant acute renal, hepatic, or neurologic dysfunction

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- Admission to an ICU
- Death

- SARS-CoV-2 infection (whether or not symptomatic) should be evaluated as a secondary or exploratory endpoint, if not evaluated as a primary endpoint.

- The above diagnostic criteria may need to be modified in certain populations; for example, in pediatric patients and those with respiratory comorbidities. Sponsors should discuss their proposed case definitions with the Agency prior to initiating enrollment.

E. Statistical Considerations

- To ensure that a widely deployed COVID-19 vaccine is effective, the primary efficacy endpoint point estimate for a placebo-controlled efficacy trial should be at least 50%, and the statistical success criterion should be that the lower bound of the appropriately alpha-adjusted confidence interval around the primary efficacy endpoint point estimate is >30%.

  - The same statistical success criterion should be used for any interim analysis designed for early detection of efficacy.

  - A lower bound ≤30% but >0% may be acceptable as a statistical success criterion for a secondary efficacy endpoint, provided that secondary endpoint hypothesis testing is dependent on success on the primary endpoint.

- For non-inferiority comparison to a COVID-19 vaccine already proven to be effective, the statistical success criterion should be that the lower bound of the appropriately alpha-adjusted confidence interval around the primary relative efficacy point estimate is >-10%.

- For each vaccine candidate, appropriate statistical methods should be used to control type 1 error for hypothesis testing on multiple endpoints and/or interim efficacy analyses.

- Late phase studies should include interim analyses to assess risk of vaccine-associated ERD (see section F) and futility.

- Study sample sizes and timing of interim analyses should be based on the statistical success criteria for primary and secondary (if applicable) efficacy analyses and realistic, data-driven estimates of vaccine efficacy and incidence of COVID-19 (or SARS-CoV-2 infection) for the populations and locales in which the trial will be conducted.

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F. Safety Considerations

- The general safety evaluation of COVID-19 vaccines, including the size of the safety database to support vaccine licensure, should be no different than for other preventive vaccines for infectious diseases. Safety assessments throughout clinical development should include:

  - Solicited local and systemic adverse events for at least 7 days after each study vaccination in an adequate number of study participants to characterize reactogenicity (including at least a subset of participants in late phase efficacy trials).

  - Unsolicited adverse events in all study participants for at least 21–28 days after each study vaccination.

  - Serious and other medically attended adverse events in all study participants for at least 6 months after completion of all study vaccinations. Longer safety monitoring may be warranted for certain vaccine platforms (e.g., those that include novel adjuvants).

  - All pregnancies in study participants for which the date of conception is prior to vaccination or within 30 days after vaccination should be followed for pregnancy outcomes, including pregnancy loss, stillbirth, and congenital anomalies.

- The pre-licensure safety database for preventive vaccines for infectious diseases typically consists of at least 3,000 study participants vaccinated with the dosing regimen intended for licensure. FDA anticipates that adequately powered efficacy trials for COVID-19 vaccines will be of sufficient size to provide an acceptable safety database for each of younger adult and elderly populations, provided that no significant safety concerns arise during clinical development that would warrant further pre-licensure evaluation.

- COVID-19 vaccine trials should periodically monitor for unfavorable imbalances between vaccine and control groups in COVID-19 disease outcomes, in particular for cases of severe COVID-19 that may be a signal for vaccine-associated ERD.

  - Studies should include pre-specified criteria for halting based on signals of potential vaccine-associated ERD.

  - FDA recommends use of an independent data safety monitoring board (DSMB) (Ref. 18) for vaccine-associated ERD and other safety signal monitoring, especially during later stage development.

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VI. POST-LICENSURE SAFETY EVALUATION – KEY CONSIDERATIONS

A. General Considerations

- As with all licensed vaccines, there can be limitations in the safety database accrued from the pre-licensure clinical studies of a COVID-19 vaccine. For example:
    - The number of subjects receiving a COVID-19 vaccine in pre-licensure clinical studies may not be adequate to detect some adverse reactions that may occur infrequently.
    - Pre-licensure safety data in some subpopulations likely to receive a COVID-19 vaccine (e.g., pregnant individuals, or individuals with medical comorbidities) may be limited at the time of licensure.
    - For some COVID-19 vaccines, the safety follow-up period to monitor for possible vaccine-associated ERD and other adverse reactions may not have been completed for all subjects enrolled in pre-licensure clinical studies before the vaccine is licensed.

- For COVID-19 vaccines, it is likely that during the early postmarketing period, a large population might be vaccinated in a relatively short timeframe. Thus, FDA recommends early planning of pharmacovigilance activities before licensure.

- To facilitate accurate recording and identification of vaccines in health records, manufacturers should consider establishment of individual Current Procedural Terminology (CPT) codes and the use of bar codes to label the immediate container.

B. Pharmacovigilance Activities for COVID-19 Vaccines

- Routine pharmacovigilance for licensed biological products includes expedited reporting of serious and unexpected adverse events as well as periodic safety reports in accordance with 21 CFR 600.80 (Postmarketing reporting of adverse experiences).

- FDA recommends that at the time of a BLA submission for a COVID-19 vaccine, applicants submit a Pharmacovigilance Plan (PVP) as described in the FDA Guidance for Industry; E2E Pharmacovigilance Planning (Ref. 20). The contents of a PVP for a COVID-19 vaccine will depend on its safety profile and will be based on data, which includes the pre-licensure clinical safety database, preclinical data, and available safety information for related vaccines, among other considerations.

- The PVP should include actions designed to address all important identified risks, important potential risks or important missing information. Pharmacoepidemiologic studies or other actions to evaluate notable potential risks, such as vaccine-associated ERD, should be considered. FDA may recommend one or more of the following as components of a PVP for a COVID-19 vaccine:

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- Submission of reports of specific adverse events of interest in an expedited manner beyond routine required reporting;
- Submission of adverse event report summaries at more frequent intervals than specified for routine required reporting;
- Ongoing and/or extended safety follow-up (under an IND) for vaccine-associated ERD of subjects enrolled in pre-licensure clinical studies;
- A pharmacoepidemiologic study to further evaluate (an) important identified or potential risk(s) from the clinical development program, such as vaccine-associated ERD or other uncommon or delayed-onset adverse events of special interest;
- A pregnancy exposure registry that actively collects information on vaccination during pregnancy and associated pregnancy and infant outcomes (Ref. 21).

C. Required Postmarketing Safety Studies

- Section 505(o)(3) of the FD&C Act (21 U.S.C. 355(o)(3)) authorizes FDA to require certain postmarketing studies or clinical trials for prescription drugs approved under section 505(b) of the FD&C Act (21 U.S.C. 355(b)) and biological products approved under section 351 of the PHS Act (42 U.S.C. 262) (Ref. 22). Under section 505(o)(3), FDA can require such studies or trials at the time of approval to assess a known serious risk related to the use of the drug, to assess signals of serious risk related to the use of the drug, or to identify an unexpected serious risk when available data indicate the potential for a serious risk. Under section 505(o)(3), FDA can also require such studies or trials after approval if FDA becomes aware of new safety information, which is defined at section 505-1(b)(3) of the FD&C Act (21 U.S.C. 355-1(b)(3)).

- For COVID-19 vaccines, FDA may require postmarketing studies or trials to assess known or potential serious risks when such studies or trials are warranted.

VII. DIAGNOSTIC AND SEROLOGICAL ASSAYS – KEY CONSIDERATIONS

- Diagnostic assays used to support the pivotal efficacy analysis (e.g., RT-PCR) should be sensitive and accurate for the purpose of confirming infection and should be validated before use.

- Assays used for immunogenicity evaluation should be suitable for their intended purpose of assessing relevant immune responses to vaccination and be validated before use in pivotal clinical trials.

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VIII. ADDITIONAL CONSIDERATIONS

A. Additional Considerations in Demonstrating Vaccine Effectiveness

- Given the current state of knowledge about COVID-19, the most direct approach to demonstrate effectiveness for a COVID-19 vaccine candidate is based on clinical endpoint efficacy trials showing protection against disease (see section V. D. above).

- Once additional understanding of SARS-CoV-2 immunology, and specifically vaccine immune responses that might be reasonably likely to predict protection against COVID-19, is acquired, accelerated approval of a COVID-19 vaccine pursuant to section 506 of the FD&C Act (21 U.S.C. 356) and 21 CFR 601.40 may be considered if an applicant provides sufficient data and information to meet the applicable legal requirements. For a COVID-19 vaccine, it may be possible to approve a product under these provisions based on adequate and well-controlled clinical trials establishing an effect of the product on a surrogate endpoint (e.g., immune response) that is reasonably likely to predict clinical benefit.

- A potential surrogate endpoint likely would depend on the characteristics of the vaccine, such as antigen structure, mode of delivery, and antigen processing and presentation in the individual vaccinated. For example, an immune marker established for an adenovirus-based vaccine cannot be presumed applicable to a VSV-based vaccine, given that the two vaccines present antigen in different ways and engender different types of protective immune responses.

- Since SARS-CoV-2 represents a novel pathogen, a surrogate endpoint reasonably likely to predict protection from COVID-19 should ideally be derived from human efficacy studies examining clinical disease endpoints. If the surrogate endpoint is derived from other data sources, sponsors should consult the FDA to reach agreement on the use of the surrogate endpoint.

- An adequate dataset evaluating the safety of the vaccine in humans would need to be provided for consideration of licensure.

- For drugs granted accelerated approval, postmarketing confirmatory trials have been required to verify and describe the predicted effect on clinical benefit. These studies should usually be underway at the time of the accelerated approval, 21 CFR Part 601, Subpart E, and must be completed with due diligence (section 506(c)(3)(A) of the FD&C Act (21 U.S.C. 356(c)(3)(A)) and 21 CFR 601.41).

- If it is no longer possible to demonstrate vaccine effectiveness by way of conducting clinical disease endpoint efficacy studies, the use of a controlled human infection model to obtain evidence to support vaccine efficacy may be considered. However, many issues, including logistical, human subject protection, ethical, and scientific issues, would need to be satisfactorily addressed. At this

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time no controlled human infection models for SARS-CoV-2 have been established or characterized.

B. Emergency Use Authorization

- An Emergency Use Authorization (EUA) may be issued only after several statutory requirements are met (section 564 of the FD&C Act (21 U.S.C. 360bbb-2)) (Ref. 23). Among these requirements is a determination by FDA that the known and potential benefits of a product, when used to diagnose, prevent, or treat serious or life-threatening diseases, outweigh the known and potential risks of the product.

- Issuance of an EUA (Ref. 23) may be appropriate for a COVID-19 vaccine provided the standard for issuing an EUA is met. Issuance of an EUA for a COVID-19 vaccine prior to the completion of large randomized clinical efficacy trials could reduce the ability to demonstrate effectiveness of the investigational vaccine in a clinical disease endpoint efficacy trial to support licensure, and such clinical disease endpoint efficacy trials may be needed to investigate the potential for vaccine-associated ERD. Thus, for a vaccine for which there is adequate manufacturing information, issuance of an EUA may be appropriate once studies have demonstrated the safety and effectiveness of the vaccine but before the manufacturer has submitted and/or FDA has completed its formal review of the biologics license application.

- In the case of investigational vaccines being developed for the prevention of COVID-19, any assessment regarding an EUA would be made on a case by case basis considering the target population, the characteristics of the product, the preclinical and human clinical study data on the product, and the totality of the available scientific evidence relevant to the product.

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* When finalized, this guidance will represent FDA's current thinking on this topic.

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BBIL/BBV152-C/2020

Case Report Form

An Event-Driven Phase 3 Randomized, Double-blind, Placebo-controlled, Multicenter Study to Evaluate the Efficacy, Safety, Immunogenicity and Lot-to-Lot consistency of BBV152, a Whole-virion Inactivated SARS-CoV-2 Vaccine in Adults ≥18 Years of Age.

Site Code:			
Screening Number			
Randomization Number			

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INSTRUCTIONS ON HOW TO USE THIS CRF

1. Use black ink

All entries must be legible and with a black ballpoint pen.

2. Notes

Only the Investigator and site personnel named in the delegation log may complete CRFs. The Investigator should ensure that he/she signs and dates all completed CRFs to indicate that he/she believes that they are complete and correct.

Check that the data reported on the CRFs, derived from Source Document, is consistent.

If you cannot complete part of the form, write down "Unknown" [UK], "Uncertain" [UC], and "Test Not Done" [TND]. Avoid using the phrase 'Not Applicable' [NA].

Dates should be mentioned as dd/mmm/yyyy and time in 24-hour clock as hh/mm (for e.g. 1.03 pm as 13:03 hrs).

For reasons of confidentiality, the subject's full name should never appear on the CRFs, however the investigator should keep a record of all subjects in the study that identifies the subject's full name and their code number. Enter the subject's initials in the order of 'surname', 'first initial', and 'second initial'. In case of only two initials mark the third box as '__'

Each subject will be assigned a 3-digit screening number in an ascending order. For e.g. first subject screening No. 001, second one will be 002, etc.

The Investigator should comment on and document any significance noted on the CRFs for any laboratory values outside the laboratory's reference range, or some other range agreed with the sponsor to avoid the generation of data queries.

3. Make no erasures

When corrections to entries in the CRF need to be done, the erroneous information must be crossed out with a single line so that the incorrect entry is still readable, the new entry made, and the changes initialed and dated. Do not scribble. On no account, should erasures and correction fluid be used.

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4. Resolve or explain all inconsistencies noted in the record

Ensure all data entries in the CRF are clearly written in order to avoid generation of data queries. A note of explanation must be included before dismissing as inaccurate any clinically relevant information noted in the chart or log.

5. Note any omissions

Omitted data should be entered in the next available space with an explanation of the lateness of the entry.

6. Leave no blank spaces

All blank spaces or section of the CRF should have a line drawn through them once the date passes.

7. Sign documents cautiously

No research document should be signed / initialed unless it accurately reflects the clinical situation described. A blank CRF must never be signed. The date of the signature should reflect the date on which the record was reviewed. The signatures and the initials should be the same as that provided in the Site Personnel Signature Log.

8. Additional pages

Add additional pages (e.g. comments page, concomitant medication page etc) wherever applicable and number them as – Page XXa of XX. For e.g. Page 1a of 1

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SCHEDULE OF EVENTS

Parameters	Visit 1	Visit 2											
	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Informed consent	✓												
Inclusion/ exclusion criteria	✓												
Screening number	✓												
Demography	✓												
Urine pregnancy test	✓	✓											
Blood sample for Immunogenicity	✓												
Nasopharyngeal Swab	✓												
Randomization	✓												
Vitals (Including pulse Oxymetry) & General & Systemic Examination	✓	✓											
Investigational vaccine administration	✓	✓											
Subject Diary distribution	✓	✓											
Concomitant medication	✓	✓	As applicable for treatment of SAE and MAAE										
Current Health Status	✓	✓											
COVID-19 Symptoms examination	✓	✓											
Adverse event recording	✓	✓	✓	SAEs and MAAEs									
Telephonic follow-up (2 times/month) [Current health, General History, COVID-19 Symptom history, Adverse Event recording]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: 5 ml of blood will be collected from the participants in case they met the efficacy criteria for future research purpose

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VISIT 1
BASELINE (MONTH 0)

Was the visit conducted: ☐ **YES** ☐ **NO**

Date of Visit:

D	D	M	M	M	Y	Y	Y	Y

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CURRENT HEALTH STATUS

VITALS **Not** ☐ **done**

	Date	Time	Temperature (°F)	Blood Pressure (mmHg) *Systolic / Diastolic*	Respiratory Rate (Breaths/min)	Pulse Rate (Beats/min)	Oxygen saturation (SpO2) %
1	__/__/__	__:__	_____	_____/ _____	_____	_____	_____

Comments, If any:

GENERAL EXAMINATION ☐ **Not done**

	Observation		Describe Abnormality (Diagnosis when possible)
Pallor	Absent ☐	Present ☐	
Cyanosis	Absent ☐	Present ☐	
Hair	Normal ☐	Abnormal ☐	
Nails	Normal ☐	Abnormal ☐	
Icterus	Absent ☐	Present ☐	
Edema	Absent ☐	Present ☐	
Lymphadenopathy	Absent ☐	Present ☐	
Other: (specify)	Normal ☐	Abnormal ☐	

Comments, If any: Describe Abnormality (if required attach a sheet)

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SYSTEMIC EXAMINATION ☐ **Not done**

	Observation		Describe Abnormality (Additional Lab/Diagnostic Reports to be enclosed-if any)
Head and Neck	Normal ☐	Abnormal ☐	
Eyes	Normal ☐	Abnormal ☐	
Ear, Nose & Throat	Normal ☐	Abnormal ☐	
Respiratory	Normal ☐	Abnormal ☐	
Cardiovascular	Normal ☐	Abnormal ☐	
Gastrointestinal	Normal ☐	Abnormal ☐	
Genitourinary	Normal ☐	Abnormal ☐	
Musculoskeletal	Normal ☐	Abnormal ☐	
Nervous	Normal ☐	Abnormal ☐	
Hematopoietic / Lymphatic	Normal ☐	Abnormal ☐	
Skin	Normal ☐	Abnormal ☐	
Psychiatric	Normal ☐	Abnormal ☐	
Other: (specify)	Normal ☐	Abnormal ☐	

Comments, If any: Describe Abnormality (if required attach a sheet)

CONCOMITANT ILLNESS (CI) / Any symptoms related to COVID-19 also
(If Yes, please specify) **Yes** ☐ **No** ☐

S.No:	Conditions	Start Date: DD/ MMM/ YYYY	End Date: DD/ MMM/ YYYY	*Duration (days)	Treatment Yes**/No

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***Specify duration only if the complete start date and end date is not known**

****If "yes" is mentioned for the treatment, please enlist details of the treatment in "concomitant/prior medication" page**

CONCOMITANT/PRIOR MEDICATION

Any change in Concomitant medication since last visit	Yes		No		NA	

If "yes" is mentioned, please enlist details of the treatment in "concomitant/prior medication" page

BLOOD SAMPLE COLLECTION

Amount of sample collected (mL)	**Date** ___/_____/_____ DD/ MMM / YYYY	**Time** ____:____ HH / MM

Comments, If any:

Pregnancy test (RDK)(Please tick)	Positive ☐ Negative ☐ NA ☐

AT-RISK PARTICIPANT CHECK LIST

- ☐ Stable chronic heart disease
- ☐ Stable chronic lung disease
- ☐ Controlled Diabetic
- ☐ Stable Liver Disease
- ☐ Severe obesity (BMI >35)
- ☐ Health care professional/works in hospital
- ☐ None of the above

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INVESTIGATIONAL VACCINE ADMINISTRATION			
Randomization number			
Date of administration (dd/mmm/yyyy)		**Time of administration**	
Dose		**Route of administration**	
Vial number			
Immediate post-vaccination assessment (30 min after vaccine) was done?			Yes☐N o☐
Any AE/SAE has occurred immediately after vaccination? If Yes, please record in AE/SAE form			Yes☐No☐
Subject Diary card issued? If yes, mention the date			Yes☐N o☐ ___/_____/_____ **DD/ MMM / YYYY**
Comments, if any			
Participant briefed on next visit? Yes☐ No☐			

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TELEPHONIC FOLLOW-UP

(TILL 7 DAYS POST-VACCINATION)

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TELEPHONIC FOLLOW UP (DAILY TELEPHONIC CONTACT FOR 7 DAYS AFTER THE INVESTIGATIONAL VACCINE ADMINISTRATION)		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		

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TELEPHONIC FOLLOW UP (DAILY TELEPHONIC CONTACT FOR 7 DAYS AFTER THE INVESTIGATIONAL VACCINE ADMINISTRATION)		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of Contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		

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VISIT 2

MONTH '1'

Was the visit conducted: ☐ **YES** ☐ **NO**

Date of Visit:

D	D	M	M	M	Y	Y	Y	Y

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CURRENT HEALTH STATUS

VITALS						Not done ☐	
	Date	Time	Temperature (°F)	Blood Pressure (mmHg) *Systolic / Diastolic*	Respiratory Rate (Breaths/min)	Pulse Rate (Beats/min)	Oxygen saturation (SpO2) %
1	__/__/__	__:__	_____	_____ / _____	_____	_____	_____
Comments, If any:							

GENERAL EXAMINATION			Not done ☐
	Observation		Describe Abnormality (Diagnosis when possible)
Pallor	Absent ☐	Present ☐	
Cyanosis	Absent ☐	Present ☐	
Hair	Normal ☐	Abnormal ☐	
Nails	Normal ☐	Abnormal ☐	
Icterus	Absent ☐	Present ☐	
Edema	Absent ☐	Present ☐	
Lymphadenopathy	Absent ☐	Present ☐	
Other: (specify)	Normal ☐	Abnormal ☐	
Comments, If any: Describe Abnormality (if required attach a sheet)			

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SYSTEMIC EXAMINATION **Not** ☐ **done**

	Observation		Describe Abnormality (Additional Lab/Diagnostic Reports to be enclosed-if any)
Head and Neck	Normal ☐	Abnormal ☐	
Eyes	Normal ☐	Abnormal ☐	
Ear, Nose & Throat	Normal ☐	Abnormal ☐	
Respiratory	Normal ☐	Abnormal ☐	
Cardiovascular	Normal ☐	Abnormal ☐	
Gastrointestinal	Normal ☐	Abnormal ☐	
Genitourinary	Normal ☐	Abnormal ☐	
Musculoskeletal	Normal ☐	Abnormal ☐	
Nervous	Normal ☐	Abnormal ☐	
Hematopoietic / Lymphatic	Normal ☐	Abnormal ☐	
Skin	Normal ☐	Abnormal ☐	
Psychiatric	Normal ☐	Abnormal ☐	
Other: (specify)	Normal ☐	Abnormal ☐	

CONCOMITANT ILLNESS (CI) /Any symptoms related to COVID-19 also **Yes** ☐ **No** ☐
(If Yes, please specify)

S. No:	Conditions	Start Date: DD/ MMM/ YYYY	End Date: DD/ MMM/ YYYY	*Duration (days)	Treatment Yes**/No

***Specify duration only if the complete start date and end date is not known**

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****If "yes" is mentioned for the treatment, please enlist details of the treatment in "concomitant/prior medication" page**

CONCOMITANT/PRIOR MEDICATION						
Any change in concomitant medication since last visit	Yes		No		N A	
If "yes" is mentioned, please enlist details of the treatment in "concomitant/prior medication" page						

BLOOD SAMPLE COLLECTION		
Amount of sample collected (mL)	**Date** ___/_____/_____ DD / MMM / YYYY	**Time** _____:____ HH / MM
Comments, If any:		
Pregnancy Test-RDK(Please tick)	Positive ☐ Negative ☐ NA ☐	

INVESTIGATIONAL VACCINE ADMINISTRATION			
Randomization number			
Date of administration (dd/mmm/yyyy)		**Time of administration**	
Dose		**Route of administration**	

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Vial number			
Immediate post-vaccination assessment (2 hours after vaccine) was done?			Yes☐N o☐
Any AEs/SAEs has occurred immediate after vaccination? **If Yes, please record in AE/SAE form**			Yes☐No☐
Subject Diary card issued / reviewed? **If yes, mention the date**			Yes☐N o☐ ___/_____/_____ **DD/ MMM / YYYY**
Comments, if any			
Any AEs/SAEs has occurred since last visit? **If Yes, please record in AE/SAE form**			Yes☐No☐
Comments, if any			
Participant briefed on next visit? Yes☐ No☐			

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TELEPHONIC FOLLOW-UP

(TILL 7 DAYS POST VACCINATION)

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TELEPHONIC FOLLOW UP (DAILY TELEPHONIC CONTACT FOR 7 DAYS AFTER THE INVESTIGATIONAL VACCINE ADMINISTRATION)		
Was the Participant followed up on Day 29?	Yes ☐ No ☐	Date of contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up ?	Yes ☐ No ☐	Date of contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form		
Was the Participant followed up?	Yes ☐ No ☐	Date of contact: D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to		

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TELEPHONIC FOLLOW UP (DAILY TELEPHONIC CONTACT FOR 7 DAYS AFTER THE INVESTIGATIONAL VACCINE ADMINISTRATION)			
AE form			
Was the Participant followed up?	Yes ☐ No ☐	Date of contact:	D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form			
Was the Participant followed up ?	Yes ☐ No ☐	Date of contact:	D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form			
Was the Participant followed up ?	Yes ☐ No ☐	Date of contact:	D D M M M Y Y Y Y
Did the Participant report any AE? If yes, please specify and transcribe to AE form			

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MONTH '2'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up: D D M M M Y Y Y Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '3'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '4'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up: D D M M M Y Y Y Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '5'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up: D D M M M Y Y Y Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '6'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '7'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

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MONTH '8'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up: D D M M M Y Y Y Y

Telephonic Follow-up questionnaire is attached as Annexure -I

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1626

MONTH '9'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1627

MONTH '10'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1628

MONTH '11'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1629

MONTH '12'

Telephonic Follow-up conducted: ☐ **YES** ☐ **NO**

Date of Follow-up:

D	D	M	M	M	Y	Y	Y	Y

Telephonic Follow-up questionnaire is attached as Annexure -I

Mensagem Parte 06 (0021610012) SEI 25000.100536/2021-98 / pg. 1630

Subject: Re: Documentação prévia à submissão - Covaxin
Date: Tuesday, 1 June 2021 15:43:10 India Standard Time
From: Emanuela Medrades
To: Maria Fernanda Reis e Silva Thees, Assessoria da Gerencia Geral de Medicamentos
CC: Gustavo Mendes Lima Santos, Brenda Gomes Valente, Helaine Carneiro Capucho, Francis Carazzai Reisdorfer, Carolina Damas Rocha Zarate Blades, Daniela Marreco Cerqueira
Attachments: image001.jpg, image002.jpg, image003.jpg, image004.jpg, image005.jpg, image006.jpg, image007.jpg, image008.jpg, image009.jpg, image010.jpg, Phase 3 Efficacy Study 2nd Interim Report-2.pdf, Collated_PD_BBV152.xlsx, Subjects_Visits_BBV152_STATUS2_interim_report.xlsx, Day 42 Positive Cases_ FEndPoint.xlsx

Fernanda, bom dia.

Em complemento as repostas enviadas ontem, compartilho os dados utilizados para apreciação, sendo:

1. **Collatect_PD_BBV152** – Referente aos desvios de protocolos de menor impacto, com sua descrição e ação corretiva/preventiva.
2. **Subjects_Visits_BBV152_STATUS2_Interim_report** – Fornecida pela equipe responsável pelo IWRS, onde é possível ver os 24.432 participantes que haviam recebido a primeira e segunda dose além de outras informações como screening number, gênero, idade, data de cada uma das visitas e status do participante. (*Enrolled, discontinued, unblided*...)
3. **DAY 42 Positive Cases_FEndpoint** – Informações disponibilizadas pelo IQVIA com os 127 casos de Covid19 Sintomáticos utilizados para o desfecho primário do estudo. No documento é fornecido as seguintes informações:

    - as datas da primeira e segunda dose,
    - data do follow-up de 42 dias,
    - os sintomas informados pelo participante,
    - a data do PCR positivo,
    - Quantos dias após primeira e segunda dose,
    - Informações clínicas como SpO2, exames de imagem e outros quando aplicável,
    - Terapia medicamentosa para tratamento do Covid19, e
    - Observação se o mesmo se enquadra no critério de Covid19 grave conforme Guideline do FDA.

Envio novamente o segundo relatório interino de fase 3 o qual essas informações se referem, para facilitar e permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Thursday, 20 May 2021 20:21
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Bom dia, Emanuela

Sobre a documentação protocolada para análise prévia da Anvisa, encaminho os questionamentos referentes à parte clínica, para que a empresa já possa providenciar as respostas.

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: terça-feira, 18 de maio de 2021 13:26
Para: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Amanda Santo <amanda.santo@precisamedicamentos.com.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Daniela Marreco Cerqueira <Daniela.Cerqueira@anvisa.gov.br>
Assunto: Re: Documentação prévia à submissão - Covaxin

Fernanda, boa tarde. Como vai ?

Como estamos tratando mais de um assunto ao mesmo tempo, as informações estão ficando um pouco sobrepostas. Abaixo separei por itens em atual tratativa junto a agência:

- Os documentos que foram enviados nessa pasta do OneDrive são referentes ao processo 25351455725202115 e Expediente Nº 1809912212 realizado no dia 11/05/21 com assunto 11800, para que a ANVISA possa analisar o documento de uma maneira formal. Esse protocolo foi feito

para que após a análise de vocês, em a documentação estando de acordo, a Precisa possa dar continuidade no processo de pedido de importação excepcional através do Ministério da Saúde.

- Quanto ao DDCM, pedimos uma reunião junto a CONEP e gostaria de contar com a sua participação, bem como da Brenda e do Francis, para tratarmos das questões apresentadas no termo de compromisso. Hoje estaremos aditando o DDCM para inserir os detalhes das SAEs dos ensaios clínicos, a relação causal, inclusive dos óbitos conforme solicitado.

- E também, para manter todos na mesma página, teremos uma reunião amanhã com a GGFIS onde a BBIL irá apresentar todas as ações atendidas do CAPA para seguirmos com o Peticionamento do CBPF.

Apesar de ter resumido acima cada uma das atividades, iremos nos organizar sempre em e-mails separados para cada um, para uma melhor comunicação.

Permanecemos a disposição,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Tuesday, 18 May 2021 18:10
To: Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>, Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Bom dia, Amanda

Vc se refere à documentação do DDCM ou da submissão prévia à importação? Os links eram os mesmos? Só para estarmos na mesma página, o que queríamos era que a empresa informasse qual documento

enviado na submissão prévia à importação seria diferente ou com novas informações em comparação com o que foi encaminhado no DDCM.
Foi isso que a empresa disponibilizou?

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Amanda Santo <amanda.santo@precisamedicamentos.com.br>
Enviada em: segunda-feira, 17 de maio de 2021 21:39
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Claudiosvam Martins Alves de Sousa <Claudiosvam.Alves@anvisa.gov.br>
Assunto: RES: Documentação prévia à submissão - Covaxin

Olá, boa noite a todos.

Maria Fernanda, atualizamos as pastas e acredito ter retirado as informações enviadas anteriormente. Pedimos novamente desculpas pelo transtorno.

Retiramos as seguintes informações, por já estarem na documentação enviada anteriormente:

- Relatório pré-clínicos e de imunogenicidade;
- Dados de segurança acumulados, fases I, II e III
- TCLE
-

Segue link com a atualização:

https://globalgestaosaude.sharepoint.com/:f:/s/EUL-Covaxin/EtIt8u7vN3NHsEiqSm1uT54BKQMpqGxj6riJ5nWaisI5wQ?e=hEpyPt

Permanecemos à disposição.
Atenciosamente,

Amanda Santo
Departamento Técnico Regulatório

Office: Av. Tamboré, 267, 28º andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 11 9 6860-4826
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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: segunda-feira, 17 de maio de 2021 16:40
Para: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Amanda Santo <amanda.santo@precisamedicamentos.com.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Claudiosvam Martins Alves de Sousa <claudiosvam.alves@anvisa.gov.br>
Assunto: Re: Documentação prévia à submissão - Covaxin

Fernanda, bom dia.

Pedimos desculpas pelo retrabalho e informo que iremos atuar na separação destes documentos, mas como alguns foram peticionados diretamente pelo Einstein, é provável que não iremos ter 100% do controle.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Tuesday, 18 May 2021 00:42
To: Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>, Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>, Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>, "dire2@anvisa.gov.br" <dire2@anvisa.gov.br>, Segunda Diretoria <diretoria2@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>, Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>, Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>, Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>, "daniela.marreco@anvisa.gov.br" <daniela.marreco@anvisa.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Claudiosvam Martins Alves de Sousa <claudiosvam.alves@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Prezada Amanda,

Solicitamos que sejam sinalizados quais documentos são diferentes em comparação ao que foi enviado para o DDCM e cumprimentos de exigência. Verificamos que há muita informação repetida e gostaríamos de nos concentrar naquilo que for diferente.
Seria possível o envio dessa informação ainda hoje?

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Amanda do Espirito Santo <amanda.santo@precisamedicamentos.com.br>
Enviada em: quinta-feira, 6 de maio de 2021 16:21
Para: Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades

<CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Claudiosvam Martins Alves de Sousa <Claudiosvam.Alves@anvisa.gov.br>
Assunto: Documentação prévia à submissão - Covaxin

Boa tarde a todos.

Prezados,

Em continuação de nossa reunião do dia 30/04, compartilho os documentos para apreciação prévia a submissão, conforme combinado.

Estamos enviando em formato de link, por não ser possível enviar através de e-mail.
https://www.dropbox.com/sh/oa6jzkovu57kzin/AAD0QslClUyqynQYeq9F4VXHa?dl=0

Obrigada mais uma vez pela disponibilidade.

Permanecemos a disposição.

Atenciosamente,

Amanda Santo
Departamento Técnico Regulatório

Office: Av. Tamboré, 267, 28º andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 11 9 6860-4826
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MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER **MADISON BIOTECH PTE LIMITED** **31 Cantonment Road** **Singapore -089747** **Company Registration No: 202005277E**	**MANUFACTURER** **BHARAT BIOTECH INTERNATIONAL LIMITED** **Genome Valley, Shameerpet** **Hyderabad - 500 078** **Telangana, Índia**

No & Date **No: MAD/HM/2021/07** **11 June 2021**	**Exporter's Ref**
Buyer's Order No :	
Other Reference(s)	

CONSIGNEE **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A, 4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500 BRASIL)**	**BUYER** **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A, 4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500 BRASIL)**

Pre Carriage By	**Place of Receipt By Pre-Carrier**	**Country of Origin of Goods** **INDIA**	**Country of Final Destination** **BRAZIL**
Vessel / Flight No	**Port of Loading** **HYDERABAD, INDIA**		
Port of Discharge	**Final Destination** **GUARULHOS AIPORT, BR** **Gross weight: 8856.2 Kg** **Net weight: 8364.4 Kg**	**Dispatched by Dispatch**	**: FCA Hyderabad/Brazil** **: a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil** **b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India**
		Currency	**USD**

Brazil	PRODUCT	PACK SIZE	Quantity	USD Unit Price
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial 10 doses/vial	4.000.000	15,00

Bank name DBS Bank.
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.
Account number: 0720224590
IFSC Code: DBSS0IN0811
SWIFT Code: DBSSSGSG.

NCM 3002.20.29 Shelf-life

6 (six) months from mfg date.

Insurance	67,500.00
Air Freight	862,367.02
Total Value	**60,000,000.00**

Amount in words :USD SIXTY MILLION ONLY.

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

For, MADISON BIOTECH PTE. LTD.

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

AUTHORISED SIGNATORY

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Summary information on the final lots

Name and Address of Manufacturer	Bharat Biotech International Limited, Genome Valley, Shameerpet (M), Medchal District - 500 078, Telangana, India.
Generic Name	Whole Virion, Inactivated Corona Virus Vaccine
Manufacturing License No	03/HD/AP/98/V/R
Licensed Brand Name	Whole Virion, Inactivated Corona Virus Vaccine
Strain of the virus seed	SARS-CoV-2 Virus strains
Name of the substrate used for production	Vero Cells
Nature of the Finished Product	Adjuvanted Vaccine
Batch No.	37F21046A
Date of Manufacture	04/21
Date of Expiry	09/21
No. of Filled Units for Release	41130
Recommended Storage Temperature	2°C to 8°C
Adjuvant used	ALGEL IMDG
Preservative used	2 Phenoxyethanol
Volume of the vaccine in each	5.0 mL in 5.0 mL Vial
Potency of the Vaccine	7.2 µg/SHD
Dose Size	0.5 mL
No. of Doses per Unit	10 doses
Shelf-life approved(months)	6 Months
Specimen copy of the Label	

Signature/Date: Vijaya 10/05/2021

Name: N. VIJAYA LAKSHMI

Department: Quality Assurance

UNCONTROLLED COPY

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1639

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Control of Source Material

Cell Seed (MCB)	
Name and identification of cell strain	Vero MCB P/N : BHAMC 1 . FP, L/N:3006-104986
History of origin of cell strain	ATCC USA, Vero ATCC CCL -81 Lot F-11497.
Source of cell strain	Prepared and characterized at BioReliance
Date of procurement	25-03-04 procured from BioReliance Rockville, MD,USA
No.of bottle/ vials procured	25x1 mL
Passage level of cells	P # 133
Storage conditions	Liquid Nitrogen gaseous phase
Authority that approved cell seed	National Regulatory Authority, India IP
Manufacturer's Working Cell Bank (MWCB)	
Lot number	60120001A
Date approved	Permission obtained under post approval change on 05/04/2019 by DCG(I) vide letter No.6F.N-12-78/BBIL-PAC-vero Bank/17-BD
Date MWCB was established	31/03/2020
Total number of CryoUnits stored	750
Passage level of MWCB	P#138
Maximum passage approved for MWCB	P#159
Storage conditions	In vapour phase of Liquid Nitrogen

Identity test:

Specification	Should show 222 bp band after PCR amplification in Gel Analysis for AGMK species
Method	PCR method
Date of Test	15/05/2020
Date of completion	16/05/2020
Result	222 bp band observed

Adventitious agents
Method :In vivo method
Test in suckling mice:

Specification	Should be free from Adventitious agents.
Number of animals tested	30
Wt. range	Less than 0- 24 hrs old
Route of inoculation	I/C, I/P
Quantity injected	1 x 10^7 cells /route 0.1mL through I/P and 0.01mL through I/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Result	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Test in adult mice:	
Number of animals tested	20
Wt. range	15-20 gms.
Route of inoculation	I/C, I/P
Quantity injected	1 x 10^7 cells /route 0.5mL through I/P and 0.03mL through I/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Results	Free from Adventitious agents
Test in guinea pigs:	
Number of animals tested	10
Wt. range	350 - 500 gms
Route of inoculation	IP/IC
Quantity injected	1 x 10^7 cells /route 5.0mL through I/P and 0.1mL through I/C
Date of inoculation	19/05/2020
Date of completion	30/06/2020
Observation period	42 days
Results	Free from Adventitious agents
Test in rabbits:	
Number of animals tested	10
Wt. range	1.5 – 2.5 kgs
Route of inoculation	I/D, S/C
Quantity injected	1 x 10^7 cells /route 1.0 mL through I/D and 5.0mL through S/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Result	Free from Adventitious agents
Test in embryonated eggs:	
Method	In-vivo method (Embryonated chicken eggs (5-7 days & 9-11 days old)
Date of test	02/07/2020
Date of completion	16/07/2020
Qty. Inoculated	1 x10^6 cells /route 1.0mL through allantoic cavity and 1.0mL through Yolk sac)
No. of eggs	20
Observation period	14 days
Result	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Identity test:
Adventitious agents:
In-vitro method:

Method	3 Indicator Cell lines (Vero cells, MRC-5 & Hep 2C cells)
Specification	Free from Adventitious agent
Qty. inoculated	1 x 10^7 cells in 10 mL/cell line
Date of test	22/05/2020
Date of completion	05/06/2020
Observation period	14 days
Result	Free from Adventitious agents

Mycoplasma Test

Method	PCR method
Specification	Should be Negative for Mycoplasma species
Date of test	15/07/2020
Date of Completion	16/07/2020
Observation period	1 day
Result	Negative for Mycoplasma species

Sterility test

Method	Direct Inoculation
Specification	No Growth should be observed
Date of test	15/04/2020
Date of completion	29/04/2020
Observation period	14 days
Result	No Growth observed (sterile)

Haemadsorption test

Method	Guinea Pig RBCs method
Specification	Should be free from Heamadsorbing viruses.
Date of test	04/05/2020
Date of completion	04/05/2020
Observation period	1 day
Result	Free from Heamadsorbing viruses

Growth Characteristics

Method	Subculture method.
Specification	Cells should be healthy and growing
Date of test	24/04/2020
Date of completion	28/04/2020
Observation period	4 days
Result	Cells are healthy and growing

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Homogeneity Test

Method	Dye exclusion cell counting
Specification	90% to 110% recovery should be observed from initial cell count in each cryovials
Date of test	24/04/2020
Date of completion	24/04/2020
Result	102 %

Cell viability

Method	Dye exclusion method of cell counting
Specification	NLT 80%
Date of test	24/04/2020
Date of completion	24/04/2020
Result	99 %

Viable Cell Count

Method	Dye exclusion method of cell counting
Specification	NLT 5×10^6 Cells/Cryovials
Date of test	24/04/2020
Date of completion	24/04/2020
Result	5.2 $\times10^6$ Cells/Cryovial

Cell culture medium

Serum used in cell culture medium for WVS

Animal origin of serum	Fetal Bovine Serum
Vendor	Bovogen Biological Pvt. Ltd.
Catalog Number	SFBS-GI
Batch number	1710A
Expiration Date	Oct 2022

Trypsin used for preparation of cell cultures

Vendor	: Life Technologies
Catalog Number	:27250
Batch number	:2019024
Expiration Date	:Mar 2021

Control of source material

Animal serum used in SARS-CoV-2 Vaccine production

Type	NBCS – Gamma irradiated
Make / Origin	Bovogen/ Australia and New Zealand
Batch No./A.R.No:	RM-04-20-008

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Control of Source Material

Name and History of Seed Strain	SARS-CoV-2 Virus seed
Origin of strain	ICMR-National Institute of Virology, Pune, India
Reference No.	SARS-CoV-2 Virus (NIV 2020-770)
Date of procurement	30/04/2020
Titre	$10^{6.5}$ $CCID_{50}$/mL
Passage Level	P#3

Master Seed Lot: (MVB)

Date of preparation of Master Seed Lot	12/05/2020
Titre of Master Seed	$10^{6.25}$ $CCID_{50}$/mL
Batch No.	37020001A
Quantity prepared	400 x 1 mL
Storage	-70 ± 5°C
Passage Level	P#5

Working Seed Lot

Date of preparation	17/05/2020
Quantity prepared	Each 26 mL x 790 PP bottle
Batch No.	37120001A
Passage level	P#6
No. of passage between Master Seed and Working Seed Lot	One
Storage	-70 ± 5°C

Tests on Master Seed Lot:

Identity test

By In-vitro method:

Method	qPCR Method
Specification	Virus titration by qPCR serve as an identity test
Date of test	13/05/2020
Date of completion	13/05/2020
Results	Complies

Sterility

Method	Direct inoculation
Specification	No growth should be observed
Date of test	19/05/2020
Date of Completion	02/06/2020
Observation period	14 days
Result	No growth observed

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Mycoplasma

Method	PCR Method
Specification	Should be Negative for Mycoplasma species
Date of test	18/05/2020
Date of completion	19/05/2020
Results	Negative for Mycoplasma species

Virus titration (In-vitro)

Method	In-vitro by CPE method
Specification	NLT $10^{6.00}$ $CCID_{50}$ per mL
Date of test	12/05/2020
Date of completion	19/05/2020
Results	$10^{6.25}$ $CCID_{50}$ per mL

Virus titration by qPCR

Method	qPCR Method
Specification	NLT $10^{6.00}$ Copies per mL
Date of test	13/05/2020
Date of completion	13/05/2020
Results	$10^{7.25}$ Copies per mL

Adventitious agents (In-vitro)

Method	(3 indicator cell line method) In-vitro
Specification	Should be free from Adventitious agents
Date of test	17/06/2020
Date of completion	01/07/2020
Results	Free from Adventitious agents

Heamadsorption

Method	Guinea pigs RBC method
Specification	Should be free from Haemadsorbing viruses
Date of test	01/07/2020
Date of completion	01/07/2020
Results	Free from Haemadsorbing viruses

Virus identity by NGS method

Method	NGS method
Specification	95% sequence should match with published sequence
Date of test	18/06/2020
Date of completion	29/06/2020
Results	100 % sequence matches with published sequence

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Tests on Working Seed Lot:

Identity
By In-vitro method:

Method	In-vitro method
Specification	Virus titration by qPCR serve as an identity test
Date of test	18/05/2020
Date of completion	18/05/2020
Results	Complies

Sterility

Method	Direct inoculation
Specification	No growth should be observed
Date of test	19/05/2020
Date of Completion	02/06/2020
Observation period	14 days
Result	No growth observed

Mycoplasma

Method	PCR Method
Specification	Should be Negative for Mycoplasma species
Date of test	18/05/2020
Date of completion	19/05/2020
Results	Negative for Mycoplasma species

Virus titration (In-vitro)

Method	In-vitro
Specification	NLT $10^{6.00}$ $CCID_{50}$ per mL
Date of test	05/06/2020
Date of completion	12/06/2020
Results	$10^{6.88}$ $CCID_{50}$ per mL

Virus titration by qPCR

Method	qPCR method
Specification	NLT $10^{6.00}$ Copies per mL
Date of test	18/05/2020
Date of completion	18/05/2020
Results	$10^{7.44}$ Copies per mL

Adventitious agents (In-vitro)

Method	(3 indicator cell line method) In-vitro
Specification	Should be free from Adventitious agents
Date of test	17/05/2020
Date of completion	01/07/2020
Results	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Haemadsorption

Method	Guinea pigs RBC method
Specification	Should be free from Haemadsorbing viruses
Date of test	01/07/2020
Date of completion	01/07/2020
Results	Free from Haemadsorbing viruses

Virus identity by NGS method

Method	NGS method
Specification	95% sequence should match with published sequence
Date of test	18/06/2020
Date of completion	29/06/2020
Results	99.99 % sequence matches with published sequence

Signature/Date: 10/05/2021

Name: K SREENIVAS

Department: Quality Control

Signature/Date: 10/05/2021

Name: Y SRINIVAS

Department: Quality Assurance

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Preparation and control of batch

Working Virus strain used for production	: SARS-CoV-2 and bottle No. 141
Virus strain and inoculum seed used for production	: SARS-CoV-2 and bottle No. 02,59,67,75
Substrate used	: Vero Cells
Bioprocess Batch Number	: 37621025A
Type of culture	: Monolayer
Cell culture vessel used	: Bioreactor 2 X 50L (FBR-001 and FBR-002)
Total No. of cell stacks used for control	: 12xCS10
Date of infection	: 04/04/2021
Virus Titre ($CCID_{50}$/mL)	: $10^{6.88}CCID_{50}$/mL
Working Seed Titre (RT PCR)	: $10^{7.44}$ copies/mL
Total Cell count (FBR-001)	: 228000 x 10^6 cells
Total Cell count (FBR-002)	: 220000 x 10^6 cells
Volume of Virus Inoculum (FBR-001)	: 1502 mL
Volume of Virus Inoculum (FBR-002)	: 1450 mL
Multiplicity of Infection	: 0.05

Single virus harvests and purified bulk material :

No. of Harvests: 1

Viral Harvest	**VH I**
Date of harvesting	07/04/2021
Volume(L)	598.0 L

Test on Virus Harvest

Virus Titration (In-vitro)by CPE Method

Viral Harvest	**VH I**
Specification	Should not be less than NLT$10^{4.00}$ $CCID_{50}$/mL
Date of test	23/04/2021
Date of completion	30/04/2021
Results	$10^{7.00}$ $CCID_{50}$/mL

Virus Titration by qPCR Method

Viral Harvest	**VH I**
Specification	Should not be less than NLT$10^{4.00}$ copies/mL
Date of test	07/05/2021
Date of completion	07/05/2021
Results	$10^{7.29}$copies/mL

Sterility test for bacteria and fungi

Viral Harvest	**VH I**
Specification	No growth should be observed (Sterile)
Date of test	08/04/2021
Date of completion	22/04/2021
Results	:No growth observed (Sterile)

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Identity test for corona virus (In-vitro)

Viral Harvest	**VH I**
Specification	Virus titration by qPCR serve as identity test
Date of test	07/05/2021
Date of completion	07/05/2021
Results	Complies
Mycoplasma test	
Viral Harvest	**VH I**
Specification	Should be Negative for Mycoplasma species
Date of test	:27/04/2021
Date of completion	:27/04/2021
Result	:Negative for Mycoplasma species

Protein content	
Specification	:For information only
Date of test	:12/04/2021
Date of completion	:12/04/2021
Results	:27.85 µg/mL

Test on control cell culture

Test	Method	Test On	Specifications	Results
Adventitious agents (In-vitro)	WHO TRS 963, 2011	20/04/2021 to 03/05/2021	Should be free from Adventitious agents	Free From Adventitious agents
Haemadsorption test	WHO TRS 963, 2011	20/04/2021	Should be free from Haemadsorbing viruses	Free From Haemadsorbing viruses
Mycoplasma test	PCR	27/04/2021	Should be Negative for Mycoplasma species	Negative for Mycoplasma species
Vero cell Identity test (PCR)	PCR	24/04/2021	222bp band should be observed specific for AGMK species	222bp Band observed and for AGMK species confirmed

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Inactivation of Whole Virion Corona Virus Harvest

Inactivating agent used	BPL
Concentration	1:2500
Temperature	8±5°C
Incubation period	32 hrs

S.No	Batch Number	Date of inactivation	Date of completion
1	37621025A	07/04/2021	09/04/2021

Purification

Batch Number: 37621025A	Date of Concentration & Purification	Total volume used for purification
VH I	09/04/2021	664.0 L

Buffer exchange and Sterile Filtration of Inactivated SARS-CoV-2 Virus Bulk

Pool Batch No.	37621025A
No. of Inactivated bulk used for pooling	01 (VH I)
Date of pooling	07/04/2021
Specification of the Purified Inactivated Bulk	NLT 20 L
Final volume of the Purified Inactivated Bulk	39.40 L
Storage condition and shelf life	-70±5°C and To be established
Identification	
Specification	ELISA test and SDS PAGE serve as an identity test
Method	ELISA
Date of test	14/04/2021 and 16/04/2021
Date of completion	15/04/2021 and 16/04/2021
Result	Complies
Description	
Specification	Clear colourless, translucent liquid, free from particulate matter
Method	Visual Examination
Result	Clear colourless, translucent liquid, free from particulate matter
pH	
Method	Potentiometry
Specification	7.00-8.00
Date of test	12/04/2021
Result	7.54

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Sterility Test

Method	Membrane filtration
Specification	No growth should be observed (Sterile)
Date of test	12/04/2021
Date of completion	26/04/2021
Result	No growth observed

Total Protein content

Specification	NLT 15.00 µg/mL
Method	Lowry et al.
Date of test	12/04/2021
Result	154.83 µg/mL

Corona Virus Inactivation Test

Specification	No CPE should be observed
Date of test	22/04/2021
Date of completion	29/04/2021
Result	No CPE observed

Corona Virus Amplification Test

Specification	No residual live virus should be observed in Corona virus Amplification test
Date of inoculation into cell culture	12/04/2021
Cell strain inoculated	Vero cell
Date of 10th day Harvest collection	21/04/2021
Date of 15th day Harvest collection	26/04/2021
Result	No residual live virus observed

Residual cellular DNA content

Specification	NMT 10.00 ng/SHD
Method	By Qubit Flurometry
Date of test	19/04/2021
Result	0.04 ng/SHD

Residual Bovine Serum Albumin content

Specification	NMT 50.00 ng/SHD
Method	By ELISA
Date of test	16/04/2021
Result	5.27 ng/SHD

Antigenic Purity by SDS-PAGE

Specification	Should show only Corona virus specific bands
Method	SDS-PAGE
Date of Test	16/04/2021
Result	Complies

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Bacterial Endotoxins

Specification	Less than 25 international Units(IU) per mL
Method	Gel clot method
Date of Test	13/04/2021
Result	< 12.5 IU per mL

Residual BPL Content

Specification	No Residual BPL Content should be present
Method	Titration method
Date of Test	12/04/2021
Result	No Residual BPL Content present

Residual trypsin content by ELISA method

Specification	For Information only
Method	ELISA method
Date of Test	15/04/2021
Date of completion	15/04/2021
Result	0.08 ng/mL

Signature/Date: K. Sreenivas 10/05/2021

Name: K. SREENIVAS

Department: Quality Control

Signature/Date: 10/05/2021

Name: P. KRISHNA KUMARI

Department: Production

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Preparation and Control of Final Bulk

Final Bulk No.	37F21046A
Date of preparation	22/04/2021

Composition of Final Bulk

Purified Bulk B.No and volume	37621025- 22.61 L
ALGEL-IMDG	11.795 L
Phosphate buffer saline + 2 PE	215.595 L
Total volume	250 L
Storage temperature	2-8 ^{0}C

Test performed on Final Bulk

Description

Specification	White to off white opalescent suspenion, free from extraneous particles
Method	Visual Examination
Date of test	22/04/2021
Result	White opalescent suspension, free from extraneous particles

Identification:

Specification	Should comply with identification test performed on finished product
Method	ELISA
Date of test	28/04/2021
Date of completion	29/04/2021
Result	Complies

pH

Method	Potentiometry
Specification	7.00 -8.00
Date of Test	22/04/2021
Result	7.37

Aluminium content

Method	Titration
Specification	NLT 0.38 mg/ mL and NMT 0.58 mg/mL
Date of Test	22/04/2021
Result	0.47 mg/mL

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Protein adsorption (Lowry et.al) Test

Method	Lowry et.al
Specification	NLT 75.00 % of the stated label claim of protein
Date of Test	06/05/2021
Result	100%

Bacterial Endotoxins test

Method	Gel clot method
Specification	Less than 25 International units (IU) per Single Human Dose
Date of test	22/04/2021
Results	< 12.5 IU/SHD

2-Phenoxy ethanol content

Method	HPLC
Specification	NLT 85.0% and NMT 115.0% of the stated label claim
Date of Test	22/04/2021
Date of Completion	22/04/2021
Result	99.8%

Sterility

Method	Direct inoculation
Specification	No growth should be observed (Sterile)
Date of Test	23/04/2021
Date of Completion	07/05/2021
Result	No growth observed

Signature/Date: K. Sreenivas 10/05/2021

Name: K. SREENIVAS

Department: Quality Control

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

CERTIFICATE OF PRODUCTION

This is to certify that Final Bulk No.: 37F21046A of Whole Virion, Inactivated Corona Virus Vaccine with 2-Phenoxyethanol has been manufactured as per standard operating procedures to satisfy the requirements for Whole Virion, Inactivated Corona Virus Vaccine as current In House Specification.

Date of transfer of Final Bulk for filling	23/04/2021
Number of containers transferred	5 X 50 L Pressure vessels
Volume of bulk transferred	249.874L

FILLING

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Date of Filling	23/04/2021
Final Batch No	37F21046A
Filling Time	21:15 hrs (23/04/2021) to 09:19 hrs (24/04/2021)
Total No. of Units Filled	41624
Volume in Each Container	6.0 mL
No. of doses per Vial	10 doses
Rejections During Filling and Sealing	39
No. of vials for Filling In process check	88
No. of Units used for Leak test	32
Percentage rejection	0.09%
No. of Units transferred to Inspection	41465

Signature/Date: 10/05/2021

Name: K. SRINIVAS

Department: Production

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

VISUAL INSPECTION

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Final Batch No.	37F21046A
No. of Units received	41465
Date of receipt	24/04/2021
No. of Units examined	41465
Physical checking started on	06:45 hrs
Physical checking completed on	18:41 hrs
No. of Units rejected	213
Percentage rejection of Units	0.51%
IPQC Sample	34
Stored at	2-8 °C
No. of Units handed over to Labeling Section	41218

LABELING

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Final batch No.	37F21046A
No. of Units received for labeling	41218
Date of labeling	24/04/2021
No. of Units labeled for CDL	20
No. of Units kept as retained sample	68
No.of Units for release	41130
Sample label	

Signature/Date: 10/05/2021

Name: SRUJ PRASAD.U

Department: Production

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

TESTS ON FINAL LOTS

Description	
Method	Visual Examination
Specification	White to off white opalescent suspension, free from extraneous particles
Date of test	26/04/2021
Result	White opalescent suspension, free from extraneous particles
Identification:	
Specification	The ratio of OD of test sample to OD of negative control should not be less than 2
Method	ELISA
Date of test	28/04/2021
Date of completion	29/04/2021
Result	Complies
pH	
Method	Potentiometry
Specification	7.00 -8.00
Date of test	26/04/2021
Result	7.35
Extractable volume	
Method	By Graduated Measuring Cylinder method
Specification	NLT 5.00 mL
Date of test	04/05/2021
Result	6.00 mL
Aluminium content	
Method	Titration
Specification	NLT 0.19 mg/SHD and NMT 0.29 mg/SHD
Date of Test	04/05/2021
Result	0.24 mg/SHD
Residual Bovine Serum Albumin content	
Specification	NMT 50 ng per Single Human Dose
Method	ELISA
Date of test	30/04/2021
Result	5 ng/SHD

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Sterility

Method	Direct inoculation	
Specification	No growth should be observed (Sterile)	
No.of Units tested	20 Units	
Media used	Fluid thioglycollate Medium	Soyabean casein digest Medium
Temperature	30ºC-35ºC	20ºC-25ºC
Volume of media	100mL	100mL
Date of test	26/04/2021	26/04/2021
Date of completion of test	10/05/2021	10/05/2021
Days of obervation	14 days	14 days
Results	No growth observed	No growth observed

Bacterial Endotoxins test

Method	Gel clot method
Specification	Less than 25 International units (IU) per Single Human Dose
Date of test	26/04/2021
Results	<12.5 IU/SHD

2-Phenoxy ethanol content

Method	HPLC
Specification	NLT 85.0% and NMT 115.0% of the stated label claim
Date of Test	04/05/2021
Date of Completion	06/05/2021
Result	97.2 %

Residual cellular DNA Content

Method	Qurbit Flurometry
Specification	NMT 10 ng per Single Human Dose
Date of test	08/05/2021
Results	0.04 ng/SHD

Protein adsorption test

Method	Spectophotometry
Specification	NLT 75%
Date of test	06/05/2021
Result	100 %

Total protein content

Method	Spectophotometry
Specification	NLT 6.0 µg/SHD
Date of test	06/05/2021
Result	7.2 µg/SHD

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1658

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Osmolality

Method	Osmometry
Specification	250-350 mOsmol/kg
Date of test	27/04/2021
Result	324 mOsmol/kg

CERTIFICATE OF QUALITY CONTROL

Documents for the production and testing pertaining Whole Virion, Inactivated Corona Virus Vaccine as per In House Specification Requirement for Batch. No. 37F21046A is scrutinized by Quality Control and Approved.

A. R. No.	FP-37-21-052
Units ready for release	41130
Specimen Labels	:

Signature/Date: K. Sreelata 10/05/2021

Name: U SREEMANI

Department: Quality Control

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1659

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

CERTIFICATE OF QUALITY ASSURANCE

This is to certify that the B.No.37F21046A of Whole Virion, Inactivated Corona Virus Vaccine complies the requirements of the In House Specification.

No. of units ready for release: 41130

Signature/Date: Vijaya 10/05/2021

Name: N. VIJAYA LAKSHMI
Department: Quality Assurance

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1660

BHARAT BIOTECH

Genome Valley, Turkapally, Shameerpet
Hyderabad- 500078. INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE, [BBV 152] (HUMAN, ADSORBED) - FINAL BULK**

Batch Number : 37F21046A
Batch size : 250 L
Mfg. date : 04/21
Exp. Date : NA
Specification No. : FPS307

A.R. Number : FB-37-21-051
Date of receipt : 22/04/2021
Qty. sampled : 52 mL
Batch Release Date : 10/05/2021

TESTS	SPECIFICATIONS	RESULTS
Description	White to off white opalescent suspension , free from extraneous particles	White opalescent suspension , free from extraneous particles
Identification	Should comply with identification test performed on finished product	Complies
pH	7.00 - 8.00	7.37
Aluminium Content	NLT 0.38 mg/mL and NMT 0.58 mg/mL	0.47 mg/mL
Sterility	No growth should be observed(Sterile)	No growth observed
Protein adsorption test	NLT 75%	100 %
2-Phenoxy ethanol content	NLT 85.0% and NMT 115.0% of the stated label claim	99.8 %
Bacterial Endotoxins	Less than 25 International units (IU) per Single Human Dose (SHD)	< 12.5 IU/SHD

OPINION: Sample COMPLIES/~~DOES NOT COMP~~LY as per specification No.: FPS307

Prepared By:	Checked By:	Approved By:
10/05/2021	10/05/2021	10/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1661

BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE, [BBV152]**

Batch Number : 37F21046A
Batch size : 250 L
Mfg. Date : 04/21
Exp. Date : 09/21
Specification No. : FPS325

A.R. Number : FP-37-21-052
Date of Receipt : 24/04/2021
Qty. Sampled : 34 vials
Batch Release Date : 10/05/2021

TESTS	SPECIFICATIONS	RESULTS
Description	White to off white opalescent suspension, free from extraneous particles	White opalescent suspension, free from extraneous particles
Identification	The ratio of OD of test sample to OD of negative control should not be less than 2	Complies
pH	7.00 - 8.00	7.35
Extractable volume	NLT 5.00 mL	6.00 mL
Aluminium Content	NLT 0.19 mg/SHD and NMT 0.29 mg/SHD	0.24 mg/SHD
Residual Bovine Serum Albumin content	NMT 50 ng per Single Human Dose	5 ng/SHD
Sterility	No growth should be observed (Sterile)	No growth observed
Bacterial Endotoxins	Less than 25 International units (IU) per Single Human Dose.	< 12.5 IU/SHD
2-Phenoxy ethanol content	NLT 85.0% and NMT 115.0% of the stated label claim	97.2 %
Residual cellular DNA content	NMT 10 ng per Single Human Dose	0.04 ng/SHD
Protein adsorption test	NLT 75%	100 %
Total protein content	NLT 6.0 µg/SHD	7.2 µg/SHD
Osmolality	250-350 mOsmol/kg	324 mOsmol/kg

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS325

Prepared By:	Checked By:	Approved By:
10/05/2021	10/05/2021	10/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1662

BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS BULK**

Batch Number : 37621025A
A.R. Number : IP-37-21-029
Batch size : NLT 20 L
Date of Receipt : 10/04/2021
Mfg. Date : 04/21
Qty. Sampled : 102 mL
Exp. Date : To be established
Batch Release Date : 07/05/2021
Specification No. : FPS306

TESTS	SPECIFICATIONS	RESULTS
Identity test for vaccine virus (In-vitro)	ELISA test and SDS PAGE serve as an identity test	Complies
Description	Clear colorless, translucent liquid, free from particulate matter	Clear colorless, translucent liquid, free from particulate matter
pH	7.00 - 8.00	7.54
Sterility	No growth should be observed (Sterile)	No growth observed
Total Protein content (Lowry et al)	NLT 15.00 µg/mL	154.83 µg/mL
Corona virus amplification test	No residual live virus should be observed in Corona virus Amplification test	No residual live virus observed
Corona virus inactivation test	No CPE should be observed	No CPE observed
Residual cellular DNA Content	NMT 10.00 ng/SHD	0.04 ng/SHD
Residual Bovine serum Albumin content	NMT 50.00 ng/SHD	5.27 ng/SHD
Antigenic purity by SDS-PAGE	Should show only Corona virus specific bands	Complies
Bacterial Endotoxin	Less than 25 international Units (IU) per mL	<12.5 IU per mL
Residual BPL Content	No Residual BPL Content should be present	No Residual BPL Content present
Residual trypsin content by ELISA method	For information only	0.08 ng/mL

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS306

Prepared By:	Checked By:	Approved By:
07/05/2021	07/05/2021	07/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

UNCONTROLLED COPY

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1663

F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1664

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1665

File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1668

4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

CDSCO CDSCO
CENTRAL DRUGS STANDARD CONTROL ORGANISATION
MINISTRY OF HEALTH, GOVERNMENT OF INDIA
सत्यमेव जयते

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=17d0331d5df62d4f4e32179a1411bf, serialNumber=2bea54c83bfbee2154e199b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: 37F21046A SLP.pdf; ANEXO_2_India EUL 12032021.pdf; PROFORMA INVOICE - BRAZIL_COVAXIN.pdf

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA
Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

- **Nome e endereço completo do Fabricante;**

- **Data de fabricação e vencimento;**
- **Número dos Lotes;**

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, June 14, 2021 1:00 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>

Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

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_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER **MADISON BIOTECH PTE LIMITED** **31 Cantonment Road** **Singapore -089747** **Company Registration No: 202005277E**	**MANUFACTURER** **BHARAT BIOTECH INTERNATIONAL LIMITED** **Genome Valley, Shameerpet** **Hyderabad - 500 078** **Telangana, Índia**

No & Date **No: MAD/HM/2021/07** **11 June 2021**	**Exporter's Ref**
Buyer's Order No :	
Other Reference(s)	

CONSIGNEE **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A, 4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500 BRASIL)**	**BUYER** **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A, 4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500 BRASIL)**

Pre Carriage By	**Place of Receipt By Pre-Carrier**	**Country of Origin of Goods** **INDIA**	**Country of Final Destination** **BRAZIL**
Vessel / Flight No	**Port of Loading** **HYDERABAD, INDIA**		
Port of Discharge	**Final Destination** **GUARULHOS AIPORT, BR** **Gross weight: 8856.2 Kg** **Net weight: 8364.4 Kg**	**Dispatched by Dispatch**	**: FCA Hyderabad/Brazil** **: a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil** **b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India**
		Currency	**USD**

Brazil	**PRODUCT**	**PACK SIZE**	**Quantity**	**USD Unit Price**
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial 10 doses/vial	4.000.000	15,00

Bank name DBS Bank.
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.
Account number: 0720224590
IFSC Code: DBSS0IN0811
SWIFT Code: DBSSSGSG.

NCM 3002.20.29 Shelf-life

6 (six) months from mfg date.

Insurance	67,500.00
Air Freight	862,367.02

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Total Value **60,000,000.00**

Amount in words :USD SIXTY MILLION ONLY.

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

For, MADISON BIOTECH PTE. LTD.

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

AUTHORISED SIGNATORY

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Summary information on the final lots

Name and Address of Manufacturer	Bharat Biotech International Limited, Genome Valley, Shameerpet (M), Medchal District - 500 078, Telangana, India.
Generic Name	Whole Virion, Inactivated Corona Virus Vaccine
Manufacturing License No	03/HD/AP/98/V/R
Licensed Brand Name	Whole Virion, Inactivated Corona Virus Vaccine
Strain of the virus seed	SARS-CoV-2 Virus strains
Name of the substrate used for production	Vero Cells
Nature of the Finished Product	Adjuvanted Vaccine
Batch No.	37F21046A
Date of Manufacture	04/21
Date of Expiry	09/21
No. of Filled Units for Release	41130
Recommended Storage Temperature	2°C to 8°C
Adjuvant used	ALGEL IMDG
Preservative used	2 Phenoxyethanol
Volume of the vaccine in each	5.0 mL in 5.0 mL Vial
Potency of the Vaccine	7.2 µg/SHD
Dose Size	0.5 mL
No. of Doses per Unit	10 doses
Shelf-life approved(months)	6 Months
Specimen copy of the Label	

Signature/Date: Vijaya 10/05/2021

Name: N. VIJAYA LAKSHMI

Department: Quality Assurance

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Control of Source Material

Cell Seed (MCB)	
Name and identification of cell strain	Vero MCB P/N : BHAMC 1 . FP, L/N:3006-104986
History of origin of cell strain	ATCC USA, Vero ATCC CCL -81 Lot F-11497.
Source of cell strain	Prepared and characterized at BioReliance
Date of procurement	25-03-04 procured from BioReliance Rockville, MD,USA
No.of bottle/ vials procured	25x1 mL
Passage level of cells	P # 133
Storage conditions	Liquid Nitrogen gaseous phase
Authority that approved cell seed	National Regulatory Authority, India IP
Manufacturer's Working Cell Bank (MWCB)	
Lot number	60120001A
Date approved	Permission obtained under post approval change on 05/04/2019 by DCG(I) vide letter No.6F.N-12-78/BBIL-PAC-vero Bank/17-BD
Date MWCB was established	31/03/2020
Total number of CryoUnits stored	750
Passage level of MWCB	P#138
Maximum passage approved for MWCB	P#159
Storage conditions	In vapour phase of Liquid Nitrogen

Identity test:

Specification	Should show 222 bp band after PCR amplification in Gel Analysis for AGMK species
Method	PCR method
Date of Test	15/05/2020
Date of completion	16/05/2020
Result	222 bp band observed

Adventitious agents
Method :In vivo method
Test in suckling mice:

Specification	Should be free from Adventitious agents.
Number of animals tested	30
Wt. range	Less than 0- 24 hrs old
Route of inoculation	I/C, I/P
Quantity injected	1 x 10^7 cells /route 0.1mL through I/P and 0.01mL through I/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Result	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Test in adult mice:

Number of animals tested	20
Wt. range	15-20 gms.
Route of inoculation	I/C, I/P
Quantity injected	1 x 10^7 cells /route 0.5mL through I/P and 0.03mL through I/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Results	Free from Adventitious agents

Test in guinea pigs:

Number of animals tested	10
Wt. range	350 - 500 gms
Route of inoculation	IP/IC
Quantity injected	1 x 10^7 cells /route 5.0mL through I/P and 0.1mL through I/C
Date of inoculation	19/05/2020
Date of completion	30/06/2020
Observation period	42 days
Results	Free from Adventitious agents

Test in rabbits:

Number of animals tested	10
Wt. range	1.5 – 2.5 kgs
Route of inoculation	I/D, S/C
Quantity injected	1 x 10^7 cells /route 1.0 mL through I/D and 5.0mL through S/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Result	Free from Adventitious agents

Test in embryonated eggs:

Method	In-vivo method (Embryonated chicken eggs (5-7 days & 9-11 days old)
Date of test	02/07/2020
Date of completion	16/07/2020
Qty. Inoculated	1 x10^6 cells /route 1.0mL through allantoic cavity and 1.0mL through Yolk sac)
No. of eggs	20
Observation period	14 days
Result	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Identity test:
Adventitious agents:
In-vitro method:

Method	3 Indicator Cell lines (Vero cells, MRC-5 & Hep 2C cells)
Specification	Free from Adventitious agent
Qty. inoculated	1 x 10^7 cells in 10 mL/cell line
Date of test	22/05/2020
Date of completion	05/06/2020
Observation period	14 days
Result	Free from Adventitious agents

Mycoplasma Test

Method	PCR method
Specification	Should be Negative for Mycoplasma species
Date of test	15/07/2020
Date of Completion	16/07/2020
Observation period	1 day
Result	Negative for Mycoplasma species

Sterility test

Method	Direct Inoculation
Specification	No Growth should be observed
Date of test	15/04/2020
Date of completion	29/04/2020
Observation period	14 days
Result	No Growth observed (sterile)

Haemadsorption test

Method	Guinea Pig RBCs method
Specification	Should be free from Heamadsorbing viruses.
Date of test	04/05/2020
Date of completion	04/05/2020
Observation period	1 day
Result	Free from Heamadsorbing viruses

Growth Characteristics

Method	Subculture method.
Specification	Cells should be healthy and growing
Date of test	24/04/2020
Date of completion	28/04/2020
Observation period	4 days
Result	Cells are healthy and growing

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Homogeneity Test

Method	Dye exclusion cell counting
Specification	90% to 110% recovery should be observed from initial cell count in each cryovials
Date of test	24/04/2020
Date of completion	24/04/2020
Result	102 %

Cell viability

Method	Dye exclusion method of cell counting
Specification	NLT 80%
Date of test	24/04/2020
Date of completion	24/04/2020
Result	99 %

Viable Cell Count

Method	Dye exclusion method of cell counting
Specification	NLT 5×10^6 Cells/Cryovials
Date of test	24/04/2020
Date of completion	24/04/2020
Result	5.2 $\times10^6$ Cells/Cryovial

Cell culture medium

Serum used in cell culture medium for WVS

Animal origin of serum	Fetal Bovine Serum
Vendor	Bovogen Biological Pvt. Ltd.
Catalog Number	SFBS-GI
Batch number	1710A
Expiration Date	Oct 2022

Trypsin used for preparation of cell cultures

Vendor	: Life Technologies
Catalog Number	:27250
Batch number	:2019024
Expiration Date	:Mar 2021

Control of source material

Animal serum used in SARS-CoV-2 Vaccine production

Type	NBCS – Gamma irradiated
Make / Origin	Bovogen/ Australia and New Zealand
Batch No./A.R.No:	RM-04-20-008

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Control of Source Material

Name and History of Seed Strain	SARS-CoV-2 Virus seed
Origin of strain	ICMR-National Institute of Virology, Pune, India
Reference No.	SARS-CoV-2 Virus (NIV 2020-770)
Date of procurement	30/04/2020
Titre	$10^{6.5}$ $CCID_{50}$/mL
Passage Level	P#3

Master Seed Lot: (MVB)

Date of preparation of Master Seed Lot	12/05/2020
Titre of Master Seed	$10^{6.25}$ $CCID_{50}$/mL
Batch No.	37020001A
Quantity prepared	400 x 1 mL
Storage	-70 ± 5°C
Passage Level	P#5

Working Seed Lot

Date of preparation	17/05/2020
Quantity prepared	Each 26 mL x 790 PP bottle
Batch No.	37120001A
Passage level	P#6
No. of passage between Master Seed and Working Seed Lot	One
Storage	-70 ± 5°C

Tests on Master Seed Lot:

Identity test

By In-vitro method:

Method	qPCR Method
Specification	Virus titration by qPCR serve as an identity test
Date of test	13/05/2020
Date of completion	13/05/2020
Results	Complies

Sterility

Method	Direct inoculation
Specification	No growth should be observed
Date of test	19/05/2020
Date of Completion	02/06/2020
Observation period	14 days
Result	No growth observed

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Mycoplasma	
Method	PCR Method
Specification	Should be Negative for Mycoplasma species
Date of test	18/05/2020
Date of completion	19/05/2020
Results	Negative for Mycoplasma species
Virus titration (In-vitro)	
Method	In-vitro by CPE method
Specification	NLT $10^{6.00}$ $CCID_{50}$ per mL
Date of test	12/05/2020
Date of completion	19/05/2020
Results	$10^{6.25}$ $CCID_{50}$ per mL
Virus titration by qPCR	
Method	qPCR Method
Specification	NLT $10^{6.00}$ Copies per mL
Date of test	13/05/2020
Date of completion	13/05/2020
Results	$10^{7.25}$ Copies per mL
Adventitious agents (In-vitro)	
Method	(3 indicator cell line method) In-vitro
Specification	Should be free from Adventitious agents
Date of test	17/06/2020
Date of completion	01/07/2020
Results	Free from Adventitious agents
Heamadsorption	
Method	Guinea pigs RBC method
Specification	Should be free from Haemadsorbing viruses
Date of test	01/07/2020
Date of completion	01/07/2020
Results	Free from Haemadsorbing viruses
Virus identity by NGS method	
Method	NGS method
Specification	95% sequence should match with published sequence
Date of test	18/06/2020
Date of completion	29/06/2020
Results	100 % sequence matches with published sequence

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Tests on Working Seed Lot:

Identity
By In-vitro method:

Method	In-vitro method
Specification	Virus titration by qPCR serve as an identity test
Date of test	18/05/2020
Date of completion	18/05/2020
Results	Complies

Sterility

Method	Direct inoculation
Specification	No growth should be observed
Date of test	19/05/2020
Date of Completion	02/06/2020
Observation period	14 days
Result	No growth observed

Mycoplasma

Method	PCR Method
Specification	Should be Negative for Mycoplasma species
Date of test	18/05/2020
Date of completion	19/05/2020
Results	Negative for Mycoplasma species

Virus titration (In-vitro)

Method	In-vitro
Specification	NLT $10^{6.00}$ $CCID_{50}$ per mL
Date of test	05/06/2020
Date of completion	12/06/2020
Results	$10^{6.88}$ $CCID_{50}$ per mL

Virus titration by qPCR

Method	qPCR method
Specification	NLT $10^{6.00}$ Copies per mL
Date of test	18/05/2020
Date of completion	18/05/2020
Results	$10^{7.44}$ Copies per mL

Adventitious agents (In-vitro)

Method	(3 indicator cell line method) In-vitro
Specification	Should be free from Adventitious agents
Date of test	17/05/2020
Date of completion	01/07/2020
Results	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Haemadsorption

Method	Guinea pigs RBC method
Specification	Should be free from Haemadsorbing viruses
Date of test	01/07/2020
Date of completion	01/07/2020
Results	Free from Haemadsorbing viruses

Virus identity by NGS method

Method	NGS method
Specification	95% sequence should match with published sequence
Date of test	18/06/2020
Date of completion	29/06/2020
Results	99.99 % sequence matches with published sequence

Signature/Date: K Sreenivas 10/05/2021

Name: K SREENIVAS

Department: Quality Control

Signature/Date: 10/05/2021

Name: Y Srinath

Department: Quality Assurance

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Preparation and control of batch

Working Virus strain used for production	: SARS-CoV-2 and bottle No. 141
Virus strain and inoculum seed used for production	: SARS-CoV-2 and bottle No. 02,59,67,75
Substrate used	: Vero Cells
Bioprocess Batch Number	: 37621025A
Type of culture	: Monolayer
Cell culture vessel used	: Bioreactor 2 X 50L (FBR-001 and FBR-002)
Total No. of cell stacks used for control	: 12xCS10
Date of infection	: 04/04/2021
Virus Titre ($CCID_{50}$/mL)	: $10^{6.88}CCID_{50}$/mL
Working Seed Titre (RT PCR)	: $10^{7.44}$ copies/mL
Total Cell count (FBR-001)	: 228000 x 10^6 cells
Total Cell count (FBR-002)	: 220000 x 10^6 cells
Volume of Virus Inoculum (FBR-001)	: 1502 mL
Volume of Virus Inoculum (FBR-002)	: 1450 mL
Multiplicity of Infection	: 0.05

Single virus harvests and purified bulk material :

No. of Harvests: 1

Viral Harvest	**VH I**
Date of harvesting	07/04/2021
Volume(L)	598.0 L

Test on Virus Harvest

Virus Titration (In-vitro)by CPE Method

Viral Harvest	**VH I**
Specification	Should not be less than NLT$10^{4.00}$ $CCID_{50}$/mL
Date of test	23/04/2021
Date of completion	30/04/2021
Results	$10^{7.00}$ $CCID_{50}$/mL

Virus Titration by qPCR Method

Viral Harvest	**VH I**
Specification	Should not be less than NLT$10^{4.00}$ copies/mL
Date of test	07/05/2021
Date of completion	07/05/2021
Results	$10^{7.29}$copies/mL

Sterility test for bacteria and fungi

Viral Harvest	**VH I**
Specification	No growth should be observed (Sterile)
Date of test	08/04/2021
Date of completion	22/04/2021
Results	:No growth observed (Sterile)

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Identity test for corona virus (In-vitro)

Viral Harvest	**VH I**
Specification	Virus titration by qPCR serve as identity test
Date of test	07/05/2021
Date of completion	07/05/2021
Results	Complies
Mycoplasma test	
Viral Harvest	**VH I**
Specification	Should be Negative for Mycoplasma species
Date of test	:27/04/2021
Date of completion	:27/04/2021
Result	:Negative for Mycoplasma species

Protein content	
Specification	:For information only
Date of test	:12/04/2021
Date of completion	:12/04/2021
Results	:27.85 µg/mL

Test on control cell culture

Test	Method	Test On	Specifications	Results
Adventitious agents (In-vitro)	WHO TRS 963, 2011	20/04/2021 to 03/05/2021	Should be free from Adventitious agents	Free From Adventitious agents
Haemadsorption test	WHO TRS 963, 2011	20/04/2021	Should be free from Haemadsorbing viruses	Free From Haemadsorbing viruses
Mycoplasma test	PCR	27/04/2021	Should be Negative for Mycoplasma species	Negative for Mycoplasma species
Vero cell Identity test (PCR)	PCR	24/04/2021	222bp band should be observed specific for AGMK species	222bp Band observed and for AGMK species confirmed

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Inactivation of Whole Virion Corona Virus Harvest

Inactivating agent used	BPL
Concentration	1:2500
Temperature	8±5°C
Incubation period	32 hrs

S.No	Batch Number	Date of inactivation	Date of completion
1	37621025A	07/04/2021	09/04/2021

Purification

Batch Number: 37621025A	Date of Concentration & Purification	Total volume used for purification
VH I	09/04/2021	664.0 L

Buffer exchange and Sterile Filtration of Inactivated SARS-CoV-2 Virus Bulk

Pool Batch No.	37621025A
No. of Inactivated bulk used for pooling	01 (VH I)
Date of pooling	07/04/2021
Specification of the Purified Inactivated Bulk	NLT 20 L
Final volume of the Purified Inactivated Bulk	39.40 L
Storage condition and shelf life	-70±5°C and To be established
Identification	
Specification	ELISA test and SDS PAGE serve as an identity test
Method	ELISA
Date of test	14/04/2021 and 16/04/2021
Date of completion	15/04/2021 and 16/04/2021
Result	Complies
Description	
Specification	Clear colourless, translucent liquid, free from particulate matter
Method	Visual Examination
Result	Clear colourless, translucent liquid, free from particulate matter
pH	
Method	Potentiometry
Specification	7.00-8.00
Date of test	12/04/2021
Result	7.54

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Sterility Test	
Method	Membrane filtration
Specification	No growth should be observed (Sterile)
Date of test	12/04/2021
Date of completion	26/04/2021
Result	No growth observed
Total Protein content	
Specification	NLT 15.00 µg/mL
Method	Lowry et al.
Date of test	12/04/2021
Result	154.83 µg/mL
Corona Virus Inactivation Test	
Specification	No CPE should be observed
Date of test	22/04/2021
Date of completion	29/04/2021
Result	No CPE observed
Corona Virus Amplification Test	
Specification	No residual live virus should be observed in Corona virus Amplification test
Date of inoculation into cell culture	12/04/2021
Cell strain inoculated	Vero cell
Date of 10th day Harvest collection	21/04/2021
Date of 15th day Harvest collection	26/04/2021
Result	No residual live virus observed
Residual cellular DNA content	
Specification	NMT 10.00 ng/SHD
Method	By Qubit Flurometry
Date of test	19/04/2021
Result	0.04 ng/SHD
Residual Bovine Serum Albumin content	
Specification	NMT 50.00 ng/SHD
Method	By ELISA
Date of test	16/04/2021
Result	5.27 ng/SHD
Antigenic Purity by SDS-PAGE	
Specification	Should show only Corona virus specific bands
Method	SDS-PAGE
Date of Test	16/04/2021
Result	Complies

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Bacterial Endotoxins

Specification	Less than 25 international Units(IU) per mL
Method	Gel clot method
Date of Test	13/04/2021
Result	< 12.5 IU per mL

Residual BPL Content

Specification	No Residual BPL Content should be present
Method	Titration method
Date of Test	12/04/2021
Result	No Residual BPL Content present

Residual trypsin content by ELISA method

Specification	For Information only
Method	ELISA method
Date of Test	15/04/2021
Date of completion	15/04/2021
Result	0.08 ng/mL

Signature/Date: K. Sreenivas 10/05/2021

Name: K. SREENIVAS

Department: Quality Control

Signature/Date: 10/05/2021

Name: P. KRISHNA KUMARI

Department: Production

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Preparation and Control of Final Bulk

Final Bulk No.	37F21046A
Date of preparation	22/04/2021

Composition of Final Bulk

Purified Bulk B.No and volume	37621025- 22.61 L
ALGEL-IMDG	11.795 L
Phosphate buffer saline + 2 PE	215.595 L
Total volume	250 L
Storage temperature	2-8 ^{0}C

Test performed on Final Bulk

Description

Specification	White to off white opalescent suspenion, free from extraneous particles
Method	Visual Examination
Date of test	22/04/2021
Result	White opalescent suspension, free from extraneous particles

Identification:

Specification	Should comply with identification test performed on finished product
Method	ELISA
Date of test	28/04/2021
Date of completion	29/04/2021
Result	Complies

pH

Method	Potentiometry
Specification	7.00 -8.00
Date of Test	22/04/2021
Result	7.37

Aluminium content

Method	Titration
Specification	NLT 0.38 mg/ mL and NMT 0.58 mg/mL
Date of Test	22/04/2021
Result	0.47 mg/mL

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Protein adsorption (Lowry et.al) Test

Method	Lowry et.al
Specification	NLT 75.00 % of the stated label claim of protein
Date of Test	06/05/2021
Result	100%

Bacterial Endotoxins test

Method	Gel clot method
Specification	Less than 25 International units (IU) per Single Human Dose
Date of test	22/04/2021
Results	< 12.5 IU/SHD

2-Phenoxy ethanol content

Method	HPLC
Specification	NLT 85.0% and NMT 115.0% of the stated label claim
Date of Test	22/04/2021
Date of Completion	22/04/2021
Result	99.8%

Sterility

Method	Direct inoculation
Specification	No growth should be observed (Sterile)
Date of Test	23/04/2021
Date of Completion	07/05/2021
Result	No growth observed

Signature/Date: K. Sreenivas 10/05/2021

Name: K. SREENIVAS

Department: Quality Control

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

CERTIFICATE OF PRODUCTION

This is to certify that Final Bulk No.: 37F21046A of Whole Virion, Inactivated Corona Virus Vaccine with 2-Phenoxyethanol has been manufactured as per standard operating procedures to satisfy the requirements for Whole Virion, Inactivated Corona Virus Vaccine as current In House Specification.

Date of transfer of Final Bulk for filling	23/04/2021
Number of containers transferred	5 X 50 L Pressure vessels
Volume of bulk transferred	249.874L

FILLING

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Date of Filling	23/04/2021
Final Batch No	37F21046A
Filling Time	21:15 hrs (23/04/2021) to 09:19 hrs (24/04/2021)
Total No. of Units Filled	41624
Volume in Each Container	6.0 mL
No. of doses per Vial	10 doses
Rejections During Filling and Sealing	39
No. of vials for Filling In process check	88
No. of Units used for Leak test	32
Percentage rejection	0.09%
No. of Units transferred to Inspection	41465

Signature/Date: 10/05/2021

Name: K. SRINIVAS

Department: Production

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

VISUAL INSPECTION

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Final Batch No.	37F21046A
No. of Units received	41465
Date of receipt	24/04/2021
No. of Units examined	41465
Physical checking started on	06:45 hrs
Physical checking completed on	18:41 hrs
No. of Units rejected	213
Percentage rejection of Units	0.51%
IPQC Sample	34
Stored at	2-8 °C
No. of Units handed over to Labeling Section	41218

LABELING

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Final batch No.	37F21046A
No. of Units received for labeling	41218
Date of labeling	24/04/2021
No. of Units labeled for CDL	20
No. of Units kept as retained sample	68
No.of Units for release	41130
Sample label	

Signature/Date: 10/05/2021

Name: SRINIVAS PRASAD.U

Department: Production

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1701

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

TESTS ON FINAL LOTS

Description	
Method	Visual Examination
Specification	White to off white opalescent suspension, free from extraneous particles
Date of test	26/04/2021
Result	White opalescent suspension, free from extraneous particles
Identification:	
Specification	The ratio of OD of test sample to OD of negative control should not be less than 2
Method	ELISA
Date of test	28/04/2021
Date of completion	29/04/2021
Result	Complies
pH	
Method	Potentiometry
Specification	7.00 -8.00
Date of test	26/04/2021
Result	7.35
Extractable volume	
Method	By Graduated Measuring Cylinder method
Specification	NLT 5.00 mL
Date of test	04/05/2021
Result	6.00 mL
Aluminium content	
Method	Titration
Specification	NLT 0.19 mg/SHD and NMT 0.29 mg/SHD
Date of Test	04/05/2021
Result	0.24 mg/SHD
Residual Bovine Serum Albumin content	
Specification	NMT 50 ng per Single Human Dose
Method	ELISA
Date of test	30/04/2021
Result	5 ng/SHD

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1702

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Sterility

Method	Direct inoculation	
Specification	No growth should be observed (Sterile)	
No.of Units tested	20 Units	
Media used	Fluid thioglycollate Medium	Soyabean casein digest Medium
Temperature	30ºC-35ºC	20ºC-25ºC
Volume of media	100mL	100mL
Date of test	26/04/2021	26/04/2021
Date of completion of test	10/05/2021	10/05/2021
Days of obervation	14 days	14 days
Results	No growth observed	No growth observed

Bacterial Endotoxins test

Method	Gel clot method
Specification	Less than 25 International units (IU) per Single Human Dose
Date of test	26/04/2021
Results	<12.5 IU/SHD

2-Phenoxy ethanol content

Method	HPLC
Specification	NLT 85.0% and NMT 115.0% of the stated label claim
Date of Test	04/05/2021
Date of Completion	06/05/2021
Result	97.2 %

Residual cellular DNA Content

Method	Qurbit Flurometry
Specification	NMT 10 ng per Single Human Dose
Date of test	08/05/2021
Results	0.04 ng/SHD

Protein adsorption test

Method	Spectophotometry
Specification	NLT 75%
Date of test	06/05/2021
Result	100 %

Total protein content

Method	Spectophotometry
Specification	NLT 6.0 µg/SHD
Date of test	06/05/2021
Result	7.2 µg/SHD

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1703

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Osmolality

Method	Osmometry
Specification	250-350 mOsmol/kg
Date of test	27/04/2021
Result	324 mOsmol/kg

CERTIFICATE OF QUALITY CONTROL

Documents for the production and testing pertaining Whole Virion, Inactivated Corona Virus Vaccine as per In House Specification Requirement for Batch. No. 37F21046A is scrutinized by Quality Control and Approved.

A. R. No.	FP-37-21-052
Units ready for release	41130
Specimen Labels	:

Signature/Date: K. Sreelata 10/05/2021

Name: U SREEMANI

Department: Quality Control

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1704

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

CERTIFICATE OF QUALITY ASSURANCE

This is to certify that the B.No.37F21046A of Whole Virion, Inactivated Corona Virus Vaccine complies the requirements of the In House Specification.

No. of units ready for release: 41130

Signature/Date: Vijaya 10/05/2021

Name: N. VIJAYA LAKSHMI
Department: Quality Assurance

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1705

BHARAT BIOTECH

Genome Valley, Turkapally, Shameerpet
Hyderabad- 500078. INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE, [BBV 152] (HUMAN, ADSORBED) - FINAL BULK**

Batch Number : 37F21046A
Batch size : 250 L
Mfg. date : 04/21
Exp. Date : NA
Specification No. : FPS307

A.R. Number : FB-37-21-051
Date of receipt : 22/04/2021
Qty. sampled : 52 mL
Batch Release Date : 10/05/2021

TESTS	SPECIFICATIONS	RESULTS
Description	White to off white opalescent suspension , free from extraneous particles	White opalescent suspension , free from extraneous particles
Identification	Should comply with identification test performed on finished product	Complies
pH	7.00 - 8.00	7.37
Aluminium Content	NLT 0.38 mg/mL and NMT 0.58 mg/mL	0.47 mg/mL
Sterility	No growth should be observed(Sterile)	No growth observed
Protein adsorption test	NLT 75%	100 %
2-Phenoxy ethanol content	NLT 85.0% and NMT 115.0% of the stated label claim	99.8 %
Bacterial Endotoxins	Less than 25 International units (IU) per Single Human Dose (SHD)	< 12.5 IU/SHD

OPINION: Sample COMPLIES/~~DOES NOT COMP~~LY as per specification No.: FPS307

Prepared By:	Checked By:	Approved By:
10/05/2021	10/05/2021	10/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1706

BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE, [BBV152]**

Batch Number : 37F21046A
Batch size : 250 L
Mfg. Date : 04/21
Exp. Date : 09/21
Specification No. : FPS325

A.R. Number : FP-37-21-052
Date of Receipt : 24/04/2021
Qty. Sampled : 34 vials
Batch Release Date : 10/05/2021

TESTS	SPECIFICATIONS	RESULTS
Description	White to off white opalescent suspension, free from extraneous particles	White opalescent suspension, free from extraneous particles
Identification	The ratio of OD of test sample to OD of negative control should not be less than 2	Complies
pH	7.00 - 8.00	7.35
Extractable volume	NLT 5.00 mL	6.00 mL
Aluminium Content	NLT 0.19 mg/SHD and NMT 0.29 mg/SHD	0.24 mg/SHD
Residual Bovine Serum Albumin content	NMT 50 ng per Single Human Dose	5 ng/SHD
Sterility	No growth should be observed (Sterile)	No growth observed
Bacterial Endotoxins	Less than 25 International units (IU) per Single Human Dose.	< 12.5 IU/SHD
2-Phenoxy ethanol content	NLT 85.0% and NMT 115.0% of the stated label claim	97.2 %
Residual cellular DNA content	NMT 10 ng per Single Human Dose	0.04 ng/SHD
Protein adsorption test	NLT 75%	100 %
Total protein content	NLT 6.0 µg/SHD	7.2 µg/SHD
Osmolality	250-350 mOsmol/kg	324 mOsmol/kg

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS325

Prepared By:	Checked By:	Approved By:
10/05/2021	10/05/2021	10/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1707

BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS BULK**

Batch Number : 37621025A
A.R. Number : IP-37-21-029
Batch size : NLT 20 L
Date of Receipt : 10/04/2021
Mfg. Date : 04/21
Qty. Sampled : 102 mL
Exp. Date : To be established
Batch Release Date : 07/05/2021
Specification No. : FPS306

TESTS	SPECIFICATIONS	RESULTS
Identity test for vaccine virus (In-vitro)	ELISA test and SDS PAGE serve as an identity test	Complies
Description	Clear colorless, translucent liquid, free from particulate matter	Clear colorless, translucent liquid, free from particulate matter
pH	7.00 - 8.00	7.54
Sterility	No growth should be observed (Sterile)	No growth observed
Total Protein content (Lowry et al)	NLT 15.00 µg/mL	154.83 µg/mL
Corona virus amplification test	No residual live virus should be observed in Corona virus Amplification test	No residual live virus observed
Corona virus inactivation test	No CPE should be observed	No CPE observed
Residual cellular DNA Content	NMT 10.00 ng/SHD	0.04 ng/SHD
Residual Bovine serum Albumin content	NMT 50.00 ng/SHD	5.27 ng/SHD
Antigenic purity by SDS-PAGE	Should show only Corona virus specific bands	Complies
Bacterial Endotoxin	Less than 25 international Units (IU) per mL	<12.5 IU per mL
Residual BPL Content	No Residual BPL Content should be present	No Residual BPL Content present
Residual trypsin content by ELISA method	For information only	0.08 ng/mL

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS306

Prepared By:	Checked By:	Approved By:
07/05/2021	07/05/2021	07/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1708

F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1709

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1710

File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

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4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=171d0331d5d9c2d4f9e323179e1411bf, serialNumber=2bea56c83bfbfee215de199bbaf7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

CDSCO CDSCO
CENTRAL DRUGS STANDARD CONTROL ORGANISATION
सत्यमेव जयते
MINISTRY OF HEALTH, GOVERNMENT OF INDIA

William Amorim Santana

De: William Amorim Santana
Enviado em: quarta-feira, 16 de junho de 2021 17:31
Para: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira'; 'Carlos E.J. Pereira'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: 37F21046A SLP.pdf; ANEXO_2_India EUL 12032021.pdf; PROFORMA INVOICE - BRAZIL_COVAXIN.pdf

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

- **Nome e endereço completo do Fabricante;**
- **Data de fabricação e vencimento;**
- **Número dos Lotes;**

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, June 14, 2021 1:00 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Everton <everton@wegh.com.br>
Enviado em: quinta-feira, 17 de junho de 2021 09:02
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Bom dia William

Fiquei na dúvida do INCOTERM, no proforma informa FCA é isso mesmo ? Ou é DAP ?

Última informação é trocar PROFORMA para INVOICE.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, June 16, 2021 5:31 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

[cid:image003.png@01D762D0.D75EC1B0]

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

* Nome e endereço completo do Fabricante;
* Data de fabricação e vencimento;
* Número dos Lotes;

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, June 14, 2021 1:00 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>

Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19

(COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 14 de junho de 2021 12:25

Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.

Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Date: Saturday, 12 June 2021 00:43

To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br%3cmailto:daniele.constantino@precisamedicamentos.com.br>>>

Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Date: Friday, 11 June 2021 22:30

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3708

monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----

De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; 'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>

www.wegh.com.br<http://www.wegh.com.br<http://www.wegh.com.br%3chttp:/www.wegh.com.br>>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>;
lucas@wegh.com.br<mailto:lucas@wegh.com.br<mailto:lucas@wegh.com.br%3cmailto:lucas@wegh.com.br>>;
'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>, Roberto Ferreira Dias
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<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>, LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>, Regina Celia Silva Oliveira
<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>>, Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>>, Thiago Fernandes da Costa

<thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.d

ias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0

3. BBV152 SAP

4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF

6. Diário do Participante

7. ICD

8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1748

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO,

SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Enviado em: quinta-feira, 17 de junho de 2021 14:55
Para: Ariadne Gisele Muniz Bonvino; Marcelo Calado; Ozeias de Lima Leitao
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Emanuela Medrades; tulio.silveira@precisamedicamentos.com.br; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo
Assunto: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021
Anexos: E-mail INCQS para PRECISA Emanuela Medrades 15_06_2021.pdf

Prezada Ariadne,

Apesar de o INCQS estar com grande demanda de trabalho, estamos conseguindo cumprir com os prazos acordados. O histórico de nossas comunicações encontra-se no anexo dessa mensagem, que contém as mensagens eletrônicas trocadas entre o INCQS e a PRECISA.
Destaco que no dia 15/06/2021 solicitamos para a Emanuela uma atualização quanto às últimas demandas e não obtivemos resposta até o presente momento.
Estamos disposição para qualquer esclarecimento.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Ariadne Gisele Muniz Bonvino [mailto:ariadne.bonvino@saude.gov.br]
Enviada em: quinta-feira, 17 de junho de 2021 14:19
Para: Marcelo Calado; Maria Aparecida Affonso Boller
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Cida,

Encaminho e-mail recebido da Precisa, em relação à vacina Covaxin, para ciência e providências pertinentes.

Att.,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 12:43
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada @Ariadne Gisele Muniz Bonvino boa tarde. Como vai? Espero que esteja bem!

Ariadne, a Dra. @Emanuela Medrades que nos lê em cópia, solicitou ao INCQS os procedimentos que devem ser adotados para o envio das doses/documentos para a análise da qualidade da vacina.

Provavelmente em virtude da alta demanda que o INCQS deve estar submetido, essa devolutiva ainda não nos foi encaminhada.

Seria possível que o Ministério da Saúde fizesse essa verificação quanto à solicitação que foi encaminhada?

Estou a disposição para mais esclarecimentos.

Att.,

Túlio Silveira
Legal Department
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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

Maria Aparecida Affonso Boller

De: Ozeias de Lima Leitao
Enviado em: terça-feira, 15 de junho de 2021 14:21
Para: Emanuela Medrades; Maria Aparecida Affonso Boller; Graziela Costa Araujo
Cc: Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira; incqs.ntpb@fiocruz.br
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Boa tarde Emanuela, tudo bem?

Gostaria que você compartilhasse conosco as atualizações quanto aos documentos solicitados ou outros encaminhamentos que tenham feito.

Faço esse pedido pois a equipe interna precisará analisar os POPs, estabelecer aqueles que poderão ser internalizados e os que necessitarão de compra de insumos.

Atenciosamente,

Ozéias Leitão

Tecnologista em Saúde Pública

INCQS

Departamento de Química/Laboratório de Produtos Biológicos e Artigos de Saúde/Setor de Produtos Biológicos

Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Ozeias de Lima Leitao
Enviado: terça-feira, 8 de junho de 2021 11:09
Para: Emanuela Medrades; Maria Aparecida Affonso Boller; Graziela Costa Araujo
Cc: Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira; incqs.ntpb@fiocruz.br
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Bom dia Emanuela,

Infelizmente essas situações acontecem mas nos colocamos à disposição para resolvermos e entendemos a urgência das respostas face ao cenário da pandemia.

Entretanto, devido a nova situação de análises laboratoriais como condicionante pela ANVISA, precisaremos de todos os Procedimentos Operacionais e seus respectivos Relatórios de

Validação, nos ensaios realizados no produto final, para avaliação da internalização dos procedimentos.

Sobre os documentos do Ensaio de Potência enviados ontem, a equipe responsável fez uma avaliação mas necessitará de mais informações, que seguem descritas na tabela abaixo:

Solicitação dos Procedimentos do Ensaio de Potência		
Nº documento	**Título documento**	**Observações**
STP/QCV/135	Potency test (Biological Assay) whole virion Inativacted Corona Virus vaccine by serm neutralization method	Esse POP está no anexo 71, mas não menciona a linhagem de camundongo utilizada no ensaio de potência. Já tem uma versão atualizada do POP?
STP/QCC/072	In vivo Potency of SARS CoV2 vaccine and detection of antibodies by ELISA method	
SP/37/20/01	Plaque Reduction Neutralization Test at 50% or 90% Against SARS CoV2 virus	

Atenciosamente,

Ozéias Leitão

Tecnologista em Saúde Pública

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Departamento de Química/Laboratório de Produtos Biológicos e Artigos de Saúde/Setor de Produtos Biológicos

Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: terça-feira, 8 de junho de 2021 10:25
Para: Ozeias de Lima Leitao; Maria Aparecida Affonso Boller; Graziela Costa Araujo
Cc: Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira; incqs.ntpb@fiocruz.br
Assunto: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Caro Ozéias, bom dia.

Uma pena que tivemos esse contratempo, como eu havia recebido a confirmação de entrega do e-mail acabei nem conferindo com vocês.

Honestamente, estamos tentando entender a melhor alternativa a ser seguida após a decisão da ANVISA de solicitar a análise laboratorial por parte do INCQS, pois conforme conversado com a Cida ontem, para o teste de potência será necessário no mínimo 28 dias para execução do ensaio, seguido de mais alguns dias para análise e elaboração do report. E vale ressaltar também que os testes deverão realizados in vivo, conforme método compartilhado.

De qualquer forma, precisamos da orientação do Instituto quanto a quantidade de amostras para realização dos ensaios, além de precisar entender se estamos falando da quantificação de antígeno e Potência ou se irão realizar os ensaios listados no CoA para liberação dos lotes.

Aguardo retorno,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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From: Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Date: Tuesday, 8 June 2021 01:52
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>, ".DIR Secretaria" <secretaria@incqs.fiocruz.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>, "incqs.ntpb@fiocruz.br" <incqs.ntpb@fiocruz.br>
Subject: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Prezada Emanuela,

A Maria Aparecida realizou o contato por telefone e esclareceu que não havíamos recebido o seu e-mail e anexos. Após o reenvio dos arquivos, a equipe responsável pela avaliação foi informada e em breve retornaremos o contato.

Disponibilizo a conta *incqs.ntpb@fiocruz.br* para ser inserido como cópia nas futuras comunicações pois suporta arquivos maiores e, assim, evitarmos a falha de comunicação que houve.

Atenciosamente,

Ozéias Leitão

Tecnologista em Saúde Pública

INCQS/Departamento de Química

Laboratório de Produtos Biológicos e Artigos de Saúde/Setor de Produtos Biológicos

Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: segunda-feira, 7 de junho de 2021 13:47
Para: Maria Aparecida Affonso Boller; Graziela Costa Araujo; Ozeias de Lima Leitao
Cc: Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira
Assunto: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Caro Ozeias, boa tarde.

Gostaria de saber se possuem algum retorno quanto aos métodos de Potência e quantificação de antígeno ?

Estamos encerrando a justificativa quanto a quantidade máxima de Proteínas, entretanto, tal informação é referente ao Bulk e não ao produto acabado. A Biocarga e demais fatores que acabam tendo oscilações durante a liberação do Bulk mas são estabilizados para liberação do produto acabado.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Wednesday, 2 June 2021 21:32
To: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>, Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Cc: Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>, ".DIR Secretaria" <secretaria@incqs.fiocruz.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Caro Ozéias, bom dia.

Gostaria de compartilhar, em complementação as respostas enviadas anteriormente, os seguintes arquivos e suas descrições:

Conteúdo antigênico

Anexo 67 – Assay Validation for estimation of **S1 protein** in Bulk by ELISA – Protocolo de validação de método
Anexo 68 – Assay Validation for estimation of **S1 protein** in Bulk by ELISA – Relatório de validação de método

Potência

Anexo 71 – Assay Validation for estimation of potency by measuring SARS-CoV-2 specific antibody or neutralizing antibody titre – Protocolo de validação de método.
Anexo 72 – Assay Validation for estimation of potency by measuring SARS-CoV-2 specific antibody or neutralizing antibody titre – Relatório de validação de método.

Com isso, informo que teremos ajustes no SLP e CoA quanto a estes dois itens.

Ainda sobre o limite máximo de conteúdo de proteínas totais nos retornarão até amanhã com a justificativa e maiores detalhes.

Permanecemos a disposição,

Emanuela Medrades
Diretora Executiva

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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Monday, 31 May 2021 07:22
To: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>, ".DIR Secretaria" <secretaria@incqs.fiocruz.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>, Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>
Subject: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Caro Ozéias, bom dia.

Obrigada pelo retorno. Seguem meus comentários a seguir em vermelho.

1) As informações referentes ao **Ensaio de Esterilidade** da vacina Covaxin contidas no documento enviado pela Bharat Biotech estão adequadas para a análise de protocolo do referido ensaio.
Ciente, obrigada.

2) Os ensaios físico-químicos compendiais (**pH, Conteúdo de Alumínio, Osmolalidade**) estão descritos de modo adequado à análise de protocolo.
Ciente, obrigada.

3) No ensaio **Volume Extraível** é utilizado o método de Medida em Cilindro Graduado, ressaltamos que a Farmacopeia Brasileira alterou a metodologia para gravimetria. Entretanto, a manutenção do excesso de volume proposto não deve provocar resultados fora de especificação.
Vamos estudar um risk assessment e podemos inserir um Change Control. Mas para os primeiros lotes que virão, o método realmente será de Medida em Cilindro Graduado.

4) Para facilitar a rastreabilidade, sugerimos a inclusão de uma árvore genealógica (fluxograma de produção) no protocolo, com os números dos lotes utilizados/gerados ao longo da produção (por exemplo, working cell bank, working virus seed, bulk, bulk purificado, bulk final e produto).
Faremos isto.

5) Sobre o **Ensaio de Potência**, vários analistas expressaram dúvidas que transcrevo logo abaixo:

a) O produtor já definiu qual será o teste de potência a ser realizado?

A potência já está sendo realizada através de ELISA ou PRNT50 ou MNT50. Ontem as validações foram concluídas ontem e os dados estão sendo compilados e os relatórios serão apresentados nos próximos dias. A definição de quais testes serão aplicadas as próximas liberações de lote, se dará após a validação.

Assim que tivermos este concluído, iremos disponibilizar o SOP.

b) Na página 2/26, foi estabelecida uma potência de 7,2ug/dose. Qual ensaio foi realizado para chegar nesse valor?

Vide 5 a.

c) Em que(quais) etapa(s) da produção o teste é realizado? Qual a especificação para esse ensaio na(s) etapa(s)?

Vide 5 a.

d) Poderiam disponibilizar o POP desse ensaio de potência?

Vide 5 a.

6) Não foi identificado no documento a determinação da **Potência** ou **Conteúdo antigênico**, poderia esclarecer se o teste será feito ou se haverá substituição por outro? Qual a metodologia a ser utilizada?

Vide 5 a.

7) Foi observado que o teste **Conteúdo de Proteínas Totais** (Método Lowry) apresenta apenas valor para mínimo (NLT 15µg/mL). Há dúvidas neste ensaio quanto ao valor máximo admitido, assim, poderiam nos enviar um esclarecimento (justificativa) quanto aos valores limites deste teste?

Estamos aguardando o QA enviar a justificativa e retornaremos também nos próximos dias.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Thursday, 20 May 2021 01:46
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Subject: ENC: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Encaminhando...

De: Ozeias de Lima Leitao [mailto:ozeias.leitao@incqs.fiocruz.br]
Enviada em: quarta-feira, 19 de maio de 2021 10:44
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>; Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>; Leandro Brito Pereira dos Santos <leandro.santos@precisamedicamentos.com.br>; Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>; .DIR Secretaria <secretaria@incqs.fiocruz.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; ANVISA - Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Prezada Emanuela,

Após avaliarmos o documento enviado, fizemos algumas observações e questionamentos de modo a podermos alinhar e consolidar informações necessárias às futuras avaliações do PRPCQ realizados pelo INCQS:

1) As informações referentes ao **Ensaio de Esterilidade** da vacina Covaxin contidas no documento enviado pela Bharat Biotech estão adequadas para a análise de protocolo do referido ensaio.

2) Os ensaios físico-químicos compendiais (**pH, Conteúdo de Alumínio, Osmolalidade**) estão descritos de modo adequado à análise de protocolo.

3) No ensaio **Volume Extraível** é utilizado o método de Medida em Cilindro Graduado, ressaltamos que a Farmacopeia Brasileira alterou a metodologia para gravimetria. Entretanto, a manutenção do excesso de volume proposto não deve provocar resultados fora de especificação.

4) Para facilitar a rastreabilidade, sugerimos a inclusão de uma árvore genealógica (fluxograma de produção) no protocolo, com os números dos lotes utilizados/gerados ao longo da produção (por exemplo, working cell bank, working virus seed, bulk, bulk purificado, bulk final e produto).

5) Sobre o **Ensaio de Potência**, vários analistas expressaram dúvidas que transcrevo logo abaixo:

a) O produtor já definiu qual será o teste de potência a ser realizado?

b) Na página 2/26, foi estabelecida uma potência de 7,2ug/dose. Qual ensaio foi realizado para chegar nesse valor?

c) Em que(quais) etapa(s) da produção o teste é realizado? Qual a especificação para esse ensaio na(s) etapa(s)?

d) Poderiam disponibilizar o POP desse ensaio de potência?

6) Não foi identificado no documento a determinação da **Potência** ou **Conteúdo antigênico**, poderia esclarecer se o teste será feito ou se haverá substituição por outro? Qual a metodologia a ser utilizada?

7) Foi observado que o teste **Conteúdo de Proteínas Totais** (Método Lowry) apresenta apenas valor para mínimo (NLT 15µg/mL). Há dúvidas neste ensaio quanto ao valor máximo admitido, assim, poderiam nos enviar um esclarecimento (justificativa) quanto aos valores limites deste teste?

Estamos à disposição para qualquer esclarecimento,

Atenciosamente,

Ozéias Leitão

Tecnologista em Saúde Pública

INCQS

Departamento de Química - Laboratório de Produtos Biológicos e Artigos de Saúde/Setor de Produtos Biológicos

Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: terça-feira, 18 de maio de 2021 15:54
Para: Maria Aparecida Affonso Boller; Graziela Costa Araujo
Cc: Ozeias de Lima Leitao; Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Leandro Brito Pereira dos Santos; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira
Assunto: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Cida, boa tarde. Como vai ?

Gostaria de checar se conseguiram avaliar o documento enviado e informar que permanecemos a disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Thursday, 13 May 2021 22:30
To: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>, Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Leandro Brito Pereira dos Santos <leandro.santos@precisamedicamentos.com.br>, Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>, ".DIR Secretaria" <secretaria@incqs.fiocruz.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Muitíssimo obrigada e fico no aguardo do retorno,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
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From: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Date: Thursday, 13 May 2021 21:02
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>, Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Leandro Brito Pereira dos Santos <leandro.santos@precisamedicamentos.com.br>, Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>, ".DIR Secretaria" <secretaria@incqs.fiocruz.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Prezada Emanuela,

Disponibilizei o documento enviado com os colegas responsáveis pela análise de protocolo das vacinas Covid-19. Em breve darei retorno.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quinta-feira, 13 de maio de 2021 10:16
Para: Maria Aparecida Affonso Boller; Graziela Costa Araujo
Cc: Ozeias de Lima Leitao; Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Leandro Brito Pereira dos Santos; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira
Assunto: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Cara Maria, bom dia.

Gostaríamos de compartilhar o SLP (Summary Log Protocol) que contém todas as informações relevantes, inclusive em acordo com os documentos de referência disponíveis em outras autoridades. (EDQM e OMS).

Este SLP já está na mesma apresentação que será disponibilizado para o BR e conforme ciência de todos, todos os testes de CQ que foram incluídos, terão sua validação encerrada até o próximo dia 15/05. Dessa forma, teremos algumas pequenas alterações no documento.

De qualquer forma, compartilho para que analisem se este é o suficiente, junto aos demais itens do Anexo II.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA
Medicamentos

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From: Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Date: Thursday, 6 May 2021 00:15
To: Ingo Rodriguez <ingo.rodriguez@precisamedicamentos.com.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>, Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>, Amanda do Espirito Santo <amanda.santo@precisamedicamentos.com.br>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Cc: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>, Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>, Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>
Subject: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Prezados,

Encaminho anexa ata da reunião de 05/05/2021 realizada entre Precisa, INCQS e GELAS/Anvisa sobre a importação das vacinas Covaxin, assim como o link de acesso de gravação da reunião:
https://anvisabr-my.sharepoint.com/:v:/g/personal/graziela_araujo_anvisa_gov_br/ESpQ8R2FujlNv5leUiK2a40B5NF1Frsn4pbxjnsrIVwdBw?e=xJ15mi

Obrigada.

Respeitosamente,

Graziela Costa Araújo
Especialista em Regulação e Vigilância Sanitária
Gerente de Laboratórios de Saúde Pública – GELAS/DIRE4/ANVISA
61 3462-4009
AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA

De: Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>
Enviada em: segunda-feira, 3 de maio de 2021 18:42
Para: Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>; Ingo Rodriguez <ingo.rodriguez@precisamedicamentos.com.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>; Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Boa noite Graziela,

Sim temos disponibilidade para reunião no dia 05/5, às 10h00.

Atenciosamente,

Célia M C A Romão
Vice-Diretoria de Vigilância Sanitária
Instituto Nacional de Controle de Qualidade em Saúde - INCQS
Fundação Oswaldo Cruz - Fiocruz

De: Graziela Costa Araujo [Graziela.Araujo@anvisa.gov.br]
Enviado: segunda-feira, 3 de maio de 2021 16:42
Para: Ingo Rodriguez
Cc: Celia Maria Carvalho Pereira Araujo Romao; Emanuela Medrades; Maria Aparecida Affonso Boller; Ozeias de Lima Leitao; Eduardo Jorge Rabelo Netto; Elaine Cristina Giglioli
Assunto: RE: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Boa tarde,
Célia, vocês tem disponibilidade de agenda para o dia 05/05 às 10h?
Att.,
Graziela Araújo

De: Ingo Rodriguez <ingo.rodriguez@precisamedicamentos.com.br>
Enviado: segunda-feira, 3 de maio de 2021 15:52
Para: Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>; Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Boa tarde. Muito obrigado pela pronta resposta. Pode ser dia **05 de maio às 10am** por favor.
Grato,
Ingo

De: Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Enviada em: segunda-feira, 3 de maio de 2021 15:47
Para: Ingo Rodriguez <ingo.rodriguez@precisamedicamentos.com.br>
Cc: Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>; Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Boa tarde Sr. Ingo, no dia 06/05 temos agenda com CONASS e CONASEMS podemos agendar para 05/05 ou 07/05 no mesmo horário?

Obrigada.

Respeitosamente,

Graziela Costa Araújo
Especialista em Regulação e Vigilância Sanitária
Gerente de Laboratórios de Saúde Pública – GELAS/DIRE4/ANVISA
61 3462-4009
AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA

De: Ingo Rodriguez <ingo.rodriguez@precisamedicamentos.com.br>
Enviada em: segunda-feira, 3 de maio de 2021 15:22
Para: Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>; Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Prezada Sra. Graziela e Equipe Técnica,

Boa tarde.

Gostaríamos novamente de retomar nosso contato com vocês, referente às atualizações dos detalhes técnicos da vacina COVAXIN. O time regulatório da Precisa se encontra na Índia, por este motivo solicitamos por gentileza uma reunião para **quinta-feira dia 6 de maio às 10:00 am**.

Se esta data e horário não for conveniente para vocês, por favor enviar uma sugestão de data e horário.

Desde já agradecemos a atenção.

Atenciosamente,

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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William Amorim Santana

De: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Enviado em: quinta-feira, 17 de junho de 2021 14:55
Para: Ariadne Gisele Muniz Bonvino; Marcelo Calado; Ozeias de Lima Leitao
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Emanuela Medrades; tulio.silveira@precisamedicamentos.com.br; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo
Assunto: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021
Anexos: E-mail INCQS para PRECISA Emanuela Medrades 15_06_2021.pdf

Prezada Ariadne,

Apesar de o INCQS estar com grande demanda de trabalho, estamos conseguindo cumprir com os prazos acordados.
O histórico de nossas comunicações encontra-se no anexo dessa mensagem, que contém as mensagens eletrônicas trocadas entre o INCQS e a PRECISA.
Destaco que no dia 15/06/2021 solicitamos para a Emanuela uma atualização quanto às últimas demandas e não obtivemos resposta até o presente momento.
Estamos disposição para qualquer esclarecimento.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Ariadne Gisele Muniz Bonvino [mailto:ariadne.bonvino@saude.gov.br]
Enviada em: quinta-feira, 17 de junho de 2021 14:19
Para: Marcelo Calado; Maria Aparecida Affonso Boller
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Cida,

Encaminho e-mail recebido da Precisa, em relação à vacina Covaxin, para ciência e providências pertinentes.

Att.,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 12:43
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada @Ariadne Gisele Muniz Bonvino boa tarde. Como vai? Espero que esteja bem!

Ariadne, a Dra. @Emanuela Medrades que nos lê em cópia, solicitou ao INCQS os procedimentos que devem ser adotados para o envio das doses/documentos para a análise da qualidade da vacina.

Provavelmente em virtude da alta demanda que o INCQS deve estar submetido, essa devolutiva ainda não nos foi encaminhada.

Seria possível que o Ministério da Saúde fizesse essa verificação quanto à solicitação que foi encaminhada?

Estou a disposição para mais esclarecimentos.

Att.,

Túlio Silveira
Legal Department
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 61 9 9286-8666
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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: quinta-feira, 17 de junho de 2021 15:46
Para: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira; Carlos E.J. Pereira
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; 'Emanuela Medrades'; Ariadne Gisele Muniz Bonvino; Mônica Cristina Moraes E Souza Araújo
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezado Everton,

Boa tarde!

Conversei com a Sra. Emanuela Medrades, que nos lê em cópia, tendo a mesma se comprometido a fazer o ajuste na INVOICE.

Ante ao exposto, segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI) com incoterm **"CIP".**

Informações complementares: CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nª 163/2021/DIRES/ANVISA. "AUTORIZADA CONFORME A LEI Nª 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021".

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 09:02
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Bom dia William

Fiquei na dúvida do INCOTERM, no proforma informa FCA é isso mesmo ? Ou é DAP ?

Última informação é trocar PROFORMA para INVOICE.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, June 16, 2021 5:31 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

[cid:image003.png@01D762D0.D75EC1B0]

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

* Nome e endereço completo do Fabricante;
* Data de fabricação e vencimento;
* Número dos Lotes;

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nº 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, June 14, 2021 1:00 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>

Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 14 de junho de 2021 12:25

Para: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.

Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Date: Saturday, 12 June 2021 00:43

To: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br%3cmailto:daniele.constantino@precisamedicamentos.com.br>>>

Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Date: Friday, 11 June 2021 22:30

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportaca

o@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3708

monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----

De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-
mail: everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>

www.wegh.com.br<http://www.wegh.com.br<http://www.wegh.com.br%3chttp:/www.wegh.com.br>>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.co

m.br>>;
lucas@wegh.com.br<mailto:lucas@wegh.com.br<mailto:lucas@wegh.com.br%3cmailto:lucas@wegh.com.br>>;
'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>, Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>, Lenice Guimaraes Araujo
<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>, LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>, Regina Celia Silva Oliveira
<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>>, Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>>, Thiago Fernandes da Costa
<thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1792

.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0

3. BBV152 SAP

4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF

6. Diário do Participante

7. ICD

8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

_____

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1794

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise

imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

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LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

SISCOMEX - Sistema Licenciamento de Importação

Extrato de Licença de Importação

Informações da LI

Licenciamento:	21/1673338-5
Data e Hora do Registro:	17/06/2021 - 16:10
Data e Hora da Situação:	17/06/2021 - 16:10:24
Situação:	PARA ANALISE

Básicas

Importador

Tipo do Importador:	Pessoa Jurídica
Nome do Importador:	
CNPJ:	00.394.544/0008-51
Razão Social:	MINISTERIO DA SAUDE
País:	
Atividade Econômica:	
Natureza Jurídica:	PODER EXECUTIVO FEDERAL
Logradouro:	ESP DOS MINISTERIOS BL. G
Complemento:	ANEXO A SALA 420A
Número:	11
Bairro:	ESPL. DOS MINISTERI
Cidade/Distrito:	BRASILIA
CEP:	70310500
UF:	DF
Telefone:	061 - 3152425

Outras Informações

País de Procedência:	INDIA
URF de Despacho:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS
URF de Entrada:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS

Informações Complementares

CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nª 163/2021/DIRES/ANVISA. AUTORIZADA CONFORME A LEI Nª 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021.

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1799

Fornecedor

Exportador

Nome: MADISON BIOTECH PTE LIMITED
E-Mail:
Responsavel:
País de Aquisição: CINGAPURA

Logradouro: CANTONMENT ROAD
Número: 31
Complemento: 089747
Cidade: CINGAPURA
Estado: CINGAPURA

Fabricante/Produtor

Nome: BHARAT BIOTECH INTERNATIONA LIMITED
E-Mail:
Responsavel:
País de Origem: INDIA
Logradouro: GENOME VALLEY, SHAMEERPET
Número: 0
Complemento: 500 078
Cidade: HYDERABAD
Estado: TELANGANA

Mercadoria

Dados Gerais

NCM: 3002.20.29
Descrição da NCM: Outras
Destaque NCM:
Unidade da Medida Estatística: QUILOGRAMA LIQUIDO
NALADI/SH:
Moeda Negociada: DOLAR DOS EUA
INCOTERM: CIP - CARRIAGE AND INSURANCE PAID TO

Condição da Mercadoria

Tipo da Condição da Mercadoria: Nenhuma
Enquadramento Material Usado: Nenhuma
Tipo de Operação: Nenhuma

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1800

Detalhes da Mercadoria

Produto 1

Unidade Comercializada:	DOSES
Peso Líquido Kg:	8.364,40000
Qtde. na Unidade Comercializada:	4.000.000,00000
Qtde. na Medida Estatística:	8.364,40000
Valor do Produto no Local de Embarque:	59.070.132,9800000
Valor Unitário na Condição de Venda:	15,0000000
Valor do Produto na Condição de Venda:	60.000.000,0000000

Especificação:

COVAXIN (Whole Virion Inactivated Corona Virus Vaccine) 5,0ml/FRASCOS

. 400.000 FRASCOS DE 10 DOSES CADA, TOTALIZANDO 4.000.000 DOSES .

Totalizadores

Qtde.Total na Medida Estatística:	8.364,40000
Peso Líquido Total em Kg:	8.364,40000
Valor Total no Local do Embarque:	59.070.132,9800000
Valor Total na Condição de Venda:	60.000.000,0000000

Negociação

Modalidade Drawback:	
Acordo Tarifário:	
Acordo Aladi:	
Regime de Tributação:	IMUNIDADE
Fundamentação:	UNIãO,ESTADOS,DF E MUNICíPIOS;AUTARQUIAS E FUNDS.INSTITUíDAS
Cobertura Cambial:	COM COBERTURA CAMBIAL E PAGAMENTO FINAL A PRAZO DE ATE' 180
Modalidade de pagamento:	FINANCIAMENTO DO FORNECEDOR (SUPPLIER'S CREDIT) - OUTROS
Qtde. Dias Limite pagto:	
Instituição Financeira:	
Motivo:	

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1801

LI / Anuências

Informações da LI Vinculada a DI

Declaração Vinculada:
Adição Vinculada:
Retificação:

Informações do Cancelamento/Vencimento da LI

Motivo:
CPF do Imp. que efetuou o cancelamento da LI:
Data do Cancelamento/Vencimento:
Hora do Cancelamento/Vencimento:

Andamento das Anuências

Anuência 1

Órgão Anuente:	ANVISA
Tratam. Administrativo:	MERCADORIA
Situação:	PARA ANALISE
Data da Situação:	17/06/2021
Hora da Situação:	16:10
Validade da Anuência para Embarque:	
Validade da Anuência para Despacho:	
Diagnóstico do Anuente:	

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1802

William Amorim Santana

De: Everton <everton@wegh.com.br>
Enviado em: quinta-feira, 17 de junho de 2021 16:14
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; 'Emanuela Medrades'; Ariadne Gisele Muniz Bonvino; Mônica Cristina Moraes E Souza Araújo
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: LI 21-1673338-5.pdf

Boa tarde

William

Em anexo a LI. Por gentileza verificar se está de acordo e informar.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA

Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda
Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil
CEP 04108-000 – São Paulo-SP- Brasil
Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

From: William Amorim Santana
Sent: Thursday, June 17, 2021 3:46 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; Carlos E.J. Pereira <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezado Everton,

Boa tarde!

Conversei com a Sra. Emanuela Medrades, que nos lê em cópia, tendo a mesma se comprometido a fazer o ajuste na INVOICE.

Ante ao exposto, segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI) com incoterm **"CIP".**

Informações complementares: CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nª 163/2021/DIRES/ANVISA. "AUTORIZADA CONFORME A LEI Nª 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021".

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 09:02
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Bom dia William

Fiquei na dúvida do INCOTERM, no proforma informa FCA é isso mesmo ? Ou é DAP ?

Última informação é trocar PROFORMA para INVOICE.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, June 16, 2021 5:31 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

[cid:image003.png@01D762D0.D75EC1B0]

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

* Nome e endereço completo do Fabricante;
* Data de fabricação e vencimento;
* Número dos Lotes;

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, June 14, 2021 1:00 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>

Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 14 de junho de 2021 12:25

Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.

Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Date: Saturday, 12 June 2021 00:43

To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br%3cmailto:daniele.constantino@precisamedicamentos.com.br>>>

Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Date: Friday, 11 June 2021 22:30

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1812

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3708

monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----

De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-
mail: everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>

www.wegh.com.br<http://www.wegh.com.br<http://www.wegh.com.br%3chttp:/www.wegh.com.br>>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>;
lucas@wegh.com.br<mailto:lucas@wegh.com.br<mailto:lucas@wegh.com.br%3cmailto:lucas@wegh.com.br>>;
'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Regina Celia Silva Oliveira

<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>, Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>, Lenice Guimaraes Araujo

<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>; William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>; Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>; Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>; Lenice Guimaraes Araujo
<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>; LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>; Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0

3. BBV152 SAP

4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF

6. Diário do Participante

7. ICD

8. Questionário FUP Telefone

Atenciosamente,

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1823

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

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Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1828

SISCOMEX - Sistema Licenciamento de Importação

Extrato de Licença de Importação

Informações da LI

Licenciamento:	21/1673338-5
Data e Hora do Registro:	17/06/2021 - 16:10
Data e Hora da Situação:	17/06/2021 - 16:10:24
Situação:	PARA ANALISE

Básicas

Importador

Tipo do Importador:	Pessoa Jurídica
Nome do Importador:	
CNPJ:	00.394.544/0008-51
Razão Social:	MINISTERIO DA SAUDE
País:	
Atividade Econômica:	
Natureza Jurídica:	PODER EXECUTIVO FEDERAL
Logradouro:	ESP DOS MINISTERIOS BL. G
Complemento:	ANEXO A SALA 420A
Número:	11
Bairro:	ESPL. DOS MINISTERI
Cidade/Distrito:	BRASILIA
CEP:	70310500
UF:	DF
Telefone:	061 - 3152425

Outras Informações

País de Procedência:	INDIA
URF de Despacho:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS
URF de Entrada:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS

Informações Complementares

CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nª 163/2021/DIRES/ANVISA. AUTORIZADA CONFORME A LEI Nª 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021.

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1829

Fornecedor

Exportador

Nome: MADISON BIOTECH PTE LIMITED
E-Mail:
Responsavel:
País de Aquisição: CINGAPURA

Logradouro: CANTONMENT ROAD
Número: 31
Complemento: 089747
Cidade: CINGAPURA
Estado: CINGAPURA

Fabricante/Produtor

Nome: BHARAT BIOTECH INTERNATIONA LIMITED
E-Mail:
Responsavel:
País de Origem: INDIA
Logradouro: GENOME VALLEY, SHAMEERPET
Número: 0
Complemento: 500 078
Cidade: HYDERABAD
Estado: TELANGANA

Mercadoria

Dados Gerais

NCM: 3002.20.29
Descrição da NCM: Outras
Destaque NCM:
Unidade da Medida Estatística: QUILOGRAMA LIQUIDO
NALADI/SH:
Moeda Negociada: DOLAR DOS EUA
INCOTERM: CIP - CARRIAGE AND INSURANCE PAID TO

Condição da Mercadoria

Tipo da Condição da Mercadoria: Nenhuma
Enquadramento Material Usado: Nenhuma
Tipo de Operação: Nenhuma

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1830

Detalhes da Mercadoria

Produto 1

Unidade Comercializada:	DOSES
Peso Líquido Kg:	8.364,40000
Qtde. na Unidade Comercializada:	4.000.000,00000
Qtde. na Medida Estatística:	8.364,40000
Valor do Produto no Local de Embarque:	59.070.132,9800000
Valor Unitário na Condição de Venda:	15,0000000
Valor do Produto na Condição de Venda:	60.000.000,0000000

Especificação:

COVAXIN (Whole Virion Inactivated Corona Virus Vaccine) 5,0ml/FRASCOS

. 400.000 FRASCOS DE 10 DOSES CADA, TOTALIZANDO 4.000.000 DOSES .

Totalizadores

Qtde.Total na Medida Estatística:	8.364,40000
Peso Líquido Total em Kg:	8.364,40000
Valor Total no Local do Embarque:	59.070.132,9800000
Valor Total na Condição de Venda:	60.000.000,0000000

Negociação

Modalidade Drawback:	
Acordo Tarifário:	
Acordo Aladi:	
Regime de Tributação:	IMUNIDADE
Fundamentação:	UNIãO,ESTADOS,DF E MUNICíPIOS;AUTARQUIAS E FUNDS.INSTITUíDAS
Cobertura Cambial:	COM COBERTURA CAMBIAL E PAGAMENTO FINAL A PRAZO DE ATE' 180
Modalidade de pagamento:	FINANCIAMENTO DO FORNECEDOR (SUPPLIER'S CREDIT) - OUTROS
Qtde. Dias Limite pagto:	
Instituição Financeira:	
Motivo:	

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1831

LI / Anuências

Informações da LI Vinculada a DI

Declaração Vinculada:
Adição Vinculada:
Retificação:

Informações do Cancelamento/Vencimento da LI

Motivo:
CPF do Imp. que efetuou o cancelamento da LI:
Data do Cancelamento/Vencimento:
Hora do Cancelamento/Vencimento:

Andamento das Anuências

Anuência 1

Órgão Anuente:	ANVISA
Tratam. Administrativo:	MERCADORIA
Situação:	PARA ANALISE
Data da Situação:	17/06/2021
Hora da Situação:	16:10
Validade da Anuência para Embarque:	
Validade da Anuência para Despacho:	
Diagnóstico do Anuente:	

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1832

William Amorim Santana

De: William Amorim Santana
Enviado em: quinta-feira, 17 de junho de 2021 16:18
Para: 'Emanuela Medrades'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: LI 21-1673338-5.pdf

Prezada Emanuela Medrades,

Boa tarde!

Segue anexo Licença de Importação nº 21/1673338-2.
Ficamos no aguardo dos documentos, de caráter técnicos, para submissão a Agencia Nacional de Vigilância Sanitária (ANVISA).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 16:14
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Boa tarde

William

Em anexo a LI. Por gentileza verificar se está de acordo e informar.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA

Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda
Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil
CEP 04108-000 – São Paulo-SP- Brasil
Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

From: William Amorim Santana
Sent: Thursday, June 17, 2021 3:46 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; Carlos E.J. Pereira <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezado Everton,

Boa tarde!

Conversei com a Sra. Emanuela Medrades, que nos lê em cópia, tendo a mesma se comprometido a fazer o ajuste na INVOICE.

Ante ao exposto, segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI) com incoterm **"CIP".**

Informações complementares: CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nª 163/2021/DIRES/ANVISA. "AUTORIZADA CONFORME A LEI Nª 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021".

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 09:02

Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Bom dia William

Fiquei na dúvida do INCOTERM, no proforma informa FCA é isso mesmo ? Ou é DAP ?

Última informação é trocar PROFORMA para INVOICE.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, June 16, 2021 5:31 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

[cid:image003.png@01D762D0.D75EC1B0]

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

* Nome e endereço completo do Fabricante;
* Data de fabricação e vencimento;
* Número dos Lotes;

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, June 14, 2021 1:00 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>

Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 14 de junho de 2021 12:25

Para: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.

Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Date: Saturday, 12 June 2021 00:43

To: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br%3cmailto:daniele.constantino@precisamedicamentos.com.br>>>

Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Date: Friday, 11 June 2021 22:30

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3708

monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----

De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; 'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-
mail: everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>

www.wegh.com.br<http://www.wegh.com.br<http://www.wegh.com.br%3chttp:/www.wegh.com.br>>

-----Original Message-----

From: William Amorim Santana

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1845

Sent: Friday, June 11, 2021 1:45 PM

To:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>;
lucas@wegh.com.br<mailto:lucas@wegh.com.br<mailto:lucas@wegh.com.br%3cmailto:lucas@wegh.com.br>>;
'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>>, William Amorim Santana
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<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>, Roberto Ferreira Dias
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<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>, LISTA - DIVISÃO DE IMPORTAÇÃO
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<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>>, Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>>, Thiago Fernandes da Costa
<thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>>

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1850

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3c

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Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0

3. BBV152 SAP

4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF

6. Diário do Participante

7. ICD

8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

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Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1854

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
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LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: quarta-feira, 23 de junho de 2021 11:40
Para: Maria Aparecida Affonso Boller; Ariadne Gisele Muniz Bonvino; Marcelo Calado; Ozeias de Lima Leitao
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Tulio Silveira; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo; Amanda Santo
Assunto: Re: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Cida, bom dia.

Fizemos um follow up junto a BBIL ontem e eles estão com algumas demandas da OMS e nos pediram até sexta-feira dessa semana para retornar com essa resposta.

Estamos insistindo em uma data mais célere. De qualquer forma, gostaria de confirmar se é realmente só uma observação que vocês possuem ou se existem mais pontos a detalhar.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Date: Thursday, 17 June 2021 14:55
To: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Marcelo Calado <marcelo.calado@saude.gov.br>, Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Subject: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Ariadne,

Apesar de o INCQS estar com grande demanda de trabalho, estamos conseguindo cumprir com os prazos acordados. O histórico de nossas comunicações encontra-se no anexo dessa mensagem, que contém as mensagens eletrônicas trocadas entre o INCQS e a PRECISA.
Destaco que no dia 15/06/2021 solicitamos para a Emanuela uma atualização quanto às últimas demandas e não obtivemos resposta até o presente momento.
Estamos disposição para qualquer esclarecimento.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Ariadne Gisele Muniz Bonvino [mailto:ariadne.bonvino@saude.gov.br]
Enviada em: quinta-feira, 17 de junho de 2021 14:19
Para: Marcelo Calado; Maria Aparecida Affonso Boller
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Cida,

Encaminho e-mail recebido da Precisa, em relação à vacina Covaxin, para ciência e providências pertinentes.

Att.,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 12:43
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada @Ariadne Gisele Muniz Bonvino boa tarde. Como vai? Espero que esteja bem!

Ariadne, a Dra. @Emanuela Medrades que nos lê em cópia, solicitou ao INCQS os procedimentos que devem ser adotados para o envio das doses/documentos para a análise da qualidade da vacina.

Provavelmente em virtude da alta demanda que o INCQS deve estar submetido, essa devolutiva ainda não nos foi encaminhada.

Seria possível que o Ministério da Saúde fizesse essa verificação quanto à solicitação que foi encaminhada?

Estou a disposição para mais esclarecimentos.

Att.,

Túlio Silveira
Legal Department
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28º andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 61 9 9286-8666
www.precisamedicamentos.com.br

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autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por favor, informe o

This message may contain stuff that is confidential, privileged and for exclusive use of the Intended recipiente. Any di
permission is strictly prohibited. If you are not the intended recipiente of this message, please notify the sender and

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER **MADISON BIOTECH PTE LIMITED** **31 Cantonment Road** **Singapore -089747** **Company Registration No: 202005277E**	**MANUFACTURER** **BHARAT BIOTECH INTERNATIONAL LIMITED** **Genome Valley, Shameerpet** **Hyderabad - 500 078** **Telangana, Índia**

No & Date **No: MAD/HM/2021/07** **11 June 2021**	**Exporter's Ref**
Buyer's Order No :	
Other Reference(s)	

CONSIGNEE **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A, 4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500 BRASIL)**	**BUYER** **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A, 4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500 BRASIL)**

Pre Carriage By	**Place of Receipt By Pre-Carrier**	**Country of Origin of Goods** **INDIA**	**Country of Final Destination** **BRAZIL**
Vessel / Flight No	**Port of Loading** **HYDERABAD, INDIA**		
Port of Discharge	**Final Destination** **GUARULHOS AIPORT, BR** **Gross weight: 8856.2 Kg** **Net weight: 8364.4 Kg**	**Dispatched by Dispatch** **Currency**	**: CIP Hyderabad/Brazil** **: a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil** **b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India** **USD**

Brazil	PRODUCT	PACK SIZE	Quantity	USD Unit Price
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial 10 doses/vial	4.000.000	15,00

Bank name DBS Bank. **Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.** **Account number: 0720224590** **IFSC Code: DBSS0IN0811** **SWIFT Code: DBSSSGSG.**	**NCM 3002.20.29 Shelf-life** **6 (six) months from mfg date.**	**Insurance**	67,500.00
		Air Freight	862,367.02
Declaration: **We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct**		**Total Value**	**60,000,000.00**
		Amount in words :USD SIXTY MILLION ONLY.	

Accepted **For, HEALTH'S MINISTRY** **AUTHORISED SIGNATORY**	**For, MADISON BIOTECH PTE. LTD.** MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E **AUTHORISED SIGNATORY**

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: quarta-feira, 23 de junho de 2021 11:43
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: PROFORMA INVOICE - BRAZIL_COVAXIN_CIP.pdf

William, bom dia,

Segue PFI retificada com o INCOTERM CIP.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

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From: William Amorim Santana <william.santana@saude.gov.br>
Date: Thursday, 17 June 2021 16:18
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Emanuela Medrades,

Boa tarde!

Segue anexo Licença de Importação nº 21/1673338-2.
Ficamos no aguardo dos documentos, de caráter técnicos, para submissão a Agencia Nacional de Vigilância Sanitária (ANVISA).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 16:14
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Boa tarde

William

Em anexo a LI. Por gentileza verificar se está de acordo e informar.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA

Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda
Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil
CEP 04108-000 – São Paulo-SP- Brasil
Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

From: William Amorim Santana
Sent: Thursday, June 17, 2021 3:46 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; Carlos E.J. Pereira <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; 'Emanuela Medrades'

<emanuela.medrades@precisamedicamentos.com.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezado Everton,

Boa tarde!

Conversei com a Sra. Emanuela Medrades, que nos lê em cópia, tendo a mesma se comprometido a fazer o ajuste na INVOICE.

Ante ao exposto, segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI) com incoterm **"CIP".**

Informações complementares: CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nº 163/2021/DIRES/ANVISA. "AUTORIZADA CONFORME A LEI Nº 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021".

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 09:02
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Bom dia William

Fiquei na dúvida do INCOTERM, no proforma informa FCA é isso mesmo ? Ou é DAP ?

Última informação é trocar PROFORMA para INVOICE.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, June 16, 2021 5:31 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

[cid:image003.png@01D762D0.D75EC1B0]

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

* Nome e endereço completo do Fabricante;
* Data de fabricação e vencimento;
* Número dos Lotes;

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nº 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, June 14, 2021 1:00 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>

Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 14 de junho de 2021 12:25

Para: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.

Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Date: Saturday, 12 June 2021 00:43

To: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br%3cmailto:daniele.constantino@precisamedicamentos.com.br>>>

Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Date: Friday, 11 June 2021 22:30

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1873

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3708

monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----

De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1875

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-
mail: everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>

www.wegh.com.br<http://www.wegh.com.br<http://www.wegh.com.br%3chttp:/www.wegh.com.br>>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>;
lucas@wegh.com.br<mailto:lucas@wegh.com.br<mailto:lucas@wegh.com.br%3cmailto:lucas@wegh.com.br>>;
'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>
>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>, Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>, Lenice Guimaraes Araujo
<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>, LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>, Regina Celia Silva Oliveira
<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>>, Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>>, Thiago Fernandes da Costa
<thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0

3. BBV152 SAP

4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF

6. Diário do Participante

7. ICD

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1884

8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Enviado em: quarta-feira, 23 de junho de 2021 14:44
Para: Emanuela Medrades; Maria Aparecida Affonso Boller; Ariadne Gisele Muniz Bonvino; Marcelo Calado
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Tulio Silveira; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo; Amanda Santo; incqs.ntpb@fiocruz.br
Assunto: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Boa tarde Emanuela,

I
Reforço que, devido a nova situação de análises laboratoriais como condicionante pela ANVISA, precisaremos de todos os Procedimentos Operacionais e seus respectivos Relatórios de Validação, nos ensaios realizados no produto final, para avaliação da internalização dos procedimentos.

Sobre os documentos do Ensaio de Potência enviados, a equipe responsável fez uma avaliação, conforme mensagem trocada em 08/06/2021, mas necessitará de mais informações, que seguem descritas na tabela abaixo:

Solicitação dos Procedimentos do Ensaio de Potência		
Nº documento	**Título documento**	**Observações**
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STP/QCC/072	In vivo Potency of SARS CoV2 vaccine and detection of antibodies by ELISA method	
SP/37/20/01	Plaque Reduction Neutralization Test at 50% or 90% Against SARS CoV2 virus	

Estamos no aguardo dos documentos solicitados e nos colocamos à disposição.

Atenciosamente,

Ozéias Leitão

Tecnologista em Saúde Pública

INCQS

Departamento de Química/Laboratório de Produtos Biológicos e Artigos de Saúde/Setor de Produtos Biológicos

Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: quarta-feira, 23 de junho de 2021 11:39
Para: Maria Aparecida Affonso Boller; Ariadne Gisele Muniz Bonvino; Marcelo Calado; Ozeias de Lima Leitao
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Tulio Silveira; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo; Amanda Santo
Assunto: Re: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Cida, bom dia.

Fizemos um follow up junto a BBIL ontem e eles estão com algumas demandas da OMS e nos pediram até sexta-feira dessa semana para retornar com essa resposta.

Estamos insistindo em uma data mais célere. De qualquer forma, gostaria de confirmar se é realmente só uma observação que vocês possuem ou se existem mais pontos a detalhar.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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From: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Date: Thursday, 17 June 2021 14:55
To: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Marcelo Calado <marcelo.calado@saude.gov.br>, Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>, Celia Maria Carvalho Pereira Araujo Romao

<celia.romao@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Subject: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Ariadne,

Apesar de o INCQS estar com grande demanda de trabalho, estamos conseguindo cumprir com os prazos acordados.
O histórico de nossas comunicações encontra-se no anexo dessa mensagem, que contém as mensagens eletrônicas trocadas entre o INCQS e a PRECISA.
Destaco que no dia 15/06/2021 solicitamos para a Emanuela uma atualização quanto às últimas demandas e não obtivemos resposta até o presente momento.
Estamos disposição para qualquer esclarecimento.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Ariadne Gisele Muniz Bonvino [mailto:ariadne.bonvino@saude.gov.br]
Enviada em: quinta-feira, 17 de junho de 2021 14:19
Para: Marcelo Calado; Maria Aparecida Affonso Boller
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Cida,

Encaminho e-mail recebido da Precisa, em relação à vacina Covaxin, para ciência e providências pertinentes.

Att.,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 12:43
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada @Ariadne Gisele Muniz Bonvino boa tarde. Como vai? Espero que esteja bem!

Ariadne, a Dra. @Emanuela Medrades que nos lê em cópia, solicitou ao INCQS os procedimentos que devem ser adotados para o envio das doses/documentos para a análise da qualidade da vacina.

Provavelmente em virtude da alta demanda que o INCQS deve estar submetido, essa devolutiva ainda não nos foi encaminhada.

Seria possível que o Ministério da Saúde fizesse essa verificação quanto à solicitação que foi encaminhada?

Estou a disposição para mais esclarecimentos.

Att.,

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ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Amanda Santo <amanda.santo@precisamedicamentos.com.br>
Enviado em: quarta-feira, 30 de junho de 2021 10:14
Para: Ozeias de Lima Leitao; Emanuela Medrades; Maria Aparecida Affonso Boller; Ariadne Gisele Muniz Bonvino; Marcelo Calado
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Tulio Silveira; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo; incqs.ntpb@fiocruz.br
Assunto: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezados, bom dia.

Ozéias, recebemos respostas da Bharat referente aos últimos questionamentos. Segue abaixo:

- STP/QCC/072 - Potência in vivo da vacina SARS CoV2 e detecção de anticorpos pelo método ELISA
- SP/37/20/01 - Teste de Neutralização de Redução de Placas em 50% ou 90% Contra o vírus SARS CoV2

Resposta: Os documentos STP/QCC/072, SP/37/20/01) não estão em uso devido à não disponibilidade de reagentes necessários para a validação do ensaio (mencionado no relatório de validação do método - AMVR/VP/37/12) que foi submetido à ANVISA. No lugar dos documentos citados acima, o teste de por MNT50% foi validado e o Procedimento Padrão de Teste (STP) para teste de potência (ensaio biológico) para vacina por método de neutralização (MNT50%) foi preparado para testes e lançamentos regulares em lote (Ref. STP/QCV/135 em anexo).

- Sobre a linhagem dos camundongos:

Resposta: A versão anterior do SOP 71 e o método de teste de potência (atividade biológica) foram revisados e ref. no STP/QCV/135 Rev No. 00 aprovado em 15/04/2021 (em anexo) e conforme método de teste revisado, informando a linhagem dos camundongos, que é Albino Suíço.

- Valor máximo admitido para o teor de proteína total:

Resposta: O controle de teor de proteínas em nível mínimo é apropriado e a formulação do lote está sendo feita com base no valor mínimo de concentração de proteínas conforme fórmula mestre, portanto, a especificação da substância medicamentosa foi fixada no nível mínimo, ou seja, NLT 15µg/ml.

Qualquer dúvida, nos mantemos à disposição.
Obrigada.

Atenciosamente,

Great Place To Work. Certificado
Amanda Santo
Departamento Técnico Regulatório
Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 11 9 6860-4826
www.precisamedicamentos.com.br
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#VEMVACINA

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Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>
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Tecnologista em Saúde Pública

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Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: quarta-feira, 23 de junho de 2021 11:39
Para: Maria Aparecida Affonso Boller; Ariadne Gisele Muniz Bonvino; Marcelo Calado; Ozeias de Lima Leitao
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Tulio Silveira; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo; Amanda Santo
Assunto: Re: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

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From: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Date: Thursday, 17 June 2021 14:55
To: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Marcelo Calado <marcelo.calado@saude.gov.br>, Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Subject: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Ariadne,

Apesar de o INCQS estar com grande demanda de trabalho, estamos conseguindo cumprir com os prazos acordados.
O histórico de nossas comunicações encontra-se no anexo dessa mensagem, que contém as mensagens eletrônicas trocadas entre o INCQS e a PRECISA.
Destaco que no dia 15/06/2021 solicitamos para a Emanuela uma atualização quanto às últimas demandas e não obtivemos resposta até o presente momento.
Estamos disposição para qualquer esclarecimento.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Ariadne Gisele Muniz Bonvino [mailto:ariadne.bonvino@saude.gov.br]
Enviada em: quinta-feira, 17 de junho de 2021 14:19
Para: Marcelo Calado; Maria Aparecida Affonso Boller
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Cida,

Encaminho e-mail recebido da Precisa, em relação à vacina Covaxin, para ciência e providências pertinentes.

Att.,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 12:43
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada @Ariadne Gisele Muniz Bonvino boa tarde. Como vai? Espero que esteja bem!

Ariadne, a Dra. @Emanuela Medrades que nos lê em cópia, solicitou ao INCQS os procedimentos que devem ser adotados para o envio das doses/documentos para a análise da qualidade da vacina.

Provavelmente em virtude da alta demanda que o INCQS deve estar submetido, essa devolutiva ainda não nos foi encaminhada.

Seria possível que o Ministério da Saúde fizesse essa verificação quanto à solicitação que foi encaminhada?

Estou a disposição para mais esclarecimentos.

Att.,

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS

DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: terça-feira, 1 de junho de 2021 12:28
Para: ANVISA - Daniela Marreco Cerqueira; Quinta Diretoria; daniel.cruz@anvisa.gov.br
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: Documentação prévia à submissão - Covaxin
Anexos: Phase 3 Efficacy Study 2nd Interim Report-2.pdf; Collated_PD_BBV152.xlsx; Subjects_Visits_BBV152_STATUS2_interim_report.xlsx; Day 42 Positive Cases_ FEndPoint.xlsx; Queries_COVAXIN_ANVISA.pdf

Prezada Anvisa, bom dia!

Encaminho documentação adicional enviada pela empresa Precisa.
Foram adicionados ao processo 25351.915151/2021-48 os documentos em PDF, mas os que têm formato excel não são aceitos pelo SEI/Anvisa.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 1 de junho de 2021 09:28
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: FW: Documentação prévia à submissão - Covaxin

Ari, bom dia. Tudo bem ?

Pode inserir estes documentos no protocolo e avisar a ANVISA, por gentileza ?

No caso o e-mail Queries_ANVISA pode ser apresentado como Ofício, e os demais itens estão listados nele.

Atenciosamente

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Tuesday, 1 June 2021 15:42
To: Maria Fernanda Reis e Silva Thees <fernanda.thees@anvisa.gov.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: Re: Documentação prévia à submissão - Covaxin

Fernanda, bom dia.

Em complemento as repostas enviadas ontem, compartilho os dados utilizados para apreciação, sendo:

1. **Collatect_PD_BBV152** – Referente aos desvios de protocolos de menor impacto, com sua descrição e ação corretiva/preventiva.
2. **Subjects_Visits_BBV152_STATUS2_Interim_report** – Fornecida pela equipe responsável pelo IWRS, onde é possível ver os 24.432 participantes que haviam recebido a primeira e segunda dose além de outras informações como screening number, gênero, idade, data de cada uma das visitas e status do participante. (*Enrolled, discontinued, unblided*...)
3. **DAY 42 Positive Cases_FEndpoint** – Informações disponibilizadas pelo IQVIA com os 127 casos de Covid19 Sintomáticos utilizados para o desfecho primário do estudo. No documento é fornecido as seguintes informações:

    - as datas da primeira e segunda dose,
    - data do follow-up de 42 dias,
    - os sintomas informados pelo participante,
    - a data do PCR positivo,

- Quantos dias após primeira e segunda dose,
- Informações clínicas como SpO2, exames de imagem e outros quando aplicável,
- Terapia medicamentosa para tratamento do Covid19, e
- Observação se o mesmo se enquadra no critério de Covid19 grave conforme Guideline do FDA.

Envio novamente o segundo relatório interino de fase 3 o qual essas informações se referem, para facilitar e permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Thursday, 20 May 2021 20:21
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Bom dia, Emanuela

Sobre a documentação protocolada para análise prévia da Anvisa, encaminho os questionamentos referentes à parte clínica, para que a empresa já possa providenciar as respostas.

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: terça-feira, 18 de maio de 2021 13:26
Para: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Amanda Santo <amanda.santo@precisamedicamentos.com.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Daniela Marreco Cerqueira <Daniela.Cerqueira@anvisa.gov.br>
Assunto: Re: Documentação prévia à submissão - Covaxin

Fernanda, boa tarde. Como vai ?

Como estamos tratando mais de um assunto ao mesmo tempo, as informações estão ficando um pouco sobrepostas. Abaixo separei por itens em atual tratativa junto a agência:

- Os documentos que foram enviados nessa pasta do OneDrive são referentes ao processo 25351455725202115 e Expediente Nº 1809912212 realizado no dia 11/05/21 com assunto 11800, para que a ANVISA possa analisar o documento de uma maneira formal. Esse protocolo foi feito para que após a análise de vocês, em a documentação estando de acordo, a Precisa possa dar continuidade no processo de pedido de importação excepcional através do Ministério da Saúde.

- Quanto ao DDCM, pedimos uma reunião junto a CONEP e gostaria de contar com a sua participação, bem como da Brenda e do Francis, para tratarmos das questões apresentadas no termo de compromisso. Hoje estaremos aditando o DDCM para inserir os detalhes das SAEs dos ensaios clínicos, a relação causal, inclusive dos óbitos conforme solicitado.

- E também, para manter todos na mesma página, teremos uma reunião amanhã com a GGFIS onde a BBIL irá apresentar todas as ações atendidas do CAPA para seguirmos com o Peticionamento do CBPF.

Apesar de ter resumido acima cada uma das atividades, iremos nos organizar sempre em e-mails separados para cada um, para uma melhor comunicação.

Permanecemos a disposição,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Tuesday, 18 May 2021 18:10
To: Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>, Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Bom dia, Amanda

Vc se refere à documentação do DDCM ou da submissão prévia à importação? Os links eram os mesmos?
Só para estarmos na mesma página, o que queríamos era que a empresa informasse qual documento enviado na submissão prévia à importação seria diferente ou com novas informações em comparação com o que foi encaminhado no DDCM.
Foi isso que a empresa disponibilizou?

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Amanda Santo <amanda.santo@precisamedicamentos.com.br>
Enviada em: segunda-feira, 17 de maio de 2021 21:39
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Claudiosvam Martins Alves de Sousa <Claudiosvam.Alves@anvisa.gov.br>
Assunto: RES: Documentação prévia à submissão - Covaxin

Olá, boa noite a todos.

Maria Fernanda, atualizamos as pastas e acredito ter retirado as informações enviadas anteriormente. Pedimos novamente desculpas pelo transtorno.

Retiramos as seguintes informações, por já estarem na documentação enviada anteriormente:

- Relatório pré-clínicos e de imunogenicidade;
- Dados de segurança acumulados, fases I, II e III
- TCLE
-

Segue link com a atualização:

https://globalgestaosaude.sharepoint.com/:f:/s/EUL-Covaxin/EtIt8u7vN3NHsEiqSm1uT54BKQMpqGxj6riJ5nWaisI5wQ?e=hEpyPt

Permanecemos à disposição.
Atenciosamente,

Amanda Santo
Departamento Técnico Regulatório

Office: Av. Tamboré, 267, 28º andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 11 9 6860-4826
www.precisamedicamentos.com.br

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: segunda-feira, 17 de maio de 2021 16:40
Para: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Amanda Santo <amanda.santo@precisamedicamentos.com.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Claudiosvam Martins Alves de Sousa <claudiosvam.alves@anvisa.gov.br>
Assunto: Re: Documentação prévia à submissão - Covaxin

Fernanda, bom dia.

Pedimos desculpas pelo retrabalho e informo que iremos atuar na separação destes documentos, mas como alguns foram peticionados diretamente pelo Einstein, é provável que não iremos ter 100% do controle.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Tuesday, 18 May 2021 00:42
To: Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>, Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>, Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>, "dire2@anvisa.gov.br" <dire2@anvisa.gov.br>, Segunda Diretoria <diretoria2@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>, Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>, Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>, Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>, "daniela.marreco@anvisa.gov.br" <daniela.marreco@anvisa.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Claudiosvam Martins Alves de Sousa <claudiosvam.alves@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Prezada Amanda,

Solicitamos que sejam sinalizados quais documentos são diferentes em comparação ao que foi enviado para o DDCM e cumprimentos de exigência. Verificamos que há muita informação repetida e gostaríamos de nos concentrar naquilo que for diferente.
Seria possível o envio dessa informação ainda hoje?

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Amanda do Espirito Santo <amanda.santo@precisamedicamentos.com.br>
Enviada em: quinta-feira, 6 de maio de 2021 16:21
Para: Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Claudiosvam Martins Alves de Sousa <Claudiosvam.Alves@anvisa.gov.br>
Assunto: Documentação prévia à submissão - Covaxin

Boa tarde a todos.

Prezados,

Em continuação de nossa reunião do dia 30/04, compartilho os documentos para apreciação prévia a submissão, conforme combinado.

Estamos enviando em formato de link, por não ser possível enviar através de e-mail.
https://www.dropbox.com/sh/oa6jzkovu57kzin/AAD0QslClUyqynQYeq9F4VXHa?dl=0

Obrigada mais uma vez pela disponibilidade.

Permanecemos a disposição.

Atenciosamente,

Amanda Santo
Departamento Técnico Regulatório

Office: Av. Tamboré, 267, 28º andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 11 9 6860-4826
www.precisamedicamentos.com.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO

ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: terça-feira, 1 de junho de 2021 12:35
Para: Emanuela Medrades; William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo; LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: Alex Lial Marinho; Rodrigo Otavio Moreira da Cruz
Assunto: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: Ofício nº 1295 Anvisa informa não ser possível deliberar em 7 dias.pdf

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA
Medicamentos

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Gabinete do Diretor-Presidente - Chefe de Gabinete
SIA Trecho 5, Área Especial 57, Brasília/DF, CEP 71205-050
Telefone: 0800 642 9782 - www.anvisa.gov.br

Ofício nº 1295/2021/SEI/GADIP-CG/ANVISA

Ao Senhor
Rodrigo Cruz
Secretário-Executivo
Secretaria-Executiva do Ministério da Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Com cópia
Ao Senhor
Roberto Ferreira Dias
Diretor do Departamento de Logística em Saúde
Departamento de Logística em Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Assunto: **Solicitação de autorização para importação em caráter Excepcional de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN**

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.915151/2021-48.

Senhor Secretário Executivo,

1. Cumprimentando-o cordialmente, faço referência ao Ofício nº 129/2021/DLOG/SE/MS, por meio do qual o Ministério da Saúde requer a importação em caráter excepcional de 20.000.000 (vinte milhões) de doses da vacina Covaxin / BBV152. Os documentos recebidos encontram-se em análise pela Agência, à luz da Lei nº 14.124/21 e RDC nº 476/21.

2. Nesse sentido, verifica-se que novos documentos foram acostados ao processo na data de hoje, 31/05, a saber: *Clinical Responses* – Parte I; *Mock Shell Version 1.0; BBV152 SAP; Development and Licensure for Covid19 – FDA; Case Report Form – CRF;* Diário do Participante; ICD; Questionário FUP Telefone. Tratam-se de documentos requeridos pelas áreas técnicas da Anvisa durante as tratativas relacionadas ao novo pedido de importação da vacina e que serão analisados com a brevidade que o caso requer.

3. Dessa forma, diante da juntada dos novos documentos ao processo e da necessidade de sua análise, não será possível a deliberação da Anvisa no prazo de 7 (sete) dias úteis previsto no § 1º do art. 16 da Lei nº 14.124/21.

4. Sem mais, a Anvisa coloca-se à disposição para eventuais esclarecimentos que se façam necessários.

Atenciosamente,

Documento assinado eletronicamente por **Karin Schuck Hemesath Mendes**, **Chefe de Gabinete**, em 31/05/2021, às 21:42, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm.

A autenticidade deste documento pode ser conferida no site https://sei.anvisa.gov.br/autenticidade, informando o código verificador **1472353** e o código CRC **44F7ECB1**.

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.915151/2021-48 SEI nº 1472353

MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER **MADISON BIOTECH PTE LIMITED** **31 Cantonment Road** **Singapore -089747** **Company Registration No: 202005277E**	**No & Date** **No: MAD/HM/2021/07** **11 June 2021** **Exporter's Ref** **Buyer's Order No :** **Other Reference(s)**
CONSIGNEE **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,** **4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500** **BRASIL)**	**BUYER** **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,** **4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500** **BRASIL)**
Pre Carriage By / **Place of Receipt By Pre-Carrier**	**Country of Origin of Goods** **INDIA** / **Country of Final Destination** **BRAZIL**
Vessel / Flight No / **Port of Loading** **HYDERABAD, INDIA**	
Port of Discharge / **Final Destination** **GUARULHOS AIPORT, BR**	**Dispatched by** **Dispatch** : **CIF Hyderabad** : **a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil** **b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India** **Currency** **USD**

Brazil	PRODUCT	PACK SIZE	Quantity	USD Unit Price
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial	4.000.000	15,00

Bank name DBS Bank. **Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.** **Account number: 0720224590** **IFSC Code: DBSS0IN0811** **SWIFT Code: DBSSSGSG.**	**NCM 3002.20.29** **Shelf-life 6 (six) months** **Insurance** 67,500.00 **Air Freight** 862,367.02
Declaration: **We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct**	**Total Value** **45,000,000.00** **Amount in words :USD FORTY FIVE MILLION ONLY.**
Accepted **For, HEALTH'S MINISTRY** **AUTHORISED SIGNATORY**	**For, MADISON BIOTECH PTE. LTD.** MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E **AUTHORISED SIGNATORY**

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino; William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo; LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: Alex Lial Marinho; Rodrigo Otavio Moreira da Cruz
Assunto: Re: Pedido de Registro de LI - Covaxin
Anexos: PROFORMA INVOICE - BRAZIL.pdf

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana

<william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER **MADISON BIOTECH PTE LIMITED** **31 Cantonment Road** **Singapore -089747** **Company Registration No: 202005277E**	**No & Date** **No: MAD/HM/2021/07** **11 June 2021** **Exporter's Ref** **Buyer's Order No :** **Other Reference(s)**
CONSIGNEE **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,** **4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500** **BRASIL)**	**BUYER** **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,** **4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500** **BRASIL)**
Pre Carriage By / **Place of Receipt By Pre-Carrier**	**Country of Origin of Goods** **INDIA** **Country of Final Destination** **BRAZIL**
Vessel / Flight No / **Port of Loading** **HYDERABAD, INDIA**	
Port of Discharge / **Final Destination** **GUARULHOS AIPORT, BR**	**Dispatched by** **Dispatch** : **CIF Hyderabad** : **a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil** **b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India** **Currency** **USD**

Brazil	PRODUCT	PACK SIZE	Quantity	USD Unit Price
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Accepted **For, HEALTH'S MINISTRY** **AUTHORISED SIGNATORY**	**For, MADISON BIOTECH PTE. LTD.** MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E **AUTHORISED SIGNATORY**

William Amorim Santana

De: William Amorim Santana
Enviado em: sexta-feira, 11 de junho de 2021 13:45
Para: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira'; 'Carlos E.J. Pereira'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: ENC: Pedido de Registro de LI - Covaxin
Anexos: PROFORMA INVOICE - BRAZIL.pdf

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.
Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).
No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE

Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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William Amorim Santana

De: William Amorim Santana
Enviado em: sexta-feira, 11 de junho de 2021 14:06
Para: Regina Celia Silva Oliveira; Renata Marques Santana; Marcelo Calado; Thiago Fernandes da Costa
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: Pedido de Registro de LI - Covaxin
Anexos: PROFORMA INVOICE - BRAZIL.pdf

Prezadas(os),

Boa tarde!

Segue para vossas apreciações o questionamento disposto abaixo:

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA
Medicamentos

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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William Amorim Santana

De: Everton <everton@wegh.com.br>
Enviado em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana; 'Roberta Pereira'; 'Carlos E.J. Pereira'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?
É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Friday, June 11, 2021 1:45 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.
Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).
No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____
_____

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_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Lenice Guimaraes Araujo
Enviado em: sexta-feira, 11 de junho de 2021 16:01
Para: Ariadne Gisele Muniz Bonvino; William Amorim Santana; Luis Ricardo Fernandes Miranda
Assunto: ENC: Demanda CNN - licença de importação Covaxin - deadline

Prezados,

Seguem a demanda de imprensa que precisamos responder.

Obrigada,

Lenice

De: Cleverson Boechat Tinoco Ponciano <cleverson.boechat@saude.gov.br>
Enviada em: quinta-feira, 10 de junho de 2021 18:59
Para: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: ENC: Demanda CNN - licença de importação Covaxin - deadline

---

De: Bruno Augusto Cassiano <bruno.cassiano@saude.gov.br>
Enviada em: quinta-feira, 10 de junho de 2021 17:55
Para: Cleverson Boechat Tinoco Ponciano <cleverson.boechat@saude.gov.br>
Cc: IMPRENSA SAES <imprensa.saes@saude.gov.br>
Assunto: ENC: Demanda CNN - licença de importação Covaxin - deadline

Boechat, pode nos auxiliar nesta demanda da CNN Brasil sobre licença de importação Covaxin?

Veículo: CNN Brasil
Repórter: Leandro Resende
Pauta: Licença de importação da Covaxin
Deadline: Não informado

Demanda:
Uma delegação da Precisa Medicamentos está na Índia para ajudar na liberação das doses da Covaxin para o Brasil. Integrante me relatou que só falta a Licença de Importação, e que trata-se de trâmite burocrático que deve ser superado por atuação do Ministério da Saúde.

Podem me esclarecer sobre isso?

Atenciosamente,

De: Leandro Resende <leandro.resende@cnnbrasil.com.br>
Enviado: 10 de junho de 2021 16:27
Para: IMPRENSA SAES <imprensa.saes@saude.gov.br>; IMPRENSA SVS <imprensa.svs@saude.gov.br>; IMPRENSA SAÚDE <imprensa@saude.gov.br>
Assunto: Demanda CNN - licença de importação Covaxin - deadline

Caros, tudo bem?

Uma delegação da Precisa Medicamentos está na Índia para ajudar na liberação das doses da Covaxin para o Brasil. Integrante me relatou que só falta a Licença de Importação, e que trata-se de trâmite burocrático que deve ser superado por atuação do Ministério da Saúde.

Podem me esclarecer sobre isso?

Leandro Resende

21 999582817

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: sábado, 12 de junho de 2021 00:44
Para: Mônica Cristina Moraes E Souza Araújo
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; William Amorim Santana; Daniele Constantino
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

"Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?
É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Friday, June 11, 2021 1:45 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.
Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).
No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para

ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____
_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore -089747
Company Registration No: 202005277E

No & Date
No: MAD/HM/2021/07
11 June 2021

Exporter's Ref

Buyer's Order No :

Other Reference(s)

CONSIGNEE
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

BUYER
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

Pre Carriage By	Place of Receipt By Pre-Carrier	Country of Origin of Goods	Country of Final Destination
		INDIA	BRAZIL
Vessel / Flight No	**Port of Loading** HYDERABAD, INDIA		
Port of Discharge	**Final Destination** GUARULHOS AIPORT, BR Gross weight 23.046,875 kg Net weight 19.031,210 kg	**Dispatched by Dispatch**	: FCA Hyderabad/Brazil : a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India
		Currency	USD

Brazil	PRODUCT	PACK SIZE	Quantity	USD Unit Price
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial 10 doses/vial	4.000.000	15,00

Bank name DBS Bank.
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.
Account number: 0720224590
IFSC Code: DBSS0IN0811
SWIFT Code: DBSSSGSG.

NCM 3002.20.29

Shelf-life 6 (six) months

Insurance	67,500.00
Air Freight	862,367.02

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Total Value **60,000,000.00**

Amount in words :USD SIXTY MILLION ONLY.

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

For, MADISON BIOTECH PTE. LTD.

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

AUTHORISED SIGNATORY

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; William Amorim Santana; Daniele Constantino
Assunto: Re: Pedido de Registro de LI - Covaxin
Anexos: PROFORMA INVOICE - BRAZIL.pdf

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

This message may contain stuff that is confidential, privileged and for exclusive use of the Intended permission is strictly prohibited. If you are not the intended recipiente of this message, please noti

Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

"Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?"

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?
É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Friday, June 11, 2021 1:45 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.
Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).
No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>

>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante

7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____
_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore -089747
Company Registration No: 202005277E

No & Date
No: MAD/HM/2021/07
11 June 2021

Exporter's Ref

Buyer's Order No :

Other Reference(s)

CONSIGNEE
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

BUYER
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

Pre Carriage By	Place of Receipt By Pre-Carrier	Country of Origin of Goods	Country of Final Destination
		INDIA	BRAZIL
Vessel / Flight No	**Port of Loading** HYDERABAD, INDIA		
Port of Discharge	**Final Destination** GUARULHOS AIPORT, BR Gross weight 23.046,875 kg Net weight 19.031,210 kg	**Dispatched by Dispatch**	: FCA Hyderabad/Brazil : a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India
		Currency	USD

Brazil	PRODUCT	PACK SIZE	Quantity	USD Unit Price
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial 10 doses/vial	4.000.000	15,00

Bank name DBS Bank.
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.
Account number: 0720224590
IFSC Code: DBSS0IN0811
SWIFT Code: DBSSSGSG.

NCM 3002.20.29

Shelf-life 6 (six) months

Insurance	67,500.00
Air Freight	862,367.02

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Total Value **60,000,000.00**

Amount in words :USD SIXTY MILLION ONLY.

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

For, MADISON BIOTECH PTE. LTD.

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

AUTHORISED SIGNATORY

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 14 de junho de 2021 13:00
Para: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira'; 'Carlos E.J. Pereira'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH
Anexos: PROFORMA INVOICE - BRAZIL.pdf

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

"Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?"

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?
É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Friday, June 11, 2021 1:45 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.
Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).
No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____
_____

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_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Everton <everton@wegh.com.br>
Enviado em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, June 14, 2021 1:00 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde

DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>, Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>, Lenice Guimaraes Araujo
<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>, LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, Regina Celia Silva Oliveira
<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>, Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>, Thiago Fernandes da Costa
<thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

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copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

- **Nome e endereço completo do Fabricante;**
- **Data de fabricação e vencimento;**
- **Número dos Lotes;**

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de narço de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, June 14, 2021 1:00 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana

<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>, Roberto Ferreira Dias

<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD

Mensagem Parte 11 (0021610077) SEI 25000.100536/2021-98 / pg. 1974

8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 14 de junho de 2021 15:15
Para: 'Emanuela Medrades'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

- **Nome e endereço completo do Fabricante;**
- **Data de fabricação e vencimento;**
- **Número dos Lotes;**

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br

www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, June 14, 2021 1:00 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:rober

to.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar

qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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ANVISA
Agência Nacional de Vigilância Sanitária

VOTO Nº 163/2021/SEI/DIRE5/ANVISA

Processos nº 25351.913403/2021-02, 25351.913407/2021-82, 25351.913406/2021-38, 25351.913405/2021-93, 25351.914307/2021-73, 25351.916101/2021-88 e 25351.915151/2021-48.

Analisa pedidos do **Ministério da Saúde** e dos **Estados da Bahia, Maranhão, Sergipe, Ceará, Pernambuco e Piauí** de autorização excepcional e temporária para importação e distribuição de vacinas para Covid-19 destinadas ao enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), nos termos da Lei nº 14.124, de 10 de março de 2021.

Posição do RELATOR: ***FAVORÁVEL COM CONDICIONANTES E ASSINATURA DE TERMO DE COMPROMISSO.***

Área responsável: DIRE5

Relator: **Alex Machado Campos**

1. CONSIDERAÇÕES INICIAIS

Examinaremos, nesta sessão, os pedidos de autorização excepcional e temporária para importação, distribuição e uso de vacinas para Covid-19, da Sputnik e da Covaxin, nos termos da Lei nº 14.124, de 10 de março de 2021.

Em homenagem ao princípio da eficiência e considerando que as solicitações se apoiam em mesma dinâmica regulatória, em acordo com esta diretoria colegiada, trago a minha análise, sobre as importações das duas vacinas, de maneira unificada. As discussões e coleta de votos, contudo, serão realizadas individualmente, em benefício da melhor compreensão de cada um dos casos.

Destaco, ainda, que os pedidos de importação da vacina Sputnik estão reunidos em um só bloco, e serão analisados nesta sessão aqueles pedidos que tem processos ativos em curso na agência, em outras palavras, aqueles que pendem da análise de recurso apresentado contra a decisão originária da Anvisa, ou que ingressaram, com novos fundamentos, com outro pedido de importação. Dessa forma, analisaremos em bloco os pedidos dos estados da **Bahia, Maranhão, Sergipe, Ceará, Pernambuco e Piauí.**

No caso da vacina Covaxin, trata-se de novo pedido formulado pelo Ministério da Saúde, mediante a apresentação de documentos e elementos novos.

Antes de pronunciar propriamente meu voto, presidente, peço licença para tecer breves considerações.

Minhas palavras iniciais são novamente de agradecimento. Obrigado Gustavo Mendes, obrigado Ana Carolina, obrigado Suzie Marie pelas apresentações e por trazerem a síntese das manifestações as áreas técnicas da Anvisa. Em nome deles, agradeço a cada um dos servidores que participaram das discussões em torno dessas importações.

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Somos testemunhas: nossos servidores têm vivenciado os dias mais desafiadores das suas trajetórias profissionais. São dilemas intelectuais e científicos; discussões sobre os protocolos tradicionais; revisão de modelos regulatórios. Quebramos paradigmas nesta Agência todos os dias. Eu cumprimento com muita gratidão os técnicos da Anvisa por esse esforço sincero. Não falta coragem para debater com altivez e refletir com humildade, sem descuidar do dever de ofício: cuidar da saúde das pessoas.

Cada passo deve ser medido. O desafio permanente é estabelecer se os benefícios de uma decisão no campo da vigilância sanitária são maiores que os riscos da solução analisada. Numa pandemia em que milhares de pessoas morrem diariamente, essa decisão, de avaliar plataforma vacinais, é sempre muito complexa. De um lado a necessidade de mais vacinas; do outro, o compromisso de levar vacinar seguras, eficazes e de qualidade para a população. Essa é a permanente tensão que nos mobiliza.

É sempre uma decisão multisaberes, que deve se escorar na ciência e nos mecanismos que ela mesmo nos oferece para mitigar riscos que eventualmente precisemos admitir. O benefício deve sempre superar o risco. E os riscos, por sua vez, devem ser enfrentados com transparência e com medidas de controle.

A decisão de hoje é mais uma dessas decisões dificílimas a que estamos submetidos desde o início da pandemia. Os nossos dilemas e as nossas convicções, mesmo que não coincidentes, trilham o caminho da absolta transparência.

Buscamos, a todo instante, as decisões menos imperfeitas; e qualquer delas devem ser submetidas ao escrutínio público permanente. O formato dessa reunião explica esse compromisso, que é uma necessidade incontornável da nossa realidade. O cidadão deve ter direito a saber tudo. De tudo mesmo. A imprensa, a academia, os especialistas, por sua vez, tratam de exercer crítica qualificada em benefício desse mesmo cidadão que nos empenhamos em proteger.

Aqui, novamente, como lá trás, em janeiro, quando aprovamos as primeiras vacinas, na condição de uso emergencial, remanescem os dramas pessoais nessa disputa com vírus; o sofrimento do próximo; testemunhos; cenas que chocam, sensibilizam e amedrontam. Amigos e familiares adoecidos ou que se foram. A situação hoje é ainda pior, essa é a verdade. Os números mostram.

De novo somos tomados pelas reflexões solitárias, pelos dilemas, dúvidas, incertezas, só resolvidas diante do esforço coletivo e compartilhado do trabalho. Assim chegamos até aqui, mesmo diferentes, e no respeito à divergência.

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Feitas essas observações, passo a proferir o meu voto, que se baliza nos pareceres das áreas técnicas envolvidas nesta análise, as quais respondem, respectivamente, pelas ações de registro, fiscalização, monitoramento e farmacovigilância.

Antes de seguir com as análises individualizadas dos pedidos, cumpre promover esclarecimento inicial quanto ao eixo regulatório que guiará, na sequência, a análise e, ao final, espelhará o meu voto.

Os pedidos de importação protocolados pelos entes subnacionais e pelo ministério da saúde foram ancorados em legislação recente, a Lei nº 14.124/21, que veio a disciplinar modalidade regulatória nova, denominada: Autorização Excepcional e Temporária para a Importação.

Essa modalidade instituída pela lei em nada se confunde com os processos que resultam em concessão de registro da vacina ou que permitem o seu uso emergencial. Nas modalidades regulatórias de registro de uma vacina ou de autorização do uso emergencial, o tipo de trabalho exercido pela Anvisa é do público conhecido, assim como do meio acadêmico e científico. Trata-se de exame robusto, detalhado, de reconhecido rigor analítico, ensejando, ou não, o aval e o selo da Anvisa em função dos aspectos de segurança, qualidade e eficácia.

Na importação excepcional, objeto da presente deliberação, estamos diante de modalidade regulatória com rito, em princípio, mais abreviado e acelerado, na medida em que a Anvisa se limitaria a inferir, a partir de um relatório técnico emitido por outra autoridade sanitária, se aspectos de segurança, qualidade e eficácia foram observados por tal autoridade.

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De acordo com o art. 16, da Lei 14.124/21, a União, os Estados, os Municípios e o Distrito Federal podem promover a importação excepcional de vacinas para combater a Covid-19, que não possuam o registro sanitário definitivo na Anvisa, desde que registradas ou autorizadas para uso emergencial pelas autoridades sanitárias estrangeiras que define, entre as quais, a autoridade da Rússia e autoridade Indiana.

Estabeleceu a lei, também, que a Anvisa, conforme estabelecido em ato regulamentar próprio - RDC nº 476/21 -, deve oferecer parecer e decidir em sete dias úteis sobre o pedido de importação. Contudo, prevê a norma que, na ausência do relatório técnico de avaliação da autoridade sanitária internacional, o prazo dessa decisão será de até 30 (trinta) dias.

Tal procedimento se assemelha ao já estabelecido pela RDC nº 203/2017, que dispõe sobre os critérios e procedimentos para importação, em caráter de excepcionalidade, de produtos sujeitos à vigilância sanitária sem registro na Anvisa. De acordo com esta Resolução, podem ser autorizados para importação, em caráter de excepcionalidade, os imunobiológicos integrantes do Programa Nacional de Imunização, adquiridos por meio do Fundo Rotatório para Aquisições de Imunobiológicos da Organização Pan-americana da Saúde (Opas)/Organização Mundial de Saúde (OMS). Esses produtos devem ser pré-qualificados pela OMS, mas também não passam por uma análise de qualidade, segurança e eficácia pela Anvisa. Esse instrumento regulatório é essencial para manutenção do abastecimento do Programa Nacional de Imunização (PNI) e para o fornecimento de vacinas à nossa população.

Apesar das partes comuns que ensejam a análise conjunta dos pedidos, meu voto comporta capítulos específicos sobre a Sputnik e a Covaxin.

Para melhor compreensão pública da metodologia de análise adotada, optei pelo seguinte roteiro.

As duas vacinas foram objeto de pedidos de importação já analisados e não autorizados pela Anvisa, por motivos e razões já amplamente divulgados.

Nesse sentido, trilharei a análise dos novos pedidos de importação da seguinte forma: na primeira parte do exame individualizado de cada uma das vacinas, observarei se as razões que levaram ao indeferimento das importações foram superadas ou de algum modo mitigadas pelo desenvolvedor neste novo pedido; na segunda parte, destacarei, quando houver, as incertezas ou inconsistências remanescentes, apontando ao final se elas implicam o indeferimento ou não do pedido.

2. DA IMPORTAÇÃO DA VACINA SPUTNIK V

2.1 Relatório

Analisa-se os pedidos de autorização para importação excepcional da vacina Sputnik V, nos termos da Lei nº 14.124, de 10 de março de 2021, dos Estados da Bahia, Maranhão, Sergipe, Ceará, Pernambuco e Piauí.

Os processos foram autuados sob as numerações abaixo descritas, com os respectivos quantitativos e cronogramas.

Estado / Município	Processo SEI	Ofício	Data de recebimento	Cronograma para 2021 (doses)
Bahia	25351.913403/2021-02	Ofício nº PGE/PA n.160/2021	29/04/2021	Abril: 520.620; Maio: 1.301.540; Junho: 2.603.090; Julho: 5.345.030 Total: 9.770.280
Maranhão	25351.913407/2021-82	Ofício nº 121/2021-GAB/PGE	29/04/2021	Abril: 244.210; Maio: 610.500; Junho: 1.221.000; Julho: 2.507.150 Total: 4.582.860
Sergipe	25351.913406/2021-38	Ofício nº 002/2021/NATS/PGE/SE	29/04/2021	Abril: 21.310; Maio: 53.290; Junho: 106.570; Julho: 218.830 Total: 400.000
Ceará	25351.913405/2021-93	Of. 1.712/ 2021 – GABSEC/SESA	07/05/2021	Abril: 385.158; Maio: 962.896; Junho: 1.925.792; Julho: 2.307.764 Total:

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				5.581.610
Pernambuco	25351.914307/2021-73	Ofício nº 41/2021 - GAB/SES	14/05/2021	Abril: 213.150; Maio: 532.850; Junho: 1.065.710; Julho: 2.188.290 Total: 4.000.000
Piauí	25351.916101/2021-88	Ofício Nº: 337/2021/PGE-PI/GAB/AP1	01/06/2021	Abril: 115.820; Maio: 289.560; Junho: 579.110; Julho: 1.189.120 Total: 2.173.610

Importa esclarecer que a Anvisa já deliberou sobre pedidos anteriores de importação excepcional da vacina Sputnik V por ocasião da 7ª Reunião Extraordinária Pública de 26 de abril de 2021. Naquela oportunidade, o relatório técnico de avaliação da autoridade sanitária internacional requerido pela Lei nº 14.124/21 não foi apresentado e os aspectos técnicos lacunosos não foram supridos, conforme extensamente demonstrado naquela oportunidade. Diante disso, a Diretoria Colegiada decidiu, por unanimidade, não autorizar os pedidos de autorização excepcional e temporária para importação e distribuição da vacina Sputnik V.

Após a deliberação ocorrida em 26/04, os estados da Bahia, Maranhão, Sergipe, Ceará, Pernambuco e Piauí apresentaram os Ofícios nº PGE/PA nº 160/2021, nº 121/2021-GAB/PGE, nº 002/2021/NATS/PGE/SE, Of. 1.712/ 2021 – GABSEC/SESA, Ofício nº 41/2021 - GAB/SES e Ofício Nº 337/2021/PGE-PI/GAB/AP1, respectivamente, enviados com o objetivo de oferecer esclarecimentos técnicos e documentação comprobatória da eficácia, qualidade e segurança da vacina Sputnik V, além de requerer novo pronunciamento sobre o assunto.

Ato contínuo, o estado da Bahia enviou o Ofício nº PGE/PA n. 168/2021 e o estado do Maranhão enviou o Ofício n.º 001/2021-ASS-ESPECIAL/PGE, com requerimento de juntada de dois novos documentos, visando subsidiar a reapreciação do pleito de autorização de importação excepcional da vacina Sputnik V.

Dessa forma, em atenção ao princípio da eficiência administrativa, os pedidos de reapreciação dos pleitos de autorização de importação excepcional da vacina Sputnik V foram recepcionados pela Anvisa como novos pedidos de importação, o que ensejou a abertura dos processos administrativos ora em deliberação. Tais processos tiveram como marco inicial para atendimento aos prazos da Lei nº 14.124/2021 o dia do protocolo, conforme tabela acima.

No dia 07/05, foi enviado o Ofício nº 1084/2021/SEI/GADIP-CG/ANVISA ao estado da Bahia, o Ofício nº 1083/2021/SEI/GADIP-CG/ANVISA ao estado do Maranhão, o Ofício nº 1085/2021/SEI/GADIP-CG/ANVISA ao estado de Sergipe; no dia 11/05, o Ofício nº 1111/2021/SEI/GADIP-CG/ANVISA ao estado do Ceará; e, no dia 18/05, o Ofício nº 1180/2021/SEI/GADIP-CG/ANVISA ao estado de Pernambuco. Nos referidos Ofícios, a Agência informou que os documentos encaminhados no dia 29/04 não cumpriam o requisito referente à apresentação do relatório técnico de análise da autoridade sanitária estrangeira, disposto pelo § 3º do art. 16 da Lei nº 14.124/2021, nem traziam novos elementos que refutassem as razões que motivaram a não autorização dos pedidos de autorização excepcional e temporária para importação e distribuição da vacina Sputnik V por ocasião da 7ª Reunião Extraordinária Pública da Diretoria Colegiada da Anvisa. Ademais, as manifestações das áreas técnicas da Anvisa referentes aos documentos encaminhados foram enviadas aos estados (Nota Técnica nº 63/2021/SEI/COINS/GIMED/GGFIS/DIRE4/ANVISA; Nota Técnica nº 48/2021/SEI/GPBIO/GGMED/DIRE2/ANVISA; e Relatório de avaliação da resposta encaminhada pelo Instituto Gamaleya sobre os motivos que levaram à negativa de importação da vacina Sputnik V). Por fim, os Ofícios informaram que os processos se encontravam em diligência e que a deliberação da Anvisa ocorreria de acordo com o prazo estabelecido pela Lei nº 14.124/2021.

No dia 13/05, foi enviado o Ofício nº 1145/2021/SEI/GADIP-CG/ANVISA ao estado da Bahia e o Ofício nº 1139/2021/SEI/GADIP-CG/ANVISA ao estado do Maranhão. Tais documentos informaram aos estados que os novos documentos encaminhados por meio do Ofício nº PGE/PA n. 168/2021 e Ofício nº 001/2021-ASS-ESPECIAL/PGE, apresentados no dia 04/05, não cumpriam o requisito referente à apresentação do relatório técnico de análise da autoridade sanitária estrangeira, disposto pelo § 3º do

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art. 16 da Lei nº 14.124/2021, nem traziam novos elementos que refutassem as razões que motivaram a não autorização dos pedidos de autorização excepcional e temporária para importação e distribuição da vacina Sputnik V por ocasião da 7ª Reunião Extraordinária Pública da Diretoria Colegiada da Anvisa. Novamente, as manifestações das áreas técnicas foram enviadas aos estados (Nota Técnica nº 54/2021/SEI/GPBIO/GGMED/DIRE2/ANVISA e Despacho nº 77/2021/SEI/GFARM/GGMON/DIRE5/ANVISA). Por fim, os Ofícios da Anvisa ressaltaram, novamente, que os processos se encontravam em diligência e que a deliberação da Anvisa ocorreria de acordo com o prazo estabelecido pela Lei nº 14.124/2021.

No dia 21/05, a Anvisa recebeu o Ofício nº PGE/PA n. 201/2021 do estado da Bahia e o Ofício nº 146/2021-GAB/PGE do estado do Maranhão; no dia 24/05, o Ofício nº 003/2021/NATS/PGE/SE do estado de Sergipe; e no dia 25/05, o Ofício GABSEC/SESA nº 2009/2021 do estado do Ceará. Todos encaminharam o relatório técnico emitido pelo Ministério da Saúde da Rússia e exigido com base no §3º do art. 16 da Lei nº 14.124/2021, com vistas à comprovação do atendimento dos requisitos técnicos de eficácia, qualidade e segurança da vacina em análise.

No dia 25/05, o Consórcio Nordeste enviou o Ofício CIDSNE/PRESID nº 025/2021, o qual apresentava ponderações e proposições para contribuir com a tomada de decisão acerca do pedido de autorização excepcional da vacina Sputnik V protocolado pelos estados do Nordeste. Dessa forma, compreendendo que cabe às autoridades públicas compartilhar as responsabilidades, o Consórcio Nordeste reiterou o pedido de aprovação em caráter excepcional da vacina Sputnik V e propôs a adoção, em caráter de excepcionalidade, das seguintes medidas de contingência que estariam sob a responsabilidade dos estados envolvidos:

1. Assinatura de um Termo de Compromisso onde estejam definidas tais responsabilidades;
2. Realização de um estudo de efetividade, a partir da importação e aplicação dos primeiros lotes da vacina, utilizando-se de um protocolo a ser desenhado de forma acordada com a Anvisa e executado segundo as normas de Boas Práticas Clínicas, por centros de pesquisa habilitados, incluindo aqueles ligados às Universidades presentes nos estados importadores;
3. Implementação de um Programa de Monitoramento de Eventos Adversos (Farmacovigilância) sob a responsabilidade conjunta das autoridades estaduais de vigilância, voltado ao permanente registro e investigação de eventos adversos relacionados com a utilização da vacina e a devida comunicação à Anvisa;
4. Submissão de todos os lotes da vacina aos devidos testes de controle de qualidade em laboratórios credenciados e aceitos pela Anvisa, incluindo o INCQS/Fiocruz.

No dia 31/05, a Anvisa enviou os Ofícios nºs: 1294/2021/SEI/GADIP-CG/ANVISA à Bahia; 1293/2021/SEI/GADIP-CG/ANVISA ao Maranhão; 1292/2021/SEI/GADIP-CG/ANVISA à Sergipe; 1291/2021/SEI/GADIP-CG/ANVISA ao Ceará. Os referidos Ofícios contextualizaram o histórico dos processos administrativos na Agência e informaram que, considerando-se a quantidade de novos documentos e informações juntados aos autos pelos estados, incluindo-se a apresentação do relatório técnico de avaliação emitido pelo Ministério da Saúde da Federação da Rússia, além da formalização pelo Consórcio Nordeste do seu compromisso de executar medidas de contingência para resguardar a segurança, qualidade e eficácia da vacina Sputnik V, a Anvisa entende indispensável que seja efetuada análise técnica complementar a fim de decidir de forma exauriente sobre os pedidos dos Estados. Dessa forma, resguarda-se que não ocorram prejuízos nem aos requerentes e nem à população brasileira com uma decisão que não seja conclusiva ou que não tenha considerado todos os elementos técnicos juntados ao processo sobre a importação e a distribuição da vacina Sputnik V em nosso país, matéria de grande relevância nacional, motivo pelo qual, nos termos do art. 45 da Lei nº 9.784/99, com base no poder geral de cautela na seara administrativa, a deliberação final da Anvisa sobre os requerimentos administrativos ocorreria até o dia 08/06/21 (terça-feira).

Portanto, restando demonstrado o histórico dos processos administrativos no âmbito da Anvisa e os novos elementos acostados aos autos, esclareço que os pleitos ora em deliberação foram

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instruídos com os documentos apresentados nos novos pedidos e com toda a documentação que instruiu os processos iniciais. Dessa forma, foram apresentados pelos solicitantes os seguintes documentos que compõem os processos:

- Ofícios contendo o cronograma de importação;

- Declaração atestando o descumprimento do Plano Nacional de Operacionalização da Vacinação contra a Covid-19;

- Declaração atestando a adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância;

- Certificado do registro do produto na Rússia, país onde o produto é fabricado;

- Relatório técnico de avaliação da vacina emitido pelo Ministério da Saúde da Rússia.

Assim, toda a documentação requerida pela Lei nº 14.124/21 e pela RDC nº 476/21 foi apresentada pelos requerentes nos processos ora em deliberação. Além de ter sido apresentado o relatório de avaliação emitido pela autoridade sanitária responsável pela aprovação do registro da vacina, conforme requerido pela citada Lei e cuja ausência também motivou a negativa do pedido anterior de importação, o Consórcio Nordeste enviou Ofício que traz medidas de contingência importantes para o caso de aprovação dos pleitos de importação, sinalizando a preocupação dos gestores dos estados no monitoramento do uso da vacina no Brasil e nas medidas de proteção à saúde da população.

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Conforme ressaltei no início do meu voto, o olhar capital da minha análise se deterá em observar em que medida as lacunas de informação relatadas por mim, no dia 26/04, e que ensejaram o indeferimento, unânime, da autorização de importação, foram superadas a partir dos documentos apresentados nesse novo pedido.

Nesse sentido, cumpre destacar que consta desses novos pedidos de importação um documento de enorme relevância para o processo de deliberação, inexistente na avaliação anterior, e que funciona como requisito legal e balizador de referência para as avaliações técnicas da agência.

Faço menção a apresentação, nessa nova análise, do **relatório técnico de avaliação da vacina emitido pela autoridade sanitária estrangeira**, no caso, da Rússia, em atendimento ao § 3º, do art. 16, da Lei nº 14.124.

Além do referido relatório, merece realce o envio de um ofício, subscrito pelo Consórcio Nordeste, contendo ponderações e proposições para contribuir com a tomada de decisão acerca dos pedidos de autorização excepcional da vacina Sputnik V protocolados pelos estados do Nordeste, dentre as quais a adoção, como já mencionei, em caráter de excepcionalidade, de medidas de contingência que estariam sob sua responsabilidade especialmente a assinatura de Termo de Compromisso perante esta Agência, realização de estudos de efetividade, a partir da importação e aplicação dos primeiros lotes da vacina, implementação de programa de monitoramento de eventos adversos (farmacovigilância) e submissão de todos os lotes da vacina aos devidos testes de controle de qualidade em laboratórios públicos.

No julgamento anterior, diante da ausência do relatório técnico da vacina, a Anvisa buscou todos os elementos de avalição disponíveis para tentar identificar, por meio desses elementos, se seria possível aferir os aspectos de segurança, qualidade e eficácia mínimos e necessários à autorização da importação excepcional.

Nesse sentido, avaliamos, por exemplo, documentos de posse da agência por força da análise em curso em outro processo dentro da agência, o de uso emergencial. No mesmo propósito, promovemos inspeções em plantas fabris da Sputnik na Rússia e tentamos obter informações a respeito da vacina junto a dezenas de países e também por intermédio de outras instituições de regulação com as quais a Anvisa estabelece parceria institucional.

Naquela ocasião, por força da ausência do relatório técnico e diante das informações colhidas a partir desse conjunto de iniciativas, um número significativo de aspectos foram apontados pela Anvisa, os quais refletiam uma fotografia das condições da plataforma vacinal naquele instante; alguns

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desses aspectos, conforme pareceres das áreas técnicas, foram superados a partir de informação contida no relatório técnico apresentado, mas outros aspectos permanecem em debate, e devem ser sopesados, na minha opinião, à luz do atual cenário sanitário e epidemiológico de nosso país.

2.2 Da vacina Sputnik V

A Vacina Sputnik V (Gam-COVID-Vac) é fabricada na Rússia e está registrada perante o Ministério da Saúde da Rússia, Órgão Sanitário do mesmo país.

A vacina consiste em dois componentes:

• o componente 1 vem na forma de partículas virais recombinantes baseadas no adenovírus humano sorotipo 26 que carrega o gene da proteína do vírus SARS-CoV-2;

• o componente 2 vem na forma de partículas virais recombinantes baseadas no adenovírus humano do sorotipo 5 que carrega o gene da proteína S do vírus SARS-CoV-2.

A vacinação é administrada em duas etapas: primeiro 0,5 mL do Componente I e, em seguida, três semanas depois, 0,5 mL do componente II. Após a administração da vacina, a equipe médica deve acompanhar o estado de saúde do paciente durante um período de 30 minutos.

Existem dois regimes aprovados para o armazenamento e transporte da vacina: i) a vacina congelada deve ser transportada e armazenada em local escuro a uma temperatura de -18°C ou menos. O prazo de validade dessa vacina é de 6 meses a partir da data de produção. O descongelamento leva de 3 a 5 minutos. Uma vez descongelada, essa vacina deve ser administrada dentro de 120 minutos; ii) a vacina na forma líquida (fabricada no site da Generium) deve ser transportada e armazenada em local escuro a uma temperatura de +2 a + 8°C. O prazo de validade dessa vacina é de 2 meses a partir da data de produção. Uma vez retirada da geladeira, tal vacina deve ser administrada dentro de 120 minutos.

A vacina Gam-COVID-Vac ou Sputnik é indicada para a imunização ativa de indivíduos ≥ 18 anos de idade para a prevenção da Covid-19.

2.3 Do relatório de avaliação emitido pela autoridade estrangeira

No caso da importação da vacina Sputnik, a apresentação do relatório técnico da vacina emitido pela autoridade de regulação estrangeira **é fato processual de relevo**; traduz-se em substancial mudança do quadro probatório, uma vez que a deliberação anterior, como já mencionado, seguiu e evoluiu sem se pautar pelas balizas de tal relatório técnico previsto em lei. Em síntese, esse documento inexistia, e ele agora foi apresentado à agência.

Merece registro que o legislador, por meio da Lei nº 14.124/21, estabeleceu a possibilidade de importação excepcional de vacina, sem registro na Anvisa, quando o pedido é lastreado em registro ou em uso emergencial de vacina ou medicamento obtido ou aprovado em autoridade regulatória estrangeira definida pela lei.

Para tanto, a norma dispõe que o pedido deve ser guarnecido com o próprio documento de registro ou com o certificado de uso emergencial alcançado na autoridade estrangeira, e ainda com o relatório técnico da avaliação da vacina, emitido ou publicado por aquela autoridade sanitária internacional, tendo que ser capaz de comprovar que a vacina atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/S.

Assim, diante da apresentação do relatório técnico da vacina previsto na lei, cabe à Anvisa avaliar e decidir – já que lhe compete, nos termos da mesma lei, oferecer parecer sobre a importação – se o relatório apresentado atende aos requisitos de qualidade, de eficácia e de segurança estabelecidos na norma.

Pois bem. No dia 21/05, os requerentes encaminharam à Anvisa o relatório técnico de avaliação emitido pelo Ministério da Saúde da Federação Russa, em atendimento ao requerimento constante no § 3º do art. 16 da Lei nº 14.124/21.

A Assessoria de Assuntos Internacionais (AINTE), por meio do Despacho nº 97/2021/SEI/AINTE/GADIP/ANVISA, informou ter confirmado a autenticidade do documento Technical

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report final RUS Final, o qual foi igualmente transmitido à AINTE após reiteração ao Ministério da Saúde da Federação Russa.

O referido Relatório Técnico descreve a análise realizada pelo Ministério da Saúde da Federação Russa para o registro da vacina Gam-COVID-Vac (marca registrada - Sputnik V), desenvolvido por N.F. Gamaleya National Research Center of Epidemiology and Microbiology.

Descrevo, a seguir, os principais aspectos do Relatório, especialmente no que se refere aos aspectos apontados pela Anvisa em deliberação anterior sobre os pedidos de importação da vacina Sputnik V.

O documento informa que o registro da vacina Gam-COVID-Vac foi realizado de acordo com os requisitos regulatórios adotados na Federação Russa, bem como de acordo com práticas internacionais. A prática regulatória da Federação Russa para o registro de vacinas cumpre integralmente os requisitos recomendados pela OMS e ICH, em particular as “Diretrizes sobre avaliação clínica de vacinas: expectativas regulatórias”.

Na Federação Russa, o Ministério da Indústria e Comércio é responsável pela emissão dos certificados de Boas Práticas de Fabricação (BPF). A inspeção da planta Generium pela comissão do Ministério da Indústria e Comércio foi realizada em 14 de agosto de 2020 e 9 de fevereiro de 2021. A inspeção do site Pharmstandart-UfaVita foi realizada em 26 de março de 2021 e a inspeção da unidade de produção de Medgamal foi realizada em 25 de maio de 2018 e 15 de março de 2021. Todas as inspeções foram concluídas sem comentários e confirmaram a possibilidade de liberação da vacina em cada um dos locais de produção designados.

A produção da vacina em um volume de biorreator de 5L e escalonamento adicional de produção usando biorreatores maiores, de até 1000L, foram acompanhados pelo controle de qualidade do produto acabado e de produtos intermediários, bem como um relatório de comparabilidade para a escala de 5L a 100L e um relatório separado para a escala de 100L a 1000L, de acordo com as regras do Ministério da Saúde da Federação Russa. O controle de produtos intermediários foi realizado de acordo com os pontos de controle da produção, o que foi confirmado pelo documento “Descrição de controle de etapas críticas da produção e de produtos intermediários", que está incluído no dossiê de registro. Todas as séries liberadas passaram no controle de qualidade no laboratório do Instituto Gamaleya e no laboratório estadual de Roszdravnadzor, Serviço Federal de Vigilância em Saúde, e mostraram conformidade com os parâmetros de qualidade especificados em todas as etapas de escalonamento do processo de produção para cada um dos sites produtivos.

Sobre as impurezas, o documento relata que o produto fabricado não contém impurezas comuns para vacinas vivas ou inativadas. As principais impurezas a serem controladas no medicamento incluem DNA residual e proteínas de células hospedeiras. Essas impurezas são controladas de acordo com as especificações de qualidade na etapa de controle em processo ou na etapa de produto acabado.

Quanto ao controle de qualidade, o Instituto Gamaleya apresentou especificações, controle de qualidade de intermediários na etapa de controle em processo e para liberação de controle de qualidade do produto acabado. As especificações e métodos de controle de qualidade foram baseados na Farmacopeia da Federação Russa ou em métodos de análise internos.

O duplo controle de qualidade realizado pelo Instituto Gamaleya e pelo Laboratório Roszdravnadzor não detectou qualquer RCA na vacina Sputnik V. O controle para RCA é realizado não apenas para o produto acabado, mas também em diferentes estágios de produção, incluindo a semente viral e concentrado da vacina. A ausência de RCA é confirmada por protocolos de controle de qualidade emitidos pelo Gamaleya e pelo Laboratório Roszdravnadzor.

Ainda de acordo com o relatório, as normas existentes para determinar as quantidades de RCA na vacina Sputnik V estão de acordo com as recomendações do FDA. Conforme os regulamentos da FDA existentes, de 33 RCA (com base em uma dose intratumoral de 1012 partículas) a 1000 RCA (com base em uma dose intravenosa máxima de 3x1013 partículas) podem entrar no corpo humano.

Sobre os estudos pré-clínicos, o documento informa que o perfil de segurança de várias vacinas baseadas em adenovírus recombinantes, desenvolvidas pelo Instituto Gamaleya, é comparável e

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não difere significativamente entre as vacinas desenvolvidas e em relação a medicamentos semelhantes (de acordo com dados da literatura).

O programa de estudo incluiu estudos de atividade imunológica e segurança (toxicidade), incluindo avaliação de toxicidade para administração única e repetida, e para administração consecutiva do Componente I e do Componente II da vacina, avaliação da toxicidade reprodutiva e de desenvolvimento, imunogenicidade e alergenicidade.

Os estudos de toxicidade reprodutiva ainda estão em andamento. Os efeitos farmacocinéticos (biodistribuição) e farmacodinâmicos foram estudados.

Os resultados demonstraram, segundo o relatório, a não toxicidade da vacina em diferentes animais de laboratório em uma ampla gama de doses. O nível de segurança demonstrado por estudos pré-clínicos permitiu estudos clínicos em voluntários saudáveis.

A segurança, imunogenicidade e eficácia da vacina Gam-COVID-Vac foram avaliadas durante os estudos clínicos.

Os dados dos estudos de fases I e II confirmaram que a administração da vacina desenvolvida induz a formação de forte resposta imune ao vírus SARS-CoV-2 e envolve imunidade humoral e celular.

Para os estudos de fase I, tem-se as seguintes conclusões:

- Tanto uma imunização de dose única com o componente I ou II da vacina, quanto uma imunização de dose dupla, pode levar à formação de anticorpos IgG específicos em 100% dos voluntários no dia 21 após a imunização. No caso da dose dupla, os títulos máximos de anticorpos foram atingidos no dia 42 após o início da imunização;

- A imunização de dose dupla resultou em valores estatisticamente mais altos para os títulos de anticorpos IgG específicos em comparação com a imunização de dose única com o componente I ou II, que demonstra as vantagens da imunização de reforço e fornece a justificativa para recomendá-la para prática clínica futura;

- Quando os títulos de anticorpos IgG específicos foram comparados entre os voluntários vacinados no dia 28 após o início da vacinação com os títulos de anticorpos IgG em convalescentes após Covid-19, foi demonstrado que, no caso de uma administração de dose única, os títulos são comparáveis e, no caso de vacinação primária-reforço, os títulos dos voluntários vacinados excedem os títulos dos convalescentes;

- No soro sanguíneo de voluntários vacinados com ambos os componentes da vacina, no dia 28 após o início da vacinação, a taxa de soroconversão foi de 95%. No dia 42 após o início da vacinação, a taxa de soroconversão foi de 100%;

- Tanto a imunização de dose única com o componente I ou II quanto a imunização de dose dupla pode resultar no desenvolvimento de resposta mediada por células específica ao antígeno, o que foi confirmado pelo alto grau de confiabilidade estatística para os parâmetros medidos antes e após a imunização;

- Tanto a imunização de dose única quanto a imunização de dose dupla foram capazes de induzir linfócitos T CD4 + e CD8 +;

- Os resultados do estudo mostraram que a pré-imunidade aos componentes dos vetores da vacina não afeta a eficácia da vacinação;

- A análise de segurança sobre os resultados do estudo (até o dia 180 do período de observação) mostrou que a maioria dos eventos adversos (AEs) detectada foi leve e resultou em recuperação. Não foram registrados AEs graves.

Outros dois estudos de fases II e III da vacina Gam-COVID-Vac estão sendo realizados: “Um estudo clínico randomizado, duplo-cego, controlado por placebo, multicêntrico sobre a eficácia, imunogenicidade e segurança da vacina de vetor combinado Gam-COVID-Vac para ajudar a prevenir a infecção por coronavírus induzida pelo vírus SARS-CoV-2, de acordo com o protocolo nº 04-GamCOVID-

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Vac-2020 em 40.000 voluntários acima de 18 anos" e "Um estudo aberto sobre a segurança, tolerabilidade e imunogenicidade do medicamento 'GamCOVID-Vac ', uma solução para injeção intramuscular, em voluntários saudáveis com mais de 60 anos de acordo com o protocolo nº 05-Gam-COVID-Vac-2020 em 110 voluntários".

As seguintes conclusões foram obtidas para o estudo 04-Gam-COVID-Vac-2020:

- A vacina em estudo tem um bom perfil de segurança, em particular, nenhuma reação alérgica grave induzida pela vacina foi registrada;

- O grupo de pacientes com mais de 60 anos não diferiu da população geral em termos do perfil de segurança;

- Não houve eventos adversos sérios inesperados relatados durante o estudo;

- 100% dos voluntários do grupo de vacinação com Sputnik V apresentaram resposta imune estável;

- A vacinação de reforço levou a uma morbidade estatisticamente menor no grupo de tratamento do que no grupo placebo;

- A eficácia observada para a vacina em estudo foi de 91,6%;

- A vacinação primária-reforço levou à uma severidade reduzida nos casos de doenças, com 100% de proteção contra casos graves de Covid-19;

- Idade, sexo e comorbidades não tiveram uma correlação estatisticamente significativa com o risco de infecção;

- Uma imunização de dose única com o Componente I mostrou uma diferença estatisticamente significativa em eficácia observada no período de 14 a 21 dias. De acordo com os dados obtidos, foi observada uma eficácia > 70% na redução do risco da doença do dia 14 ao dia 20 após o Componente I ter sido administrado. Consequentemente, uma imunização de componente único é capaz de reduzir significativamente o risco de doença, mesmo em um estágio inicial após a vacinação;

- Os dados obtidos parecem confirmar a hipótese do estudo de que a administração da vacina desenvolvida é segura e induz a formação de uma resposta imune protetora ao vírus SARS-CoV-2.

- A utilização de dois vetores diferentes com base nos sorotipos Ad26 e Ad5 de adenovírus humano em duas injeções separadas permite que a vacina forneça proteção mais eficaz contra o coronavírus, em comparação com as vacinas que usam o mesmo vetor para ambas as injeções, porque o sistema imunológico inicia mecanismos de proteção contra o produto após a segunda injeção. Usando dois vetores diferentes, a vacina Gam-COVID-Vac permite evitar possível efeito neutralizante e faz com que a resposta imune seja estável e durável;

- Até o momento da divulgação do relatório, 33.760 voluntários estavam randomizados para o estudo. Destes, 25.320 voluntários receberam a vacina e 8.440 voluntários receberam o placebo;

- Em comparação com outros protocolos, o estudo 04-Gam-COVID-Vac-2020 alcançou o seu objetivo em confirmar os resultados de eficácia e segurança da Sputnik V.

Para o estudo 05-Gam-COVID-Vac-2020, obtiveram-se as seguintes conclusões:

- Uma única imunização com o Componente I da vacina pode levar à formação de anticorpos IgG específicos em 53,2% dos voluntários com mais de 60 anos no 21º dia após a imunização;

- A imunização de voluntários com mais de 60 anos pode levar à formação de anticorpos IgG específicos em 98,1% dos voluntários no 28º dia após a imunização;

- Ao imunizar voluntários com mais de 60 anos de idade, os títulos de anticorpos continuaram a aumentar até 42 dias após a imunização (o que foi demonstrado para uma subpopulação de voluntários);

- A imunização dupla dos voluntários resultou na formação de linfócitos T CD4+ e CD8 + específicos no 28º dia após administração do Componente I da vacina. Os resultados indicaram a indução de imunidade celular como parte da imunidade nos voluntários após a imunização;

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- A vacinação dupla pode levar ao desenvolvimento de imunidade mediada por células em voluntários com mais de 60 anos (com base nos dados de resposta linfoproliferativa e secreção de interferon gama), que foi confirmada por um alto grau de significância estatística dos parâmetros medidos antes e depois da imunização;

- A vacinação dupla pode causar a formação de linfócitos T CD4 + e T CD8 + específicos;

- A análise de segurança dos resultados do estudo mostrou que algum tipo de AE foi registrado em 17 voluntários (15,60%). Um SAE registrado (fibrilação atrial que exigiu hospitalização) foi considerado não relacionado à vacina em estudo;

- Nenhum EA grave foi registrado. A maioria dos AEs resultou em recuperação. Os EAs detectados durante o estudo são característicos da maioria das vacinas.

No que se refere ao uso pediátrico, estudos sobre a avaliação da segurança do uso da vacina em crianças não foram realizados. Nas instruções de uso para a vacina, a categoria de menores de 18 anos está incluída na seção "Contraindicações" (devido à falta de dados sobre a sua eficácia e segurança).

Sobre a imunização de mulheres grávidas, na data do relatório, a gravidez e a amamentação foram incluídas na lista de contraindicações para uso da vacina.

Sobre o uso em idosos, no momento, um estudo clínico está em andamento em 110 voluntários, “Um estudo aberto sobre a segurança, tolerabilidade e imunogenicidade do medicamento Gam-COVID-Vac, uma solução para uso por injeção intramuscular, em voluntários saudáveis com mais de 60 anos”. Foram realizadas alterações nas informações do paciente do texto de bula a fim de permitir o uso da vacina em pacientes idosos.

As seguintes condições foram definidas pelo Ministério da Saúde para autorização da vacina, de acordo com o regulamento do Governo da Rússia para situações de emergência:

a) imposição de restrições para seu uso seguro: a vacina pode ser usada apenas em organizações de saúde autorizadas a vacinar a população de acordo com o procedimento previsto na lei;

b) relatar cada fato do uso da vacina ao Serviço Federal de Vigilância em Saúde;

c) necessidade de realização de estudos clínicos pós-comercialização, cujos resultados servirão de base para avaliar a relação benefício / risco esperada da vacina ao confirmar seu registro;

d) a necessidade de testes de amostras de lote de qualidade da vacina de acordo com a legislação da Federação Russa.

O registro foi concedido de acordo com os requisitos regulamentares gerais adotados na Federação Russa, bem como de acordo com as práticas internacionalmente aceitas. A prática regulatória da Federação Russa para o registro de vacinas está em total conformidade com os requisitos recomendados pela OMS e ICH.

A Indicação Terapêutica Aprovada é: a vacina Gam-COVID-Vac é indicada para a imunização ativa de indivíduos ≥ 18 anos de idade para a prevenção de COVID-19.

A posologia aprovada é: o esquema de vacinação com a vacina Gam-COVID-Vac consiste em um esquema de duas doses de 0,5 mL cada. A segunda dose deve ser administrada 21 dias após a primeira dose.

O Ministério da Saúde da Federação Russa concedeu o registro, em uma base condicional, para a vacina Gam-COVID-Vac desenvolvida pelo Instituto Gamaleya.

Além dos aspectos técnicos constantes no relatório emitido pela autoridade Russa, foi possível verificar correspondência entre o conteúdo do referido documento com o constante em relatórios emitidos por outras autoridades sanitárias de referência, como os da OMS, FDA, Canadá e da própria Anvisa. Não apenas há um grau de concordância entre os itens constantes nos documentos, como em relação à profundidade da discussão sobre os documentos avaliados e que levaram à decisão pela Autoridade.

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Ao avaliar o relatório, a Gerência Geral de Inspeção e Fiscalização Sanitária (GGFIS), por meio da Nota Técnica nº 80/2021/SEI/COINS/GIMED/GGFIS/DIRE4/ANVISA, informou que, no documento de aprovação do FDA de vacinas para Covid-19, também não há maiores detalhes sobre os resultados das inspeções, tais como compromissos, achados e medidas de mitigação adotadas, porém estas ficam descritas nos relatórios de inspeção. No caso do EMA, o documento de aprovação não indica os detalhes dos eventuais achados, compromissos e planos de mitigação adotados, que permanecem disponíveis integralmente nos relatórios de inspeção. Por sua vez, a autoridade Russa realizou inspeções nas empresas fabricantes da Sputnik V e possui os relatórios integrais em seus arquivos. No relatório de aprovação, também não há detalhes sobre os compromissos, achados e medidas de mitigação adotadas, sendo relatado que as inspeções foram concluídas sem nenhum comentário.

Importante distinguir que o relatório técnico apresentado visa cumprir os termos da Lei nº 14.124/21 e não superar as lacunas de informação para uma autorização de uso emergencial ou mesmo registro sanitário na Anvisa.

Portanto, trata-se de relatório autêntico, emitido pelo Ministério da Saúde da Rússia, o qual está contemplado entre as autoridades sanitárias definidas no caput do art. 16 da Lei nº 14.124/21 e que declara que a vacina Sputnik V foi aprovada seguindo os critérios adotados pela OMS e ICH.

Apesar das caraterísticas apontadas no documento, a Anvisa não pode, mesmo de posse do relatório exigido em lei, deixar de avaliar aspectos técnicos que vieram ao seu conhecimento e que subsidiaram a decisão anterior desta Diretoria Colegiada, já que a própria norma exige que a agência emita parecer sobre o processo de importação. Tal previsão, coloca a agência diante da obrigação de exercer sua própria missão institucional, também prevista em lei diversa, a Lei nº 9782, que é a de proteger a saúde da população.

Por isso, passarei, a seguir, a apresentar as considerações das áreas técnicas sobre o relatório e a vacina, delas retirando fundamentos para a minha decisão.

2.4 Das considerações das áreas técnicas da Anvisa

Trago aqui a síntese da Nota Técnica nº 66/2021/SEI/GPBIO/GGMED/DIRE2/ANVISA, emitida pela Gerência Geral de Medicamentos e Produtos Biológicos (GGMED), a qual está consubstanciada na apresentação realizada pelo Gerente Geral de Medicamentos e Produtos Biológicos em relação ao relatório técnico emitido pelo Ministério da Saúde da Rússia e que contempla aspectos presentes no referido relatório em confronto com as manifestações técnicas anteriores.

A GGMED reforçou não se tratar de uma avaliação de qualidade, segurança e eficácia de dados da vacina, mas sim quanto aos dados avaliados até o momento e considerando o Relatório Técnico da Rússia.

Sobre os adenovírus replicantes, a área informou que, no relatório da autoridade russa, a especificação do teste de Segurança Específica, responsável por determinar a presença de adenovírus replicantes (RCA) no produto foi alterada de “Não mais que 1000 RCA por dose” para “Não mais que 50 RCA por dose”. O documento informa, ainda, que as normas que determinam a quantidade de adenovírus replicante na vacina Sputnik V estão em total concordância com as recomendações da US-FDA.

Apesar de o relatório fazer menção a recomendações do US-FDA de que 33 RCA a 1000 RCA poderiam ser injetadas no corpo humano, nenhuma referência foi fornecida para estes valores e não foi encontrado guia do US-FDA com tal recomendação. Portanto, não fica claro o racional utilizado pela autoridade russa para aprovar as especificações propostas para a vacina e como a segurança, de tais limites, foi determinada.

O relatório descreve que o produto foi desenvolvido com base em mais de 20 anos de experiência de trabalho com vetores adenovirais e que o desenvolvimento foi baseado em dados obtidos a partir de outras vacinas de adenovírus. No entanto, o relatório não aborda questões críticas do desenvolvimento, como: caracterização de parâmetros de qualidade, impacto das diferenças entre os processos produtivos; avaliação da comparabilidade, mudanças nas metodologias analíticas, mudanças nas especificações e seus respectivos limites, entre outros.

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No que se refere à comparabilidade no processo de fabricação, o relatório descreve superficialmente o processo de fabricação e menciona que o escalonamento de biorreatores de 5L até 1.000L foi acompanhado de controle de qualidade do produto acabado e de produtos intermediários. Também menciona a existência de relatório de comparabilidade entre os processos de 5L e 100L e um relatório separado para a escala de 100L e 1000L.

No entanto, o relatório não descreve os parâmetros e critérios utilizados para estabelecer a comparabilidade, não informa quais os lotes avaliados e se seriam da substância ativa, do produto acabado ou ambos e apresenta dados insuficientes de caracterização do produto quanto ao número de lotes, assim como quanto aos parâmetros avaliados pela autoridade Russa.

A GGMED também destacou que o relatório informa que o produto não contém impurezas comuns para vacinas vivas ou atenuadas e que as principais impurezas são controladas no produto, de acordo com as especificações de qualidade na etapa de controle em processo ou no produto acabado. Mas, o relatório não fornece informações sobre remoção ou controle de componentes utilizados no processo de fabricação, além de não apresentar uma avaliação de risco para estabelecer quais seriam os limites tolerados para as impurezas e não demonstrar a eficiência do processo em remover as impurezas.

O relatório da autoridade russa apresentou as especificações do produto acabado e informou a existência de controle de qualidade duplo (realizado pelo Gamaleya e pelo Laboratório Roszdravnadzor Federal Service for Surveillance in Healthcare).

As especificações e controles de qualidade foram baseados na Farmacopeia Russa ou em métodos analíticos internos e, de acordo com o relatório, os parâmetros de qualidade são confirmados por dados de estabilidade e dados de lotes de estudos pré-clínicos e clínicos do medicamento.

Entretanto, o relatório da autoridade russa não descreve se foram apresentadas validações para todas as metodologias internas e se estas estavam de acordo com guias reconhecidos internacionalmente, além de não ficar claro no relatório se testes críticos para determinar a atividade do produto não são realizados (infectividade e avaliação da expressão do transgene de forma direta).

Segundo a autoridade, o perfil de segurança de várias vacinas baseadas em adenovírus recombinantes, desenvolvidas pelo Gamaleya, é comparável. A GGMED informou que o relatório descreve estudos não clínicos conduzidos para avaliação de atividade imunológica e segurança (toxicidade). De acordo com o relatório, foram conduzidos estudos de toxicidade reprodutiva e de biodistribuição.

Não foram apresentadas descrições e análises sobre qual o grau de similaridade que as vacinas descritas em literatura possuem com a Sputnik V para justificar o perfil de segurança. As informações apresentadas sobre os estudos de segurança e toxicidade foram limitadas. Ademais, no relatório não são apresentados dados que demonstrem qual o perfil de biodistribuição e persistência in vivo das partículas virais da vacina Sputnik.

O relatório relata avaliações de quatro estudos clínicos conduzidos com a vacina Sputnik V:

- Estudo fase 1, 02-Gam-COVID-Vac-2020, um estudo aberto para avaliação de segurança, tolerabilidade e imunogenicidade da vacina Gam-COVID-Vac.

- Estudo fase 1, 03-Gam-COVID-Vac Lyo-2020, um estudo aberto para avaliação da segurança e imunogenicidade da vacina liofilizada.

- Estudo fase 2, 05-Gam-COVID-Vac-2020, um estudo aberto para avaliação da segurança, tolerabilidade e imunogenicidade ***em participantes com mais de 60 anos****.*

- Estudo fase 3, 04-Gam-COVID-Vac-2020, um estudo clínico randomizado, duplo-cego, controlado por placebo, multicêntrico em grupos paralelos para avaliação da eficácia, imunogenicidade e segurança da vacina de vetor combinada Gam-COVID-Vac na prevenção da infecção por coronavírus causada pelo vírus SARS-CoV-2.

De acordo com a GGMED, o relatório conclui que 100% dos voluntários do grupo de vacinação com Sputnik V apresentaram resposta imune estável. Também conclui que a vacina tem eficácia de 91,6% para casos sintomáticos e 100% para prevenção de casos graves. Por fim, conclui que a

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vacina em estudo tem um bom perfil de segurança, em particular, sem reações alérgicas graves induzidas pela vacina.

Sobre a imunogenicidade clínica, apenas um subgrupo foi testado e não apresenta o tempo máximo de resultados disponíveis após o esquema de vacinação completo. Também não existe descrição sobre ensaios utilizados para avaliação de respostas imunes e como foram realizadas as validações desses ensaios e não há considerações sobre o poder estatístico aplicado para os resultados do estudo.

O relatório não apresentou a frequência das reações adversas relatadas (raras, incomuns, comuns, muito comuns e não descreveu a metodologia para obtenção dos dados de segurança. Quanto ao estudo de fase 3, estão ausentes informações sobre o desenho, padronização e avaliação dos desfechos de eficácia e segurança, condução do estudo e desvios de protocolo que ocorreram.

Por fim, a GGMED considera que, para atendimento à Lei 14.124/21, para proteção da saúde pública e cumprimento da missão da Anvisa, considerando-se as incertezas técnicas ainda presentes e o cenário da pandemia, a área recomenda a adoção de condicionantes na eventual autorização da importação excepcional, para fins de distribuição e uso em condições controladas pelos estados solicitantes da importação da vacina Sputnik V.

Dessa forma, apresento a seguir os condicionantes propostos pela área técnica:

- Distribuir e utilizar a vacina em condições controladas com condução de estudo de efetividade, com delineamento acordado com a Anvisa e executado conforme Boas Práticas Clínicas, conforme sugerido pelo Ofício CIDSNE/PRESID n. 25/2021 de 25/05/2021;

- Os lotes a serem destinados ao Brasil devem ser provenientes, das plantas produtivas inspecionadas pela Anvisa;

- Lotes importados devem ser aprovados pelo INCQS por meio de análise laboratorial que demonstre a ausência de adenovírus replicante, controle de agentes adventícios, a potência da vacina e também assegure a sua qualidade. É fundamental que sejam disponibilizados os Procedimentos Operacionais Padrão, materiais de referência, protocolos e insumos específicos;

- Contra-Indicação/Restrição de Uso: a vacina não deverá ser utilizada por pessoas com hipersensibilidade a qualquer dos componentes da fórmula, gravidez, lactantes, menores de 18 anos, mulheres em idade fértil que desejam engravidar nos próximos 12 meses, enfermidades graves ou não controladas (cardiovascular, respiratória, gastrointestinal, neurológica, insuficiência hepática, insuficiência renal, patologias endócrinas) e antecedentes de anafilaxia;

- Contra-Indicação/Restrição de Uso: não poderão receber essa vacina pessoas que tenham recebido outra vacina contra Covid-19, febre, HIV, hepatite B ou C, que tenham se vacinado nas 4 semanas anteriores, tenham recebido imunoglobulinas ou hemoderivados 3 meses antes, tenham recebido tratamentos com imunossupressores, citotóxicos, quimioterapia ou radiação há 36 meses antes da potencial vacinação, tenham recebido terapias com biológicos incluindo anticorpos anticitocinas e outros anticorpos;

- Os estados deverão disponibilizar às unidades de saúde as informações de rótulos e bulas, que sejam importantes para o uso correto do produto, no idioma português;

- Os estados deverão estabelecer as ações necessárias para evitar os erros de trocas entre os dois componentes da vacina, devendo haver monitorização e ações contínuas para minimizar o risco e os danos;

- Os estados deverão suspender a importação, distribuição e uso, caso a Anvisa ou a OMS reprovem o uso emergencial da vacina Sputnik V;

- Os estados deverão comunicar amplamente à sociedade que a vacina Sputnik V importada não possui avaliação da Anvisa quanto aos critérios de qualidade, eficácia e segurança.

Por sua vez, a Gerência Geral de Inspeção e Fiscalização Sanitária (GGFIS) emitiu a Nota Técnica nº 80/2021/SEI/COINS/GIMED/GGFIS/DIRE4/ANVISA, a qual também foi consubstanciada na apresentação realizada pela Gerente Geral da área e cujos aspectos principais abordarei a seguir.

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A GGFIS destacou que a análise atual teve por base o relatório técnico de aprovação emitido pela Autoridade Russa, o Ofício CIDSNE/PRESID nº 025/2021 enviado pelo Governador do Estado do Piauí e Presidente do Consórcio Nordeste, José Wellington Barroso de Araújo Dias em que apresenta proposições de contingência e Plano de Ação Declaratório.

O relatório técnico de aprovação emitido pela Autoridade Russa afirma que a atuação Regulatória Russa para o registro de vacina atende integralmente os requerimentos recomendados pela OMS e ICH e que o Ministério de Indústria e Comércio Russo é responsável pela emissão dos Certificados de Boas Práticas de Fabricação.

Relatam Inspeção nas plantas: Generium em 14 de Agosto de 2020 e em 09 Fevereiro de 2021; Pharmstandart-UfaVita em 26 de Março de 2021; Medgamal em 25 de Maio de 2018 e 15 Março de 2021, concluindo que as plantas estão autorizadas a fabricar a vacina em seus sites fabris.

Sobre as medidas de contingência propostas no Ofício CIDSNE/PRESID nº 025/2021 – Consórcio do Nordeste, "Submissão de todos os lotes da vacina aos devidos testes de controle de qualidade em laboratórios credenciados e aceitos pela Anvisa, incluindo o Instituto Nacional de Controle de Qualidade em Saúde da Fundação Osvaldo Cruz – INCQS/Fiocruz." e "Submissão de todos os lotes da vacina aos devidos testes de controle de qualidade em laboratórios credenciados e aceitos pela Anvisa, incluindo o Instituto Nacional de Controle de Qualidade em Saúde da Fundação Osvaldo Cruz – INCQS/Fiocruz.", a GGFIS relatou que, apesar de ser uma medida adicional de controle, ela sozinha não atende integralmente às necessidades identificadas pela área quando da inspeção sanitária (validação da filtração esterilizante) realizada nas empresas fabricantes da vacina, no caso a Generium S.A. e Pharmstandard UfaVita. A garantia da esterilidade é uma abordagem holística.

A área também relatou os achados da inspeção realizada pela Anvisa, por equipe composta por 5 inspetores que realizaram inspeção in loco no período de 19 a 23 de Abril de 2021 nas seguintes plantas: Generium e Pharmstandart-UfaVita, identificando Não Conformidades Críticas com impacto no produto acabado.

Nesse cenário, a GGFIS propôs a adoção de ações de mitigação de risco e condicionantes referentes aos achados de inspeção não abordados no Relatório de Técnico da Autoridade Russa para atendimento aos Guias da OMS (WHO good manufacturing practices for biological products e WHO good manufacturing practices for sterile pharmaceutical products):

- Adequação das práticas asséptica para garantir a esterilidade do produto e atendimento do item 7.2 do guia da OMS. A comprovação de adequação pode ser enviada à Anvisa ou Autoridade Russa (declaração de cumprimento);

- Apresentação da conclusão da validação da filtração esterilizante, como um dos componentes do sistema de garantia da esterilidade do Produto, item 5.4 do Guia da OMS ou medida adicional de mitigação de risco;

- Conclusão da Validação de Processo do IFA para atendimento do item 15.1 do Guia da OMS. A comprovação pode ser enviada à Anvisa ou Autoridade Russa (declaração de cumprimento);

- Apresentação do relatório de validação da metodologia analítica de controle de qualidade juntamente à documentação a ser enviada ao INCQS.

Como conclusão, a área informa que a Autoridade Sanitária Russa declara que "segue os requisitos da OMS e ICH" e que "as empresas foram inspecionadas sem observações e confirmaram a possibilidade de liberação da vacina pelas plantas fabris" ao encontro do requisito legal de que os produtos importados devem ter qualidade, segurança e eficácia atestadas por meio da comprovação do registro pelas autoridades sanitárias internacionais definidas na Lei 14.124/2021.

As plantas fabris foram também inspecionadas pela Anvisa com observações confirmando a necessidade de correções para o adequado atendimento aos padrões de qualidade da OMS ou do PIC/S e, neste momento, não é possível concluir pelo atendimento pleno dos requisitos de qualidade preconizados pela OMS. Dessa forma, apresentou sugestões de medidas condicionantes de mitigação de risco que poderiam ser aplicadas no contexto de uma importação excepcional em condições controladas,

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considerando o cenário pandêmico no Brasil, onde se verifica escassez de vacinas e insumos; as projeções de evolução da pandemia e a capacidade do sistema de saúde brasileiro.

A Gerência Geral de Monitoramento de Produtos Sujeitos à Vigilância Sanitária (GGMON) emitiu o Despacho nº 77/2021/SEI/GFARM/GGMON/DIRE5/ANVISA, no qual tece as seguintes considerações:

Item 11: Conforme informado no documento, o produto está em uso em 40 países, porém dados de monitoramento pós-vacinação são escassos e indicam fragilidades no processo de farmacovigilância estabelecidos tanto pelo detentor de registro, visto que não foram apresentados dados do uso como resposta ao questionamento levantado. Dados do 10° *Informe de vigilancia de seguridad en vacunas* publicado em 2 de abril de 2021 pelo Ministério da Saúde da Argentina, apontam que a taxa de eventos adversos por 100.000 vacinados é maior para Sputnik V do que de outras vacinas usadas naquele país. Reforça-se que a relação dos países que estão vacinando com Sputnik V sem apresentação dos dados de monitoramento da segurança da vacina nos países listados, não agrega informação para análise pela Gerência Farmacovigilância.

Item 15: no documento russo consta que erros programáticos de trocas entre os dois componentes da vacina não ocorreram na Rússia. A área salienta que a própria organização Mundial de Saúde inclui os erros de vacinação como eventos adversos a serem monitorados pela farmacovigilância dos países signatários, visto que erros ocorrem em todo o mundo. A Argentina afirma, no *10° Informe de vigilancia de seguridad en vacunas* publicado em 2 de abril de 2021 pelo Ministério da Saúde argentino, que os erros programáticos de trocas entre os dois componentes da vacina Sputnik V estavam entre os principais erros naquele país. Os erros ocorrem e devem ser monitorados. O fato de poder acontecer erros não coloca em cheque a segurança do produto, mas deve haver monitorização e ações contínuas para minimizar o risco e os danos.

Item 30: o documento analisado informa que foram apresentados dados de mundo real sobre a vacina Sputnik V. Não foram apresentados, entretanto, dados consistentes de monitoramento da segurança da vacina nos países que utilizam o produto.

A GGMON também se manifestou sobre os aspectos de farmacovigilância e de monitoramento que poderiam ser utilizados para o acompanhamento do uso da vacina no Brasil por meio da Nota Técnica nº 22/2021/SEI/GFARM/GGMON/DIRE5/ANVISA. A área informa que, diante dos dados limitados de pós-mercado sobre a segurança e a efetividade da vacina Sputnik V, recomenda-se fortemente que sejam adotados integralmente os seguintes mecanismos de monitoramento e prevenção de eventos adversos pós-vacinais:

- Bula e orientações de uso, transporte e condições de armazenamento disponibilizadas em idioma português aos profissionais;

- Adoção de monitorização intensiva: os vacinados devem ser monitorados para verificação de desfechos de segurança e efetividade, tais como eventos adversos pós-vacinais, infecção pelo Sars-Cov-2 (incluindo análise de variante do coronavírus), internação por Covid-19, óbito por Covid-19 após a primeira e segunda doses. Deverão ser adotados mecanismos pela coordenação de imunizações, e por instituição independe com reconhecido saber, para rastreabilidade de vacinados e das vacinas aplicadas, incluindo o lote da vacina que foi aplicada em cada um deles, da primeira e da segunda doses, bem como avaliação e reporte dos resultados;

- Notificação de eventos adversos: os eventos adversos graves devem ser comunicados à Anvisa em até 72 horas por meio do sistema VigiMed. Os demais eventos adversos e as queixas técnicas devem ser notificados em até 5 (cinco) dias de seu conhecimento. As queixas técnicas devem ser notificadas pelo sistema Notivisa;

- Emissão de relatório de avaliação benefício-risco da vacina: o importador deverá encaminhar à Anvisa, mensalmente, relatório de avaliação benefício-risco da vacina, contendo resultados de segurança e efetividade (desfechos supramencionados) de cada lote importado, detalhado, segundo as boas práticas de farmacovigilância;

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- Monitorização de alertas sanitários internacionais: caberá ao importador acompanhar diariamente alertas internacionais de segurança da vacina Sputnik V emitidos pelos países que estão utilizando a vacina;

- Comunicação de alertas de segurança: a Anvisa deverá ser comunicada imediatamente de alertas de segurança emitidos por outras autorizadas sanitárias internacionais.

Por fim, a GGMON concluiu que, em caso de autorizada de forma excepcional e temporária, recomenda-se fortemente que as medidas de farmacovigilância mencionadas sejam integralmente adotadas pelos importadores, a fim de possibilitar o adequado monitoramento dos vacinados e a celeridade de medidas sanitárias que visem a segurança dos brasileiros.

A Gerência de Laboratórios de Saúde Pública (GELAS), por meio da Nota Técnica nº 26/2021/SEI/GELAS/DIRE4/ANVISA, ressalta que a RDC nº 476/2021 determina, dentre outros requisitos, que os lotes das vacinas importadas somente poderão ser destinadas ao uso após liberação pelo Instituto Nacional de Controle de Qualidade em Saúde (INCQS), nos termos da RDC nº 73/2008.

Por sua vez, a RDC nº 73/2008 determina que, imediatamente após internalização da carga no país, deve ser protocolado no INCQS (pelo detentor do registro ou importador) a seguinte documentação constante no Anexo II para avaliação pelo INCQS de forma a subsidiar a liberação dos lotes de vacinas:

"ANEXO II

PROTOCOLO RESUMIDO DE PRODUÇÃO E CONTROLE - Informações Gerais 1. Informações dos Ingredientes Biologicamente Ativos, Excipientes e Produtos Terminados (apresentação, composição, numero de doses produzidas, número de lote, rastreabilidade do produto deste o lote semente até o produto terminado, dentre outras pertinentes) e suas especificações e controles.

2. Todas as etapas dos processos de produção (tais como: cultivo, purificação, inativação e, etc.) e seus respectivos controles de qualidade, além do controle de qualidade do ingrediente biologicamente ativo e do produto terminado (lote final), bem como as especificações de liberação do fabricante, com base nas informações presentes no registro sanitário.

3. Extrato SISCOMEX comprovando a liberação de Importação dos lotes de produto pela ANVISA.

4. Certificado de Liberação do Lote pela Autoridade Sanitária do País de origem."

No entanto, cientes da relevância e urgência do interesse público na disponibilização de lotes de vacina contra a Covid-19, e considerando a competência regimental da GELAS em coordenar as ações de vigilância sanitária realizadas pelos laboratórios que compõem a Rede Nacional de Laboratórios de Vigilância Sanitária, a área informou que tem realizado reuniões entre as empresas detentoras/importadoras das vacinas e o INCQS e solicitado o envio ao INCQS, no tempo mais breve possível, da documentação referente ao PROTOCOLO RESUMIDO DE PRODUÇÃO E CONTROLE DE QUALIDADE (PRPCQ) e, se possível, do estudo de estabilidade da vacina, de forma a adiantar a análise, para que, no momento oportuno, essa etapa de análise para a liberação dos lotes da vacina seja superada sem dificuldades.

Por fim, a GELAS informou que, caso as importações sejam aprovadas, a Anvisa encaminhará ofício às Secretarias de Saúde dos Estados de forma a promover o envio imediato da documentação técnica pelo importador ao INCQS. Destacou, ainda, a necessidade do envio pelo importador, no tempo mais breve possível, da documentação, por meio eletrônico ao INCQS, para que, no momento oportuno, essa etapa de análise para a liberação dos lotes da vacina seja superada sem dificuldades. Para tanto, o INCQS designou dois pontos focais, que estão dentre os responsáveis pelas análises: Maria Aparecida Affonso Boller e Ozeias Leitão, para o envio dos documentos em formato eletrônico (incqs.ntpb@fiocruz.br) e para eventuais esclarecimentos.

A GGMON também se manifestou em relação ao Ofício CIDSNE/PRESID nº 025/2021, enviado pelo Consórcio Nordeste, por meio do Despacho nº 102/2021/SEI/GFARM/GGMON/DIRE5/ANVISA. A área entende que, além das medidas de monitoramento sugeridas pelo Consórcio, faz-se necessária a apresentação do mapa de distribuição de

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cada lote aprovado pelo laboratório oficial. Desta forma, a GGMON compreende que houve o compromisso do Consórcio com as medidas de Farmacovigilância sugeridas pela área técnica. Ainda, sugeriu que haja compromisso do importador em estimular o registro imediato de eventos adversos por parte de profissionais de saúde e cidadãos.

Por fim, a GGMON destacou que o sistema e-SUS Notifica do Ministério da Saúde apresenta elevada sensibilidade para a detecção de eventos adversos pós vacinais, enquanto o sistema VigiMed da Anvisa é mais específico, o que possibilita a atuação sanitária oportuna.

A partir de todo o exposto pelas áreas técnicas desta Agência, minha avaliação será conduzida a fim de considerar todas as observações apontadas e respectivas medidas mitigatórias necessárias. Ademais, acrescentarei à minha análise aspectos de saúde pública que apresentarei adiante.

2.5 Do cenário internacional

A vacina possui registro e/ou autorização de uso emergencial concedido por três das autoridades sanitárias listadas no caput do art. 16 da Lei: Ministry of Health of the Russian Federation, da Federação da Rússia; Central Drugs Standard Control Organization (CDSCO), da República da Índia; e Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT), da República Argentina.

A vacina Sputnik V está autorizada em 68 países, os quais, em sua maioria, se tratam de países sem tradição de maturidade e robustez regulatórias.

A fim de obter informações sobre o uso da vacina em outros países, a assessoria internacional da Agência enviou o Ofício nº 54/2021/SEI/AINTE/GADIP/ANVISA ao Ministério das Relações Exteriores (MRE). Como resposta, foi recebido o Ofício nº 09116.000921/2021-82 do MRE com as atualizações quanto ao status internacional de imunização com a Sputnik V.

Percebe-se que o cenário global sobre a utilização da Sputnik V não alterou significativamente, desde a última deliberação da Anvisa. Destaco o reporte da autoridade sanitária da Índia, CDSCO; a entidade informou que a segurança, eficácia, imunogenicidade e reatogenicidade da vacina foram avaliados pelo CDSCO juntamente com o comitê de especialistas. O CDSCO avaliou os dados de estudos clínicos submetidos pelo solicitante, incluindo os dados publicados no “The Lancet” e estudos ponte de fase II e fase III conduzidos na Índia com 1.600 participantes. Os dados interinos de segurança e imunogenicidade do dia 42 foram comparáveis com os dados gerados no estudo clínico na Rússia. Com base nos dados submetidos, a autorização para uso restrito em situação de emergência foi concedida.

Na Sérvia, os dados de vacinação com a Sputnik V demonstraram um perfil de segurança elevado, sem registro de eventos adversos sérios, sem relatos de mortes relacionadas à vacinação e sem casos de trombose venosa cerebral observados.

Um outro estudo conduzido pela Universidade Nacional de Córdoba na Argentina (https://static.poder360.com.br/2021/05/Estudo-Argentina.pdf) mostrou uma boa resposta na produção de anticorpos IgG contra SARS-CoV-2 na coorte de 285 pessoas imunizadas com a vacina Sputnik V. No dia 14, após a primeira dose da vacina, 85,5% da coorte apresentava anticorpos contra o vírus e no dia 42, após receber a segunda dose, 99,65% apresentavam anticorpos.

Os resultados demonstram a importância de se administrar a segunda dose da vacina para aqueles que não tiveram exposição prévia ao vírus, visto que não apenas a proporção de indivíduos com anticorpos IgG anti S total é maior, mas também o título de anticorpos neutralizantes (AcNT) aumenta significativamente neste grupo no dia 42 pós-vacinação.

O estudo também demonstrou que a vacina Sputnik V tem eficácia de proteção contra a variante P.1 do coronavírus a partir da análise de plasma de 157 pessoas (entre as quais há amostras de indivíduos recuperados de infecção natural por SARS-CoV-2 cepa de tipo selvagem B.1 e de pessoas vacinadas com Sputnik V que tiveram ou não exposição anterior ao vírus). Em todas as categorias avaliadas, observou-se neutralização da variante P.1.

Por fim, destaco ainda que a Anvisa recebeu documento com posicionamento da Comissão Nacional de Segurança em Vacinas (CoNaSeVa) sobre a segurança de vacinas contra a Covid-19. O

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documento informa que, desde o início da Campanha Nacional de Vacinação contra a Covid-19 na Argentina, foram notificados, até 9 de abril de 2021, ao Sistema Integrado de Informação em Saúde da Argentina (SIISA), 29.232 eventos supostamente atribuíveis à vacinação e imunização (ESAVI) após a aplicação de 5.493.153 doses das vacinas: Sputnik V 3.414.158 (62%); Covishield 587.816 (10%), Sinopharm 1.295.940 (23,5%) e Oxford University / AstraZeneca 195.239 (3,5%).

O documento reporta que, dos eventos relatados, 99,05% (28.952) foram leves e moderados e 280 (0,95%) foram hospitalizados para avaliação. A vacinação com a Sputnik V foi a primeira a ser implantada na Argentina, dando início à Campanha Nacional em 29 de dezembro de 2020 e é o imunizante mais utilizado até hoje. Houve 25.426 eventos relacionados à vacina Sputnik V (taxa = 744 / 100.000 doses) que consistiam em: febre, dor de cabeça, mialgia, artralgia, reações locais, diarreia, vômito, náusea e alergia. Anafilaxia (0,02%) foi registrada em pessoas com histórico de alergia grave que não tenha sido referido no ato da vacinação. Embora a taxa de eventos após a aplicação da vacina Sputnik V seja alta, a maioria dos eventos foi leve ou moderado e ocorreu nas primeiras 72 horas da aplicação da vacina com recuperação integral, o que representa um perfil de segurança adequado para seu uso.

3. DA IMPORTAÇÃO DA VACINA COVAXIN

3.1 Relatório

Analisa-se o pedido de autorização para importação excepcional da vacina Covaxin, nos termos da Lei nº 14.124, de 10 de março de 2021, pelo Ministério da Saúde.

O pedido excepcional de importação está ancorado no Contrato 29/2021 celebrado entre o Ministério da Saúde (MS) e a empresa BHARAT BIOTECH LIMITED INTERNATIONAL, representada pela empresa PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA, CNPJ: 03.394.819/0005-00, para aquisição de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN/BBV152, divididas em 05 (cinco) parcelas de 4.000.000 (quatro milhões) cada.

Conforme disposto no Ofício nº 129/2021/DLOG/SE/MS, a vacina fabricada pela BHARAT BIOTECH INTERNATIONAL LIMITED (BBIL), localizada na Índia, não possui registro sanitário junto a Agência Nacional de Vigilância Sanitária (ANVISA) e o pedido está apoiado na autorização de uso emergencial concedida pela Autoridade Sanitária da Índia.

O pleito ora em análise foi recebido no Sistema Eletrônico de Informações (SEI) da Anvisa no dia 24/05/2021. Aqui cabe destacar que a Anvisa já deliberou sobre pedido anterior do Ministério da Saúde para importação excepcional da vacina Covaxin, por ocasião da Reunião Extraordinária Pública – RExtra 5/2021, realizada no dia 31/3/2021. Na oportunidade, a Diretoria Colegiada decidiu, por unanimidade, negar a autorização excepcional e temporária para importação e distribuição da vacina COVAXIN/BBV152, solicitada pelo Ministério da Saúde, nos termos do voto do relator.

Ao avaliar o pleito anterior de importação da vacina Covaxin pelo Ministério da Saúde, diante da ausência do relatório técnico de avaliação emitido pela autoridade sanitária da Índia, a Anvisa precisou prospectar informações para subsidiar sua deliberação. Nesse sentido, a análise foi baseada nas informações provenientes de processos em curso na Agência, como os pedidos de certificação de Boas Práticas de Fabricação e de condução de estudos clínicos no Brasil. Todos esses dados foram levados em consideração para que a Anvisa pudesse emitir o parecer preconizado pela Lei nº 14.124/21.

Dessa forma, a Anvisa precisou considerar para sua decisão o fato de ter tido acesso à documentação técnica apresentada para análise do Dossiê de Desenvolvimento Clínico do Medicamento (DDCM), protocolado pela empresa Precisa, e a realização de inspeção de registro *in loco* na empresa Bharat Biotech, fabricante da vacina em sua totalidade (substância ativa e produto terminado).

A partir da análise dos dados de qualidade, segurança e eficácia constantes no DDCM, não foi possível, naquele momento, concluir quanto ao perfil de benefício-risco da vacina.

Sobre o cumprimento das Boas Práticas de Fabricação, a empresa fabricante Bharat Biotech International Limited, Índia, foi inspecionada pela Anvisa de 01/03/2021 a 05/03/2021 para a fabricação da Vacina Covaxin (vacina inativada e adsorvida contra SARS-CoV-2). Durante a inspeção, foram constatadas não conformidades e as medidas adotadas pela empresa até aquele momento não

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foram suficientes para mitigar os riscos associados às não conformidades apontadas na inspeção. Dessa forma, foi publicado o indeferimento do pedido de Certificação de Boas Práticas de Fabricação de Medicamentos da empresa fabricante Bharat Biotech, conforme Resolução RE nº 1.297, de 29 de março de 2021.

Diante dos fatos expostos, nos termos do Voto nº 99/2021/SEI/DIRE5/ANVISA, a Diretoria Colegiada da Anvisa decidiu, por unanimidade, negar a autorização excepcional e temporária para importação e distribuição da vacina COVAXIN/BBV152, solicitada pelo Ministério da Saúde, no dia 31/03.

Portanto, a decisão anterior foi tecida a partir da análise da documentação do DDCM e do resultado da inspeção de Boas Práticas de Fabricação (BPF) no fabricante da vacina.

Para o presente processo administrativo, foram apresentados os seguintes documentos:

- Ofício contendo solicitação de autorização excepcional para importação de 20.000.000 (vinte milhões) de doses da vacina Covaxin;

- Declaração atestando tratar-se de importação de vacina contra Covid-19 nos termos da Lei 14.124/21 e RDC/ANVISA 476, de 10 de março de 2021 artigo 12 inciso I;

- Comprovação da autorização de uso emergencial da vacina emitida pela autoridade sanitária da Índia;

- Declaração atestando a adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância nos termos da RDC/ANVISA 476, de 10 de março de 2021, artigo 12 inciso III e Anexo;

- Comprovação da autorização de uso emergencial da vacina emitida pela autoridade sanitária do México, Cofepris;

- Comprovação do peticionamento do pedido de certificação de Boas Práticas de Fabricação (BPF) referente ao fabricante do insumo farmacêutico ativo (IFA);

- Comprovação do peticionamento do pedido de certificação de Boas Práticas de Fabricação (BPF) referente ao produto acabado;

- Relatório referente ao Plano de Ações corretivas e preventivas necessárias à adequação às Boas Práticas de Fabricação (CAPA);

- Segundo relatório interino referente ao estudo clínico de fase III;

- Declaração da empresa Precisa Medicamentos atestando que todas as doses a serem enviadas ao Brasil estarão em concordância com todas as ações aplicadas ao relatório CAPA, sendo todas produzidas após 15 de abril de 2021 e com validade em acordo com produção, promovendo tempo razoável para aplicação pelo programa PNI do Ministério da Saúde;

- Documentação técnica requerida pelo Guia nº 42/2020.

* * *

Depreende-se que, dos documentos apresentados no novo pedido de importação, não consta o relatório técnico da vacina preconizado pela Lei nº 14.124/21 e pela RDC nº 476/21, da Anvisa.

No entanto, um conjunto robusto de documentos foram apresentados à agência, como contrapartida da ausência do relatório técnico da vacina. Por sua vez, o desenvolvedor realizou sucessivas reuniões de trabalho com as áreas técnicas da Anvisa a fim de tentar sanar as lacunas provenientes da inexistência de tal relatório.

Nesse sentido, o nosso exame inicial se volta a identificar em que medida as lacunas de informação relatadas por mim no dia 31/03 foram superadas. Para melhor compreensão desse caminho, considero ser importante, de forma bastante geral e resumida, apresentar quais os aspectos novos apresentados pelo desenvolvedor da vacina.

Após a decisão da Agência, o Ministério da Saúde e a empresa Precisa Medicamentos permaneceram em tratativas com a Anvisa, realizando reuniões com as Diretorias e áreas técnicas, a fim de superar os motivos que levaram à não anuência da importação no pedido anterior.

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Com a Quinta Diretoria, foram realizadas duas reuniões institucionais nos dias 09/04 e 15/04 e três reuniões de pré-submissão, nos dias 16/04, 19/05 e 24/05. Nessas reuniões, tanto aspectos da instrução do processo para autorização de importação, como documentos técnicos novos foram extensivamente debatidos, numa demonstração de boa fé e de esforço técnico do requerente, buscando as adequações necessárias para uma nova submissão.

Ademais, as seguintes reuniões foram realizadas com outras áreas da Anvisa: 07/04/2021 – Reunião ANVISA (DIRE5 e DIRE4) – Pauta: Autorização Excepcional; 19/04/2021 – Reunião GGFIS – Pauta: Nova proposta de CBPF; 29/04/2021 – Reunião GGMED – Pauta: DDCM e DEEC; e 30/04/2021 – Reunião ANVISA – Autorização Excepcional.

Após as discussões nas referidas reuniões e diante da ausência do relatório técnico de avaliação emitido pela autoridade sanitária da Índia, a empresa submeteu, por meio dos expedientes nºs 1214929212 e 1219797211 (DDCM) e 1809912212, 1812880217 e 181255429 (Submissão Contínua), a documentação técnica requerida pelo Guia nº 42/2020, que dispõe sobre os requisitos mínimos para submissão de solicitação de autorização temporária de uso emergencial, em caráter experimental, de vacinas Covid-19. A empresa submeteu, também, novos protocolos para certificação de Boas Práticas de Fabricação: para a linha de produtos estéreis, efetuado por meio do expediente nº 1998936/21-0 em 24/05/21, e para o insumo farmacêutico ativo (IFA), efetuado por meio do expediente nº 2014094/21-7 em 25/05/21.

Portanto, no que se refere à certificação de Boas Práticas de Fabricação (CBPF), a empresa realizou as adequações necessárias, as quais culminaram nos novos pedidos de certificação, conforme será descrito adiante.

Ademais, as adequações promovidas pela empresa em relação ao pedido de condução de estudo clínico no Brasil resultaram na anuência do Dossiê de Desenvolvimento Clínico de Medicamento (DDCM) e na anuência em Processo de Pesquisa Clínica de ORPC's para a vacina BBV152, as quais foram publicadas pela Anvisa por meio da Resolução RE nº 1.938, de 13 de maio de 2021. Dessa forma, será possível a Anvisa acompanhar de forma bastante próxima o uso da vacina no Brasil no âmbito do estudo clínico, adotando as medidas sanitárias cabíveis caso necessário.

A solicitação do estudo clínico foi realizada pela empresa Precisa Farmacêutica. A fabricante da vacina é o laboratório Bharat Biotech. O estudo autorizado é de fase 3, randomizado, duplo-cego, controlado por placebo, multicêntrico, para avaliar a eficácia, a segurança, a imunogenicidade e a consistência entre lotes de BBV152, uma vacina de vírion inteiro inativado contra Sars-CoV-2, em adultos com idade igual ou superior a 18 anos de idade.

Ficará a cargo da Sociedade Beneficente Israelita Brasileira Hospital Albert Einstein a responsabilidade por conduzir o estudo clínico no Brasil.

O estudo prevê a aplicação de duas doses, com 28 dias de intervalo. A previsão é de que 4.500 voluntários sejam envolvidos no Brasil, em oito centros de ensaio clínico, incluindo 625 participantes do próprio centro do Hospital Albert Einstein.

Para esta autorização, a área técnica analisou os dados das etapas anteriores de desenvolvimento da vacina, incluindo estudos não clínicos in vitro e em animais, bem como dados preliminares de estudos clínicos em andamento. Os resultados obtidos até o momento demonstraram um perfil de segurança aceitável da vacina.

Também cabe destacar que a empresa já iniciou as tratativas junto ao Instituto Nacional de Controle de Qualidade em Saúde (INCQS) a fim de apresentar toda a documentação requerida pela RDC nº 73/2008 para liberação dos lotes da vacina a serem utilizados no Brasil.

Portanto, pode-se concluir que a desenvolvedora acatou de forma substancial as recomendações e orientações da Anvisa, além de demonstrar avanços de forma ativa durante as tratativas com a Agência.

Diante, contudo, da inexistência de relatório técnico emitido pela autoridade estrangeiro, remanescem aspectos a serem considerados nesta avaliação.

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Como já antecipei no caso da Sputnik, as incertezas ainda existentes nesta avaliação devem ser sopesadas a partir de outras variáveis, em especial o cenário sanitário e epidemiológico do país na atualidade.

3.2 Da vacina Covaxin

A vacina Covaxin foi desenvolvida pela empresa farmacêutica indiana Bharat Biotech em colaboração com o Conselho Indiano de Pesquisa Médica, um instituto de pesquisa biomédica financiado pelo governo, e sua subsidiária, o Instituto Nacional de Virologia.

A Bharat Biotech produz outras 14 vacinas, incluindo para rotavírus, hepatite B, zika vírus e Chikungunya. Quatro das vacinas fabricadas pela empresa (vacina contra poliomielite oral trivalente, vacina contra poliomielite oral bivalente, vacina rotavírus e vacina contra febre tifóide) são pré-qualificadas pela Organização Mundial da Saúde (OMS).

A Covaxin foi aprovada pela primeira vez em 12 de janeiro de 2021 para uso restrito em emergência no modo ensaio clínico. Posteriormente, o modo de ensaio clínico foi dispensado em 11 de março de 2021 e a Covaxin foi aprovada para "uso restrito em situação de emergência de interesse público".

A plataforma de vacina de vírus inteiro inativada **é a plataforma de fabricação mais bem estabelecida para a produção de vacinas**. A Covaxin utiliza essa plataforma clássica para produzir imunidade contra a Covid-19, a partir de partícula viral do SARS-CoV-2 infecciosa completa que consiste em RNA envolto por uma casca de proteína, mas modificada para que não possa se replicar. Isso significa que o coronavírus é “morto”, removendo dele sua capacidade de se replicar no corpo, mas ainda é reconhecido pelo organismo, que pode criar defesas em uma situação segura e preparar-se contra uma infecção real.

A Covaxin se apresenta como um líquido translúcido branco livre de material particulado contendo 6 mcg de Antígeno do Coronavírus Inativado (cepa NIV-2020-770).

A vacina Covaxin é indicada para a imunização ativa para prevenir a COVID-19 causada pelo vírus SARS-CoV-2, em indivíduos com 18 anos ou mais. O uso da vacina deve estar de acordo com as recomendações oficiais.

A vacina deve ser administrada em duas doses no Dia 0 e Dia 28 por via de administração intramuscular (IM).

As contraindicações consistem em: hipersensibilidade a qualquer um dos constituintes da vacina; mães grávidas e lactantes; durante a febre ou infecção grave; e indivíduos menores de 18 anos.

Por sua vez, as seguintes advertências e precauções especiais de utilização devem ser observadas: não administrar por via intravenosa, intradérmica ou subcutânea; como todas as outras vacinas, supervisão e tratamento médico apropriado devem estar sempre disponíveis para tratar quaisquer reações anafiláticas após a imunização; e o vacinado deve permanecer sob supervisão médica por pelo menos 30 minutos após a vacinação.

Antes do uso, a vacina deve ser bem agitada para se obter uma suspensão translúcida esbranquiçada e uniforme. O frasco deve ser verificado visualmente quanto à presença de partículas ou outra coloração, se houver, antes de sua administração.

A vacina deve ser armazenada de 2-8ºC e não deve ser congelada. O prazo de validade da vacina é de 6 meses a partir da data de fabricação.

A vacina pode ser apresentada como dose única (0,5 mL) ou como multidose (5 mL e 10 mL). Após abertura do frasco, a vacina deve ser utilizada o quanto antes e dentro de, no máximo, 6 horas quando armazenada de 2-8ºC.

3.3 Das considerações das áreas técnicas da Anvisa

A Gerência Geral de Medicamentos e Produtos Biológicos (GGMED) se manifestou por meio da Nota Técnica nº 62/2021/SEI/GPBIO/GGMED/DIRE2/ANVISA, na qual informou que não há estudo de fase 3 concluído para a referida vacina. Foram apresentados para a Anvisa, nos dois processos

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de solicitação de importação excepcional pelo Ministério da Saúde, relatórios interinos de estudo de fase 3 conduzido na Índia, referentes a duas análises interinas, que ainda não permitem a conclusão de forma definitiva sobre a eficácia e segurança da vacina sob a perspectiva daquela gerência. Também existem estudos clínicos de fases 1 e 2 concluídos, cujos resultados foram publicados.

Informou que a documentação apresentada inclui documento emitido pela Organização Central de Controle de Padrões de Medicamentos/ Diretoria-Geral de Serviços de Saúde do governo da Índia, referente à permissão para fabricar Vacina SARS-CoV-2 Inativada com Vírion Inteiro (BBV152) para uso restrito em situação de emergência, com descrição de aprovação inicial em 03/01/2021 e alterações da permissão em 11/03/2021. Foi também apresentada documentação emitida pela Comissão Federal de Proteção contra Riscos Sanitários, COFEPRIS, do governo do México, de 06/04/2021, referente à autorização emergencial provisória da vacina Covaxin.

A GGMED informou que houve solicitação de realização de ensaio clínico por meio da submissão do DDCM (processo: 25351.259546/2021-59) protocolizado em 30/03/2021 pela empresa Precisa Comercialização de Medicamento LTDA. O DDCM foi anuído, conforme publicação no DOU nº, 89-A, RE nº 1.938, de 13/05/2021. Porém, para inicialização do estudo, foi emitido um Termo de Compromisso (enviado à empresa por meio do ofício: 1853158210).

O estudo clínico a ser realizado no Brasil é uma continuidade do estudo da Índia. Trata-se de um estudo clínico Fase 3, denominado “Estudo orientado por eventos, de fase 3, randomizado, duplo-cego, controlado por placebo, multicêntrico, para avaliar a eficácia, segurança, imunogenicidade e consistência entre lotes de BBV152, uma vacina de vírion inteiro inativado contra SARS-CoV-2, em adultos ≥18 anos de idade”. O estudo tem como objetivo primário avaliar a eficácia de BBV152B versus placebo para prevenir COVID-19 sintomática. O desfecho será por meio da primeira ocorrência de casos de COVID-19 sintomática confirmados virologicamente (RT-PCR positivo). No dia 20/05/2021, foi realizada reunião com a empresa para discussão das condicionantes do Termo de Compromisso relacionadas à parte clínica. De acordo com a empresa, seria realizada a revisão de casos graves e assintomáticos tanto no Brasil quanto na Índia, de modo a categorizá-los também pelos critérios OMS e FDA, com uma posterior análise de sensibilidade.

Não houve solicitação para aprovação de uso emergencial ou registro para a vacina Covaxin até o momento. Dados sobre a vacina Covaxin estão em análise pelo procedimento de submissão contínua.

A GGMED informou não ter conhecimento de alerta referente à qualidade, eficácia e segurança da vacina emitido até o momento.

A apresentação, que há pouco assistimos, sintetiza os principais aspectos apontados pela área técnica, os quais destaco abaixo.

A gerência afirma: que o exame realizado não é uma avaliação de qualidade, segurança e eficácia de dados da vacina; que a vacina possui um adjuvante novo, imidazoquinolina, ou IMDG, não utilizado ainda comercialmente em nenhuma vacina aprovada no mundo. Esse adjuvante é um agonista do receptor Toll-like (TLR) 7/8 e tem potencial relação com desenvolvimento de doença autoimune; que o tempo de acompanhamento médio declarado era de cerca de 45 dias. Esse tempo é insuficiente uma vez que é consenso internacional um acompanhamento mínimo dos participantes de pelo menos 2 meses para comprovação de perfil de segurança e eficácia; que foram apresentados dados de estudo de estabilidade de longa duração (2-8°C) de até 5 meses para 1 lote de desenvolvimento e de até 3 meses para lotes comerciais. Segundo os documentos apresentados, os testes relacionados ao 6º mês de armazenamento dos lotes comerciais devem ser executados em 05/2021; que há ainda pendência nos estudos clínicos, quanto à disponibilização de resultados-chave para o estabelecimento da relação benefício-risco da vacina Covaxin, especificamente, quanto à avaliação de imunogenicidade e o relatório interino de segurança.

Nesse sentido, a gerência, considerando elemento de proteção à saúde pública e cumprimento da missão da Anvisa, considerando as incertezas técnicas ainda presentes e o cenário da pandemia, recomenda a adoção de condicionantes na eventual autorização da importação excepcional,

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para fins de distribuição e uso em CONDIÇÕES CONTROLADAS PELO MINISTÉRIO DA SAÚDE da vacina Covaxin.

Para tanto, sugere: que devem ser apresentados os resultados de imunogenicidade e relatório clínico de segurança, conforme datas declaradas pela representante no Brasil; que os lotes a serem destinados ao Brasil devem ser provenientes das plantas produtivas inspecionadas pela Anvisa; que os lotes importados devem ser aprovados pelo INCQS por meio de análise laboratorial que demonstrem a potência da vacina, o conteúdo antigênico e também assegurem a sua qualidade - é fundamental, ainda, que sejam disponibilizados os Procedimentos Operacionais Padrão, materiais de referência, protocolos e insumos específicos; que se imponha contra-indicação ou restrição de uso - a vacina não deverá ser utilizada por pessoas com hipersensibilidade a qualquer dos componentes da fórmula, gravidez, lactantes, menores de 18 anos, mulheres em idade fértil que desejam engravidar nos próximos 12 meses, enfermidades graves ou não controladas (cardiovascular, respiratória, gastrointestinal, neurológica, insuficiência hepática, insuficiência renal, patologias endócrinas) e antecedentes de anafilaxia; não poderão receber essa vacina pessoas que tenham recebido outra vacina contra Covid-19, que tenham febre, HIV, hepatite B ou C, que tenham se vacinado nas 4 semanas anteriores, tenham recebido imunoglobulinas ou hemoderivados 3 meses antes, tenham recebido tratamentos com imunossupressores, citotóxicos, quimioterapia ou radiação 36 meses antes, tenham recebido terapias com biológicos incluindo anticorpos anticitocinas e outros anticorpos (em resumo, só adultos saudáveis estariam aptos a receber a vacina).

A área condiciona ainda que o Ministério da Saúde: disponibilize às unidades de saúde as informações de rótulos e bulas, que sejam importantes para o uso correto do produto, no idioma português; suspenda a importação, distribuição e uso, caso a Anvisa ou a OMS reprovem o uso emergencial da vacina Covaxin; comunique amplamente à sociedade que a vacina Covaxin importada não possui avaliação da Anvisa quanto aos critérios de qualidade, eficácia e segurança.

A Gerência Geral de Inspeção e Fiscalização Sanitária (GGFIS) se manifestou por meio da Nota Técnica nº 85/2021/SEI/COINS/GIMED/GGFIS/DIRE4/ANVISA, na qual informou ter recebido novos pedidos de certificação para a empresa Bharat Biotech International Limited (Hyderabad/Índia), protocolados através dos expedientes 1998936210 (Linha Estéril), em 24/05/2021, e 2014094217 (IFA), em 25/05/2021. A área também analisou os últimos documentos enviados em 31/05/2021, referentes às não conformidades (NC) restantes detectadas na inspeção de 01-05/03/2021, NC maior nº 1 e NC maior nº 10.

As informações da referida Nota Técnica também foram manifestadas durante a apresentação da Gerente Geral da área e eu apresentarei, a seguir, os principais aspectos.

Para a análise atual, foram considerados os dois novos pedidos de certificação para o IFA Biológico e Vacina, nos quais a empresa apresentou novas evidências relativas às não conformidades que ensejaram a emissão do relatório com resultado Ação Oficial Determinada (AOD) e subsidiaram a decisão anterior da Diretoria Colegiada.

A área destacou que a empresa corrigiu a maioria das não conformidades apontadas pela equipe técnica e apresentou evidências dessas correções, incluindo os itens que ensejaram a negativa anterior, ressaltando que tais itens foram cumpridos integralmente quanto aos requisitos de BPF:

- Inclusão de Teste de Potência específico e controle para impurezas no produto acabado;

- Validação da Inativação Viral no IFA biológico;

- Ajustes na validação da Filtração Esterilizante.

A GGFIS informou que os expedientes 1998936/21-0 e 2014094/21-7 receberam exigências técnicas e foram apresentados dados adicionais referentes aos ajustes sobre a validação da vida útil da resina e controles ao longo de seu reuso. Tal item foi cumprido integralmente quanto aos requisitos de BPF.

Os protocolos e relatórios de validação dos métodos analíticos para quantificação de antígeno (proteína S) para o IFA e determinação da potência (imunogenicidade em camundongos) para a

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vacina (produto terminado) foram apresentados. A GGFIS informou que os parâmetros de testes estão conforme a regulamentação. A empresa demonstrou capacidade em executar o programa de validação, dentro dos requisitos de BPF. Os resultados detalhados dos estudos são analisados pela área de registro quando da aprovação. Portanto, esse item foi cumprido integralmente quanto aos requisitos de BPF.

Por fim, a GGFIS conclui que a Bharat Biotech cumpriu com todos os itens pendentes relacionados às Boas Práticas de Fabricação que ensejaram a negativa do pedido de importação excepcional anterior, permitindo que a área sugira a Autorização da Importação Excepcional. Adicionalmente, a Bharat Biotech apresentou plano de ação adequado e cumpriu com todas as pendências relacionadas ao pedido de certificação de Boas Práticas de Fabricação.

Adicionalmente, a Bharat Biotech apresentou plano de ação adequado e cumpriu com todas as pendências relacionadas ao pedido de certificação de Boas Práticas de Fabricação.

A Gerência Geral de Monitoramento de Produtos Sujeitos à Vigilância Sanitária (GGMON) se manifestou sobre a vacina por meio do Despacho nº 310/2021/SEI/GGMON/DIRE5/ANVISA, no qual relatou que as informações sobre reações adversas com a vacina Covaxin foram descritas em bula aprovada pela autoridade sanitária indiana. Não há, nesta bula, reações adversas que destoem do perfil das demais vacinas. Entretanto, salientou que não foram obtidos dados de pós-mercado para analisar resultados de segurança após uso na vida real.

A área também informou que não foram encontrados alertas de segurança emitidos por organismos internacionais e que não foram encontrados registros junto à base de dados mundial VigiLyze para a vacina Covaxin.

Por fim, a GGMON ressaltou que o momento epidemiológico nacional reforça a necessidade do estabelecimento de estratégias robustas para promover rastreio de casos assintomáticos pela testagem, engajamento da população quanto às medidas não farmacológicas e a disponibilidade de vacinas para a imunização em massa da população brasileira, a fim de reduzir o impacto da doença sobre a saúde coletiva, sobretudo em relação às populações mais vulneráveis.

Apesar da escassez de dados relacionados ao pós uso em outros países e da ausência de registros de eventos adversos na base internacional, a área considera importante mencionar que **a vacina utiliza uma plataforma clássica para produzir imunidade contra a Covid-19**, utilizando vírus inativado para provocar o sistema imunológico do vacinado para a produção de anticorpos e células T contra o Sars-Cov-2. Tal plataforma tende a ser mais segura.

De acordo com a GGMON, esse conjunto de fatos e informações pode contribuir para a tomada de decisão da diretoria colegiada da Anvisa quanto aos benefícios e riscos e, se autorizada, a área recomenda fortemente que sejam adotados integralmente os seguintes os mecanismos de monitoramento e prevenção de eventos adversos pós-vacinais por parte do Ministério da Saúde, abaixo relacionados:

- Bula e orientações de uso, transporte e condições de armazenamento disponibilizadas em idioma português aos profissionais de saúde;

- Adoção de monitorização intensiva: os vacinados devem ser acompanhados para verificação de desfechos de segurança e efetividade, tais como eventos adversos pós-vacinais, infecção pelo Sars-Cov-2 (incluindo análise de variante do coronavírus), internação por Covid-19, óbito por Covid-19 após a primeira e segunda doses. Deverão ser adotados mecanismos pela coordenação de imunizações, e por instituição independe com reconhecido saber, para rastreabilidade de vacinados e das vacinas aplicadas, incluindo o lote da vacina que foi aplicada em cada um deles, da primeira e da segunda doses, bem como avaliação e reporte dos resultados;

- Notificação de eventos adversos: os eventos adversos graves devem ser comunicados à Anvisa em até 72 horas por meio do sistema VigiMed. Os demais eventos adversos e as queixas técnicas devem ser notificados em até 5 (cinco) dias de seu conhecimento. As queixas técnicas devem ser notificadas pelo sistema Notivisa;

- Emissão de relatório de avaliação benefício-risco da vacina: o importador deverá encaminhar à Anvisa, mensalmente, relatório de avaliação benefício-risco da vacina, contendo resultados

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de segurança e efetividade (desfechos supramencionados) de cada lote importado, detalhando, segundo as boas práticas de farmacovigilância;

- Monitorização de alertas sanitários internacionais: caberá ao importador acompanhar diariamente alertas internacionais de segurança da vacina Covaxin emitidos pelos países que estão utilizando a vacina;

- Comunicação de alertas de segurança: a Anvisa deverá ser comunicada imediatamente de alertas de segurança emitidos por outras autorizadas sanitárias internacionais;

- Compartilhamento imediato do mapa de distribuição dos lotes e respectivos resultados de controle de qualidade com as áreas ligadas ao pós mercado, a fim de agilizar as medidas de suspensão do uso frente a eventuais riscos identificados.

Por fim, a GGMON informou que a Anvisa e o Ministério da Saúde têm trabalhado em estreita colaboração no monitoramento dos eventos adversos pós vacinais, favorecendo a adoção conjunta de medidas sanitárias de forma imediata, quando necessário.

A Gerência de Laboratórios de Saúde Pública (GELAS) se manifestou por meio do Despacho nº 157/2021/SEI/GELAS/DIRE4/ANVISA, no qual informa que a RDC nº 476/21, dentre outros requisitos, determina no Art. 9º que os lotes das vacinas importadas somente poderão ser destinados ao uso após liberação pelo Instituto Nacional de Controle de Qualidade em Saúde (INCQS), conforme a RDC nº 73/2008. E ainda, que cabe ao importador apresentar a documentação ao INCQS para esta liberação.

Por sua vez, a RDC nº 73/2008 determina que, imediatamente após internalização da carga no país, deve ser protocolado no INCQS (pela COADI/MS, detentor do registro ou importador) o PROTOCOLO RESUMIDO DE PRODUÇÃO E CONTROLE (anexo II da RDC) para avaliação pelo INCQS de forma a subsidiar a liberação dos lotes de vacinas.

Assim, cientes da relevância e urgência do interesse público na disponibilização de lotes de vacina contra a COVID-19, a GELAS tem realizado reuniões entre as empresas detentoras/importadoras das vacinas e o INCQS e solicitado o envio ao INCQS, no tempo mais breve possível, da documentação referente ao PROTOCOLO RESUMIDO DE PRODUÇÃO E CONTROLE DE QUALIDADE (PRPCQ) e, se possível, do estudo de estabilidade da vacina, de forma a adiantar a análise.

Em relação à vacina Covaxin, a GELAS realizou reuniões com o INCQS e representantes da empresa Precisa Medicamentos para esta solicitação, nos dias 31/03/21 e 05/05/21.

Diante do exposto, a área esclareceu que, caso a importação em caráter excepcional da vacina Covaxin seja aprovada, os lotes importados devem ser liberados pelo INCQS para o uso no Brasil, conforme determinado nas RDCs nº 73/2008 e nº 476/2021. A empresa Precisa Medicamentos está ciente desta necessidade e conforme reuniões realizadas, a empresa apresentou informações sobre a documentação que atende ao exigido para a análise documental pelo INCQS, referente ao PROTOCOLO RESUMIDO DE PRODUÇÃO E CONTROLE, de forma a adiantar a análise, para que, no momento oportuno, essa etapa de análise para a liberação dos lotes da vacina seja superada sem dificuldades.

Por fim, a GELAS destacou que a empresa tem ainda pendente a apresentação junto ao INCQS do documento sobre a metodologia para a determinação da Potência ou Conteúdo antigênico da vacina. A empresa Precisa informou no dia 25/05 que está encerrando a validação dos métodos de potência e antígeno, e até o dia 27/05 enviará o retorno a todos os questionamentos do INCQS.

A partir de todo o exposto pelas áreas técnicas desta Agência, minha avaliação será conduzida a fim de considerar todas as observações apontadas e respectivas ações mitigatórias necessárias. Ademais, acrescentarei à minha análise aspectos de saúde pública que apresentarei adiante.

4. DO CENÁRIO EPIDEMIOLÓGICO E SANITÁRIO DO BRASIL

São incontroversos e notórios o recrudescimento das taxas de contaminação do coronavírus, o aumento do número de internações e de mortes em decorrência da pandemia da Covid-19.

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O momento atual vem se mostrando ainda mais dramático diante das evidências científicas de novas cepas, mutações e variantes do Coronavírus.

Em recentes decisões, o Supremo Tribunal Federal tem afirmado, diante do quadro pandêmico, que não é constitucionalmente aceitável qualquer retrocesso nas políticas públicas de saúde (ADI N. 6341, Rel. Min. Marco Aurélio, redator p/acórdão Min. Edson Fachin, Plenário).

A Anvisa, como agente regulador, se coloca nesse contexto, também como agente indutor de políticas. A finalidade institucional de promover a proteção da saúde da população alcança perspectivas diversas de atuação.

Além das atividades típicas de regulação, a atuação da Anvisa reflete diretamente na condição de saúde da população, pois estamos tratando, na ponta da linha, do adoecimento ou não das pessoas, do seu bem-estar e, sobretudo, da preservação de suas vidas.

O contexto sanitário que o nosso país atravessa nos põe diante da necessidade de viabilizar o maior número de vacinas e medicamentos. Todo esforço se volta ao propósito de amenizar o sofrimento da população, abrandar a angústia dos gestores públicos e combater o esgotamento dos nossos profissionais de saúde.

De acordo com dados disponibilizados pelo Ministério da Saúde em 22/05/21 (https://susanalitico.saude.gov.br/extensions/covid-19_html/covid-19_html.html), o Brasil registra 15.970.949 casos de Covid-19 acumulados (7.600 por 100 mil hab), sendo 76.855 casos novos registrados nas últimas 24 horas. Quanto a óbitos, o Brasil registra 446.309 mortes acumuladas desde o início da pandemia (212 por 100 mil hab) e 2.215 nas últimas 24 horas.

Conforme boletim epidemiológico da Organização Mundial da Saúde (OMS), publicado em 4 de maio de 2021, e o Painel da OMS, o número global de casos da Covid-19 permanece nos níveis mais altos desde o início da pandemia, com mais de 5,4 milhões de novos casos semanais, após nove semanas consecutivas de aumentos. Os novos óbitos nos últimos sete dias continuam em ascendência pela sétima semana consecutiva, totalizando mais de 89.000 mortes. Globalmente, a Índia é o país que apresenta o maior número de novos casos e novos óbitos, nos últimos sete dias. Em seguida à Índia, aparecem Brasil e Estados Unidos da América.

O Brasil, embora tenha 2,7% da população mundial, até 15 de maio respondeu por 9,6% dos casos e 12,9% dos óbitos mundiais por Covid-19. Tendo como referência os dados disponíveis no site *Our World in Data* (https://ourworldindata.org/coronavirus) até 15 de maio, dos países com pelo menos 100 mil óbitos acumulados, o Brasil encontrava-se em segundo lugar, com 439 mil mortos, sendo superado apenas pelos EUA, com 587 mil. Os seis países logo abaixo do Brasil eram Índia (283.248), México (220.746), Reino Unido (127.953), Itália (124.497), Rússia (114.619) e França (108.201). Dos novos óbitos por milhão de habitantes, de acordo com a média móvel nos últimos sete dias neste conjunto de países, o Brasil se encontrava em primeiro lugar, com 9,01, sendo seguido pela Índia (3,01), Itália (2,87), Rússia (2,5), França (2,34), EUA (1,81), México (1,58) e Reino Unido (0,13). Analisando os novos óbitos de acordo com a média móvel nos últimos sete dias é possível constatar que, com exceção da Índia, que começou a apresentar um crescimento exponencial de casos no início de abril, todos os outros países listados anteriormente apresentaram tendência de queda. O Brasil, que desde meados de fevereiro vinha apresentando tendência de crescimento de óbitos, e, no período entre 9 de março (1.572 óbitos) e 25 de abril (2.494 óbitos), esteve em primeiro lugar, apresenta, entretanto, um quadro preocupante.

De acordo com a OMS (https://covid19.who.int/), considerando-se o número de casos confirmados nos últimos sete dias, o Brasil, com 460.105 casos, aparece em 2º lugar no mundo, atrás apenas da Índia. O mesmo ocorre ao considerarmos os casos confirmados nas últimas 24 horas, em que o Brasil registrou a triste marca de 82.039 casos, também atrás apenas da Índia.

Em número de mortes, o cenário se repete. O Brasil aparece em 2º lugar, atrás da Índia, com cerca de 2.403 mortes diárias. Nos últimos sete dias, a Índia registrou 29.318 mortes por Covid-19, o Brasil registrou 13.677 mortes e os Estados Unidos, que aparecem em 3º lugar, registraram 3.969 mortes. Portanto, é gritante a diferença entre as vidas perdidas diariamente no Brasil e nos demais países do mundo.

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O momento pelo qual o Brasil atravessa é absolutamente crítico, com evolução negativa do contexto epidemiológico relacionado à pandemia de SARS-CoV-2, ocupando ainda lugar de destaque entre os países com maior número de casos e mortes cumulativos.

Apesar do esforço por medidas sanitárias em todo o País, com número significativo de cidades, especialmente, capitais, implementando restrições mais rígidas, percebe-se que a adesão da população às medidas eficazes ao controle da disseminação do vírus tem-se demostrado aquém do esforço necessário à superação do contexto epidemiológico atual.

Não há dúvida de que vivenciamos o pior momento da crise sanitária provocada pela Covid-19.

Os índices de novos casos da doença alcançam patamares muito elevados em todas as regiões, estados e municípios. Parece ter se tornado rotina assistirmos aos números da pandemia nos jornais, anunciando mais de 2.000 vidas perdidas a cada dia, que juntas já somam mais de 450 mil brasileiros e brasileiras levados por essa doença.

Mas não são apenas números, são vidas, famílias, histórias. Após 15 meses de pandemia no Brasil, posso afirmar que não há um cidadão sequer que não tenha sido afetado, seja pela dor, sofrimento, medo, ou mesmo pela séria crise econômica e social resultante dessa pandemia.

Para agravar esse cenário, a projeção de dados sugere que o Brasil poderá vivenciar a terceira onda epidemiológica da infecção pela Covid-19, entre junho e julho de 2021, com a circulação concomitante de outros vírus respiratórios - Síndrome Respiratória Aguda Grave - e de outras variantes, alcançando novo pico de mortes em 04 de julho, caso ocorra continuidade do relaxamento de medidas não farmacológicas e permaneça no mesmo ritmo a velocidade da vacinação no país. E a cada rodada estatística vamos para um nível ainda mais alto de contaminação e morte.

Segundo o Instituto de Métricas e Avaliação em Saúde, da Universidade de Washington, nos Estados Unidos, com base nos dados observados até 25 de abril, a projeção de óbitos tende a apresentar uma importante alteração no cenário nacional, entre o outono e o inverno. Estima-se que essa “terceira onda” seja agravada pelo esgotamento social das medidas não farmacológicas e a velocidade da vacinação, alcançando o pico de mortalidade entre os dias 09 de junho e 04 de julho de 2021. Adicionalmente, deve-se considerar a possibilidade de circulação da variante B.1.617 no Brasil, bem como a circulação de outros vírus respiratórios concomitantemente, nesse período. Cabe, ainda, ressaltar que o primeiro pico da pandemia no Brasil se deu justamente nos meses de inverno nas regiões Sul, Sudeste e Centro-Oeste. De acordo com a projeção, o Brasil deve alcançar 575.635 mortes devido à Covid-19 até o dia 1° de agosto de 2021. Alguns especialistas acham que esse número é ainda conservador.

De acordo com o Boletim do Observatório Covid-19 referente ao período de 2 a 15 de maio de 2021, divulgado pela Fiocruz (https://portal.fiocruz.br/sites/portal.fiocruz.br/files/documentos/boletim_covid_2021-semanas_18-19-red.pdf), as taxas de incidência, que refletem os casos novos de Covid-19, permanecem em um platô alto. Ao mesmo tempo, nas últimas semanas foi observada uma preocupante mudança nas tendências das notificações por Síndrome Respiratória Aguda Grave (SRAG), que são atualmente em grande parte devido a infecções por Sars-CoV-2. Muitos estados que tiveram redução de casos de SRAG nas semanas anteriores apresentam tendência de reversão ou mesmo um aumento no número de casos. Esse novo padrão epidemiológico pode ser resultado de uma conjunção de fatores como a vacinação de populações de maior risco, uma pequena redução da ocupação de leitos hospitalares, bem como o já sinalizado processo de rejuvenescimento da pandemia, de modo que, pela primeira vez para o Brasil, a mediana de idade do total de casos internados e também nas UTIs está abaixo dos 60 anos.

Esse novo cenário socioepidemiológico é preocupante, quando considerado o ritmo ainda lento de vacinação no país e com a introdução de novas variantes do vírus SarsCoV-2 no Brasil, como a B.1.617 identificada inicialmente na Índia. Além disso, a flexibilização de medidas não-farmacológicas pode intensificar a transmissão, com a geração de casos graves e óbitos nas próximas semanas, pressionando os serviços de saúde ainda sobrecarregados e com limitações para reposição de estoques

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de medicamentos e insumos. Nesse sentido, é premente a intensificação de ações de vigilância e prevenção em saúde.

De acordo com os números, o ano de 2021 apresenta uma dinâmica da pandemia de maior aceleração da incidência e mortalidade. Além disso, os dados de internação vêm, a cada semana, identificando o rejuvenescimento da pandemia, com deslocamento da curva em direção a faixas etárias mais jovens.

Vale reforçar que o rejuvenescimento, por um lado, pode ser uma expressão da eficácia da vacinação, ao notar uma retração na contribuição de idosos nos casos e óbitos nas semanas mais recentes. Adicionalmente, este diagnóstico significa que as gerações mais jovens, que passam a contribuir de forma mais importante para o cenário da pandemia, passarão a apresentar maior ocorrência de síndromes pós-COVID e situações de COVID longa, comprometendo assim de forma crônica sua qualidade de vida e sua capacidade para atividades cotidianas, incluindo o trabalho.

A mensagem é clara: é preciso olhar para os mais jovens, e incluí-los no plano de vacinação com a brevidade necessária.

O novo Boletim do Observatório Covid-19, divulgado no dia 26/05, alerta para o recrudescimento da pandemia nas próximas semanas. Mostra que houve um aumento das taxas de incidência de casos novos da covid-19 entre 16 e 22 de maio. O boletim ressalta que o aumento no número de internações, demonstrado pelo novo aumento das taxas de ocupação dos leitos de UTI é resultado desse novo quadro da pandemia no Brasil. Esse boletim mostra, também, que, entre os dias 17 e 24 de maio de 2021, as taxas de ocupação de leitos de unidade de terapia intensiva (UTI) de Covid-19 para adultos no Sistema Único de Saúde (SUS) aumentaram ou se mantiveram estáveis, em níveis elevados, em praticamente todo o Brasil. Isso reforçaria a avaliação de que a tendência de queda, que vinha sendo observada até por volta do dia 10 deste mês, se interrompeu.

Ratificando os dados do Boletim da Fiocruz, a análise de dados dos boletins epidemiológicos divulgados pelo governo de São Paulo indica uma aceleração no número de mortes por Covid-19 entre pessoas com 69 anos ou menos. Por outro lado, nas faixas etárias mais velhas as mortes continuam ocorrendo, porém, em uma velocidade menor. Essa inversão da pirâmide de mortes já havia sido detectada pela plataforma SP Covid-19 Info Tracker, ferramenta criada por pesquisadores da USP e da Unesp com apoio da Fapesp (Fundação de Amparo à Pesquisa no Estado de São Paulo) para acompanhar a evolução da pandemia no estado. Os fatores para a inversão podem estar relacionados ao efeito das variantes, especialmente a P1, que começa a provocar impactos mais sérios nas faixas mais jovens, e o avanço da vacinação na categoria dos mais idosos em detrimento dos mais jovens, o que reforça a importância da vacinação.

Sobre o surgimento de variantes, todos os vírus, incluindo o SARS-CoV-2, evoluem com o tempo. Quando um vírus se replica ou faz cópias de si mesmo, às vezes muda um pouco, o que é normal para um vírus. Essas mudanças são chamadas de "mutações". Um vírus com uma ou mais novas mutações é referido como uma "variante" do vírus original. E quando um vírus está amplamente circulando em uma população e causando muitas infecções, a probabilidade de o vírus sofrer mutação aumenta. Quanto mais oportunidades um vírus tem de se espalhar, mais ele se replica – e mais oportunidades ele tem de sofrer mudanças. Dependendo de onde as alterações estão localizadas no material genético do vírus, elas podem afetar as propriedades de um vírus, como a transmissão (por exemplo, pode se espalhar mais ou menos facilmente) ou gravidade (por exemplo, pode causar doenças mais ou menos graves).

Dessa forma, impedir a propagação do vírus é o objetivo que se impõe, a fim de prevenir mutações que possam afetar a dispersão e virulência do Sars-Cov-2. As medidas atuais para reduzir a transmissão – incluindo lavagem frequente das mãos, uso de máscara, distanciamento físico, boa ventilação e evitar locais lotados ou ambientes fechados – continuam trabalhando contra a disseminação de novas variantes, reduzindo a quantidade de transmissão viral e, portanto, também reduzindo oportunidades para o vírus sofrer mutação.

Contudo, ampliar a imunização é sem dúvida a maneira mais eficiente de não expor as pessoas ao vírus e ao risco de novas variantes. À medida que mais pessoas são vacinadas, espera-se que a

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circulação do vírus diminua, o que levará a menos mutações virais.

Atualmente, existem três principais variantes de atenção do SARS-CoV-2 sob vigilância nos países (WHO weekly epidemiological update on COVID-19 - 4 May 2021):

- VOC 202012/01 (B.1.1.7), comunicada em 14 de dezembro de 2020 por autoridades do Reino Unido, e já identificada em 142 países;

- VOC 501Y.V2 (B.1.35197), comunicada por autoridades da África do Sul em 18 de dezembro de 2020, e já identificada em 97 países;

- VOC P.1 (B.1.1.28.1), identificada inicialmente no Japão, em 9 de janeiro de 2021, em quatro viajantes procedentes do Brasil e que estiveram em Manaus/AM. Dias depois, pesquisadores brasileiros a identificaram em amostras de pacientes em Manaus/AM. Essa VOC já está disseminada em 56 países.

Ademais, em 10 de maio, a OMS declarou como variante de atenção global a linhagem B.1.617, relatada inicialmente na Índia em dezembro de 2020. A modelagem preliminar pela OMS sugere que a variante B.1.617 tem uma taxa de crescimento mais alta do que outras variantes circulantes na Índia, sugerindo um potencial aumento de transmissibilidade, com outras variantes co-circulantes também demonstrando maior transmissibilidade. Essa variante já foi identificada em 49 países nas seis regiões da OMS (WHO weekly epidemiological update on COVID-19 - 11 May 2021).

No Brasil, a epidemia de SARS-CoV-2 iniciou a partir de duas linhagens, a VOC B.1.1.28 (P1) e a variante B.1.1.33. Através da análise de 217 sequências completas do genoma SARS-CoV-2, no estudo *Genomic monitoring unveil the early detection of the SARS-CoV-2 B.1.351 lineage (20H/501Y.V2) in Brazil*, os pesquisadores observaram prevalência da variante de atenção P1 (Brasil) com 64,05%, seguida da variante B.1.1.28 com 25,34%. Nesse contexto, o aumento da transmissibilidade, que já foi associado às VOC, sugere um maior número de casos positivos, internações e mortalidade observados no Brasil.

O relaxamento das medidas de proteção e a circulação de novas cepas do vírus podem propiciar o agravamento da crise sanitária e social. O recrudescimento da epidemia em diversos estados leva, por sua vez, conforme temos assistido, ao colapso de seus sistemas de saúde. Infelizmente, a baixa cobertura vacinal e a lentidão na oferta de vacinas ainda não permitem que esse quadro possa ser revertido em curto prazo. O atual cenário da crise sanitária vivida pelo país agrava o estado de emergência nacional e exige medidas urgentes e adequadas para sua superação.

As vacinas constituem a ferramenta mais eficaz e barata na batalha contra a Covid-19, com benefícios claros e imediatos para a saúde pública e para preservação das vidas.

As vacinas em uso atualmente no Brasil são: Coronavac/Sinovac, autorizada para o Instituto Butantan, Covishield/Univ.Oxford/Astrazeneca, autorizada para a Fiocruz, e Comirnaty, autorizada para a Pfizer. No dia 31/03/2021, foi aprovada para uso emergencial a vacina da Janssen, mas esta ainda não está disponível para uso no Brasil.

Até o dia 15/05/21, estimava-se terem sido vacinadas 38.719.727 pessoas com a 1ª dose, cobrindo 24,19% da população brasileira a ser vacinada, e 19.153.355 com a 2ª, 11,97%, conforme o Instituto de Comunicação e Informação Científica e Tecnológica em Saúde – ICICT. A população vacinada ainda não impactou globalmente na pandemia no Brasil. Há registros de casos em todos os municípios, atingindo a taxa de 212 óbitos para cada 100 mil habitantes.

Para agravar esse cenário, nos últimos dias, a imprensa noticiou o atraso no fornecimento do insumo farmacêutico ativo (IFA) para fabricação das vacinas Coronavac e Covishield no Brasil, o que pode prejudicar ainda mais o avanço da campanha de imunização. O Instituto Butantan confirmou que atrasará o cumprimento do contrato para fornecimento de doses da Coronavac ao Ministério da Saúde devido aos atrasos no envio de insumo proveniente da China. A Fiocruz, por sua vez, também informou que precisaria suspender a produção do imunizante pela falta do IFA. A vacina da Pfizer, dadas as suas características de conservação, possui requerimentos específicos de distribuição e logística, o que dificulta seu uso por todas as regiões do país. Portanto, o que se vê ainda é um cenário de fragilidade no abastecimento de vacinas para imunização da população brasileira.

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Ademais, de acordo com a imprensa, o Ministério da Saúde reduziu para 43,8 milhões a previsão de doses de vacinas contra a Covid a serem distribuídas em junho. Anteriormente, a estimativa era de 52,2 milhões de doses. Essa mudança ocorreu, principalmente, devido a dificuldades na obtenção de insumos usados pela Fiocruz para a fabricação da vacina.

Outro ponto de preocupação reside em uma possível necessidade de incremento de 3ª dose de algumas vacinas contra a Covid-19, a fim de aumentar a eficácia do imunizante e ampliar a geração de anticorpos nos vacinados. A dose extra pode ser necessária, também, para aumentar proteção contra as novas variantes. Esse cenário demandaria um aumento expressivo na disponibilização dos já escassos imunizantes, reforçando a importância na ampliação das vacinas disponíveis à população.

O agravamento da pandemia afeta negativamente, também, os serviços públicos brasileiros, em especial os de saúde, e outros setores importantes da economia brasileira.

O conjunto de dados apresentados revela que o Brasil se encontra ainda em um momento de grave crise no enfrentamento da pandemia.

Como sabemos, faltam vacinas, o que, claro, implica saturação do sistema de saúde, mais doentes e, infelizmente, o aumento do número de mortes.

O momento é de crise sanitária sem precedentes na história recente da humanidade e do país.

Tal cenário nos convoca a medidas ordinárias e extraordinárias no enfrentamento da pandemia. Além da cooperação institucional e convergência de esforços, é papel da Anvisa, nesse contexto, e no exercício de suas atribuições, ser agente provedor e indutor de todas as alternativas terapêuticas e soluções vacinais necessárias à contenção da disseminação do vírus e à defesa da saúde da população.

5. DAS CONSIDERAÇÕES FINAIS QUE ANTECEDEM O VOTO

De todo o exposto, percebe-se que estamos sim, diante de uma situação excepcional. Talvez, excepcionalíssima. E, nesses casos excepcionais, podem ser necessárias adequações no modelo tradicional de vigilância sanitária, com o consequente e proporcional fortalecimento dos mecanismos de controle pós-mercado.

Infelizmente, o cenário é de emergência de saúde pública epidemiológica, de caráter nacional, decretada pela Portaria nº 188, de 3 de fevereiro de 2020 pelo Senhor Ministro.

E, corroborando com tal fato, tivemos a edição da Lei nº 14.124, de 10 de março de 2021, que dispõe sobre as medidas excepcionais relativas à aquisição de vacinas e de insumos e à contratação de bens e serviços de logística, de tecnologia da informação e comunicação, de comunicação social e publicitária e de treinamentos destinados à vacinação contra a covid-19 e sobre o Plano Nacional de Operacionalização da Vacinação contra a Covid-19.

Como agentes públicos que somos, no pleno exercício de nossos mandatos nesta Agência, não podemos ignorar este fato superveniente.

Não podemos negar nem diminuir os instrumentos regulatórios vigentes e que foram solidamente construídos para garantir acesso à imunização em um momento de escassez de vacinas.

As informações sobre as incertezas das vacinas são todas públicas desde o dia 17 janeiro de 2021. Ali reconhecemos a importância ainda maior da transparência; ali reconhecemos a necessidade de compartilhar com o país as nossas dificuldades e fragilidades.

Seguiremos assim, em consonância com o que a Lei nº 9.782/99 nos determina: a Agência terá por finalidade institucional promover a proteção da saúde da população, por intermédio do controle sanitário da produção e da comercialização de produtos e serviços submetidos à vigilância sanitária. E entendo ser exatamente isso que estamos fazendo diante da importação excepcional para fins de distribuição e uso da vacina em condições controladas e bem definidas.

O cenário atual da Emergência de Saúde Pública e as projeções para os próximos meses, sobretudo frente ao agravamento da pandemia no nosso País, da manutenção dos altos índices de

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mortes diárias e da limitada disponibilidade de imunizantes no mundo, reforçam a urgência na disponibilização de vacinas, indo ao encontro do objetivo do legislador e do interesse público no acesso a vacinas, na preservação de vidas, na diminuição do sofrimento das pessoas e no combate ao vírus.

A vacinação é uma das intervenções de saúde pública mais custo-efetivas e seus benefícios são indiscutíveis, podendo ser exemplificados pela erradicação da varíola e da poliomielite na maioria dos países do mundo. O sucesso da vacinação contra a Covid-19, e sua necessária celeridade, estão intimamente relacionados com a disponibilidade de quantidades de vacinas suficientes para serem aplicadas a toda a população passível de imunização.

Os dados mostram que as chances de ser internado ou morrer com o SarsCoV-2 caem drasticamente depois da imunização completa. As novas variantes do SarsCoV-2, algumas mais transmissíveis, são outro fator de atenção. Ainda não se sabe com precisão se as vacinas disponíveis são capazes de combater todas as novas versões do patógeno. Importante lembrar que a vacinação não busca proteção individual, mas sim coletiva.

Uma vacina com pelo menos 50% de eficácia tem um impacto significativo sobre a doença, tanto em nível individual quanto social. As vacinas submetidas ao crivo da importação superam significativamente esse patamar de eficácia, conforme asseguram as autoridades estrangeiras.

Precisamos falar não apenas da eficácia da vacina, mas também da sua efetividade. A eficácia é um fenômeno individual, mas, em programas amplos de vacinação, os não imunizados são, também, protegidos pelos vacinados. Isso reflete a efetividade da vacina e trata-se de imunidade coletiva. Se a população for coberta pela vacina, ela estará protegida. Ressalto: nenhuma vacina é 100% eficaz, mas dada uma ampla cobertura do processo de vacinação, ela protege a população.

Em publicação científica recente, foi demonstrado que, depois que as pessoas são vacinadas contra a Covid-19, os níveis de anticorpos bloqueadores de infecção em seu sangue são um forte indicador de quanta proteção eles ganharam contra a doença, usando método de modelagem (Khoury, D. S. et al. Nature Med. https://doi.org/10.1038/s41591-021-01377-8 (2021). A pesquisa mostrou que mesmo a presença de pequenas quantidades desses potentes 'anticorpos neutralizantes' indica que uma vacina é eficaz na proteção contra a Covid-19.

A análise de dados de anticorpos neutralizantes a partir de testes com sete vacinas amplamente utilizadas (mRNA-1273, NVX-CoV2373, BNT162b2, rAd26-S+rAd5-S, ChAdOx1 nCoV-19, Ad26.COV2.S e CoronaVac) mostrou uma forte ligação entre os níveis de anticorpos dos participantes registrados em estudos em estágio inicial e os resultados de eficácia da vacina em estudos em estágio final. Os pesquisadores estimam que uma vacina tenha eficácia de 50%, mesmo que induza níveis de anticorpos 80% inferiores aos encontrados, em média, em uma pessoa que se recuperou da Covid-19.

Os pesquisadores preveem que, como os níveis de anticorpos diminuem com o tempo, as vacinas de reforço podem ser necessárias em cerca de um ano, mas a proteção contra doenças graves pode durar muitos anos, mesmo sem eles. Tais dados reforçam, ainda mais, a importância da imunidade induzida pelas vacinas na proteção da população.

No nosso contexto, o senso de urgência torna-se parâmetro relevante, pois sabemos que, a cada dia, são pelo menos 2.000 vidas perdidas. Nossas avaliações, portanto, refletem a preocupação com o drama da vida real. Estamos mobilizados e guiados por elevado espírito de preservação da vida. Nossos julgamentos estão contaminados pela lógica da sobrevivência humana em nosso país.

Queremos vacinas e medicamentos. Somos uma agência conhecida por viabilizar o acesso. E, no presente caso, precisamos dar cumprimento ao mandamento legal, que nos impôs os critérios a serem adotados para a autorização de importação de vacinas autorizadas em outros países. Não nos cabe questionar o preceito legal. Em situação de guerra, todas as armas visam combater o inimigo e, ao mesmo tempo, salvar vidas.

Sabemos que ainda existem lacunas de informação quanto aos aspectos de qualidade, segurança e eficácia das vacinas Sputnik V e Covaxin. Mas, mesmo diante das incertezas ainda presentes, preciso não apenas considerar o diploma legal que reflete o desejo do legislador em ampliar a

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disponibilidade de vacinas e medicamentos contra a Covid-19 no Brasil, como também enxergar o dramático quadro sanitário em que estamos inseridos.

As manifestações das áreas técnicas da Anvisa consideraram, por formação e condicionantes técnicas, a documentação submetida no âmbito de um processo de autorização de uso emergencial ou de registro. Portanto, nossos especialistas se ativeram aos limites de sua atuação ao realizarem uma avaliação robusta de qualidade, segurança e eficácia. No entanto, entendo que, nós diretores precisamos ter uma visão mais ampla desses pedidos de importação, precisamos sopesar na balança do risco-benefício o cenário sanitário e epidemiológico de nosso país, o cumprimento dos dispositivos legais, as ações mitigatórias propostas pelas áreas técnicas relacionadas às lacunas de informação, as responsabilidades do importador. Importante lembrar que, como última etapa no paradigma do risco, temos a avaliação das ações de controle de riscos realizadas, a fim de permitir a tomada de decisão do regulador.

Reforço que no presente Voto não estamos avaliando a autorização de uso emergencial. Também não estamos avaliando o registro sanitário da vacina. Tais avaliações contemplariam uma análise robusta de qualidade, segurança e eficácia. Aqui, estamos avaliando tão somente as circunstâncias para autorizar a importação em caráter excepcional das vacinas, de forma absolutamente controlada, à luz do cumprimento da Lei que trouxe esse instrumento regulatório como mais uma possibilidade no enfrentamento à pandemia.

E repito: o tripé da qualidade, segurança e eficácia que guia nossas decisões, que norteia nosso trabalho, neste caso foi atestado por meio da comprovação do registro ou uso emergencial pela autoridade sanitária internacional, conforme estabelecido pela RDC nº 476/2021.

Somos um país de muitas possibilidades e de riquezas naturais e humanas únicas. Isso, contudo, ainda não nos transformou numa nação rica e plenamente desenvolvida. As desigualdades são a melhor expressão das nossas deficiências. As limitações ainda são enormes.

O nosso gigantismo, a territorialidade continental, é uma variável perene e complexa. Prover medicamentos e vacinas, assegurar leitos, garantir o bem-estar das pessoas em todos os recônditos do país, é um desafio também gigante.

Esse binômio, limitação de recursos/gigantismo nos convoca à reflexão permanente. Tudo para nós acontece em grande escala.

Por sua vez, a verdade é que não conhecemos ainda os exatos rumos dessa pandemia, nem mesmo conhecemos a exata capacidade humana para lidar com todos os desdobramentos que ainda poderão sobrevir, e que devem ser suportados pela humanidade.

A solução farmacológica, heroica, conhecida é vacina. Múltiplas plataformas estão em desenvolvimento, com níveis de maturidade distintos. Plataformas que hoje são aparentemente estruturadas podem se enfraquecer ao longo da caminhada, ao soluço de algum tropeço não esperado.

Temos que lançar mão de alternativas. Não podemos desperdiçar opções vacinais, seja por que temos que considerar os sobressaltos da jornada, seja por que mais opções podem significar também estímulo à produção dessas plataformas em território nacional, como já acompanhamos por notícias recentes.

Essa não é uma decisão sobre vacinas apenas “do hoje”; estamos aqui pensando no amanhã. Pesa o receio de fulminar plataformas que podem vir a ser viáveis; não é inteligente descartá-las.

Nesse sentido, tenho por oportuno, observadas as condicionantes de controle apontadas pelas áreas técnicas, considerar uma utilização controlada, segura e inicial dessas vacinas no Brasil, desde que, dentre outras limitações, restrinja-se o público vacinado, limite-se a importação inicial a um volume pequeno e imponha-se teste laboratorial para certificação dos aspectos relevantes já suscitados neste voto. Nesse formato, ainda, que se estabeleça regime de vigilância capaz de interromper imediatamente a importação e a utilização da vacina.

6. **DO VOTO**

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6.1 – Processo de importação:

A Gerência Geral de Portos, Aeroportos, Fronteiras e Recintos Alfandegados (GGPAF) se manifestou por meio do Despacho nº 710/2021/SEI/GGPAF/DIRE5/ANVISA, no qual informou que, de acordo com a RDC nº 476/2021, a importação de vacinas que tenham recebido autorização de uso emergencial por uma das autoridades estrangeiras contempladas na Lei nº 14.124/2021 poderá ser realizada conforme definido em seu art. 16.

Sendo assim, em caso de aprovação da excepcionalidade pela Diretoria Colegiada, caberá ao importador providenciar:

I. Peticionamento eletrônico de importação, nos termos do Capítulo III, Seção I, da Resolução de Diretoria Colegiada - RDC nº 81, de 5 de novembro de 2008;

II. A descrição da mercadoria na licença de importação deve conter a inscrição "AUTORIZADA CONFORME A LEI nº 14.124, DE 2021";

III. Apresentação do comprovante de autorização excepcional e temporária de importação concedida pela Diretoria Colegiada da Anvisa;

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

V. Conhecimento de carga embarcada, podendo, na instrução processual inicial, ser apresentada versão preliminar desse documento; e

VI. Licenciamento de importação (LI) registrado no SISCOMEX

Para que se reduza o tempo de permanência das vacinas na área alfandegada, é recomendável que o processo de importação seja peticionado com antecedência à chegada da carga no Brasil, conforme disposto no art. 4º da Resolução RDC nº 476/2021. Para o peticionamento deverá ser utilizado o código de assunto 9611 - Fiscalização Sanitária para o Ministério da Saúde ou entidades vinculadas ao SUS, de mercadorias sob vigilância sanitária, destinado a programa de saúde pública.

Outras orientações sobre os procedimentos e etapas para o peticionamento do processo de importação podem ser obtidas na Cartilha do Peticionamento Eletrônico de Importação - PEI, que pode ser acessada no Portal da Anvisa no seguinte endereço: https://www.gov.br/anvisa/pt-br/centraisdeconteudo/publicacoes/portos-aeroportos-e-fronteiras/cartilha-pei-usuario-externo-versao-4.3/view.

Por fim, a área informou que a anuência na importação é concedida para a quantidade de doses descritas no licenciamento de importação (LI), portanto, em caso de importações fracionadas deverá ser realizado um peticionamento para cada LI registrada junto ao Siscomex.

6.2 – Obrigações dos requerentes:

De acordo com a RDC nº 476/2021, são obrigações do importador:

I - responsabilizar-se pela qualidade, eficácia e segurança da vacina a ser importada;

II - assegurar e monitorar as condições da cadeia de transporte;

III - assegurar que a vacina importada esteja com o prazo de validade vigente;

IV - estabelecer mecanismos para garantir condições gerais e manutenção da qualidade da vacina importada e o seu adequado armazenamento;

V - assegurar o monitoramento contínuo da temperatura de conservação e transporte, durante o trânsito internacional, desde o momento do embarque até a chegada ao local de armazenamento do importador e notificar à Anvisa, imediatamente, caso tenha ocorrido excursão de temperatura que possa comprometer a qualidade do produto;

VI - responsabilizar-se pela avaliação das excursões de temperatura que venham a ocorrer durante o transporte dos produtos importados;

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VII - prestar orientações aos serviços de saúde sobre uso e cuidados de conservação dos produtos importados, assim como aos pacientes sobre como notificar as queixas técnicas e eventos adversos a eles relacionados;

VIII - criar mecanismos para a realização do monitoramento pós-distribuição e pós-uso da vacina importada e para que os casos de queixas técnicas e eventos adversos identificados sejam informados à Anvisa, por meio dos sistemas de informação adotados;

IX - responsabilizar-se pelo recolhimento do produto importado quando determinado pela Anvisa ou quando houver indícios suficientes ou comprovação de desvio de qualidade, que possa representar risco à saúde;

X - informar aos pacientes de que a vacina para Covid-19 não possui registro e nem autorização temporária para uso emergencial, em caráter experimental, concedido pela ANVISA e que o referido produto apenas possui aprovação em agência regulatória sanitária estrangeira; e

XI - apresentar a documentação requerida ao Instituto Nacional de Controle de Qualidade em Saúde (INCQS), nos termos da Resolução de Diretoria Colegiada - RDC nº 73, de 21 de outubro de 2008.

6.3 – Condicionantes para importação da vacina Sputnik V:

I – Todos os lotes a serem destinados ao Brasil devem ser provenientes das plantas produtivas inspecionadas pela Anvisa: Generium e Pharmstandard UfaVita;

II – Todos os lotes a serem destinados ao Brasil devem vir acompanhados dos certificados de análise da etapa de concentrado da vacina e do produto acabado, demonstrando a ausência de RCA;

III – Todos os lotes a serem destinados ao Brasil devem vir acompanhados dos laudos de esterilidade microbiológica;

IV – A vacina deverá ser utilizada apenas na imunização de indivíduos adultos ≥ 18 anos e < 60 anos;

V – A vacina não deverá ser utilizada em gestantes, puérperas, lactantes e indivíduos com comorbidades;

VI – Os lotes das vacinas importados somente poderão ser destinados ao uso após análise laboratorial e liberação pelo INCQS;

VII – O requerente deverá registrar a execução de todas as obrigações previstas na RDC nº 476/2021 e reforçadas neste Voto. Tais registros deverão ser apresentados à Anvisa sempre que solicitado;

VIII – O requerente deverá considerar no plano de imunização as ações necessárias para evitar os erros programáticos de trocas entre os dois componentes da vacina, devendo haver monitorização e ações contínuas para minimizar o risco e os danos;

IX – O requerente deverá adotar ações de mitigação de risco considerando as diferenças de informações e formatos entre as embalagens, rótulos e bulas originais em comparação com as diretrizes regulatórias nacionais;

X – O requerente deverá disponibilizar às unidades de saúde as informações de rótulos e bulas, que sejam importantes para o uso correto do produto, no idioma português. Destaca-se que todas as indicações, contraindicações e restrições de uso constantes neste Voto deverão estar refletidas no documento a ser disponibilizado;

XI – Todos os lotes da vacina a ser fornecida devem atender às condições aprovadas pela autoridade sanitária internacional;

XII – O requerente deverá distribuir e utilizar a vacina em condições controladas com condução de estudo de efetividade, com delineamento acordado com a Anvisa e executado conforme Boas Práticas Clínicas, de acordo com o sugerido pelo Ofício CIDSNE/PRESID n. 25/2021 de 25/05/2021;

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XIII – Os eventos adversos graves devem ser comunicados à Anvisa em até 24 horas por meio do sistema VigiMed ou e-SUS Notifica. Os demais eventos adversos e as queixas técnicas devem ser notificados em até 5 (cinco) dias de seu conhecimento. As queixas técnicas devem ser notificadas pelo sistema Notivisa;

XIV – O requerente deverá encaminhar à Anvisa, mensalmente, relatório de avaliação benefício-risco da vacina, contendo resultados de segurança e efetividade de cada lote importado, detalhado, segundo as boas práticas de farmacovigilância;

XV – O requerente deverá acompanhar diariamente alertas internacionais de segurança da vacina Sputnik V emitidos pelos países que estão utilizando a vacina e comunicar imediatamente à Anvisa em caso de alertas de segurança emitidos por outras autorizadas sanitárias internacionais;

XVI – O requerente deverá compartilhar o mapa de distribuição dos lotes e respectivos resultados de controle de qualidade com as áreas da Anvisa ligadas ao pós mercado, a fim de agilizar as medidas de suspensão do uso frente a eventuais riscos identificados;

XVII – A vacina deverá ser distribuída apenas a centros de vacinação vinculados aos Centros de Referência de Imunobiológicos Especiais (CRIEs);

XVIII – As seguintes contraindicações deverão ser consideradas na imunização: hipersensibilidade a qualquer dos componentes da fórmula, gravidez, uso por lactantes, menores de 18 anos, mulheres em idade fértil que desejam engravidar nos próximos meses, ter recebido outra vacina contra Covid-19, febre, HIV, hepatite B ou C, antecedentes de qualquer vacinação nas 4 semanas anteriores à potencial data de vacinação, ter recebido imunoglobulinas ou hemoderivados há 3 meses antes da potencial vacinação, tratamentos com imunossupressores, citotóxicos, quimioterapia ou radiação há 36 meses antes da potencial vacinação, terapias com biológicos incluindo anticorpos anticitocinas e outros anticorpos, enfermidades graves ou não controladas (cardiovascular, respiratória, gastrointestinal, neurológica, insuficiência hepática, insuficiência renal, patologias endócrinas) e antecedentes de anafilaxia (segunda dose da vacina);

XIX – O requerente deverá requerer dos fabricantes Generium e UfaVita a avaliação do processo fabril e a proposição de alguma medida adicional de mitigação do risco decorrente da ausência da validação da etapa de filtração esterilizante. Esses documentos deverão ser apresentados à Anvisa previamente ao Licenciamento de Importação (LI) e deverão ser analisados e concluídos como adequados pela área técnica previamente ao deferimento do LI;

XX – O requerente deverá apresentar o relatório final de validação do processo de fabricação do Insumo Farmacêutico Ativo Biológico ou declaração da Autoridade Russa de que verificou e aprovou tal documento;

XXI – O requerente deverá apresentar, para adequação das Práticas Asséptica s e Teste de Esterilidade da UfaVita, os registros dos treinamentos dos operadores bem com vídeos demonstrando a execução das atividades críticas nas áreas limpas, indicando que os procedimentos de trabalho foram efetivamente corrigidos e não representam risco de contaminação ao produto. Tais documentos podem ser apresentados diretamente à Anvisa para análise e aprovação previamente ao deferimento do LI ou por meio de declaração da Autoridade Russa de que os verificou e aprovou;

XXII – O requerente deverá apresentar os relatórios de validação de métodos analíticos para os testes de RCA, PCR para identidade dos adenovírus e Elisa para imunogenicidade em camundongos. Tais relatórios podem ser apresentados conjuntamente com a documentação a ser enviada ao INCQS.

Os condicionantes e responsabilidades aqui destacados deverão constar em Termo de Compromisso a ser celebrado entre a Agência Nacional de Vigilância Sanitária – ANVISA, representada pelo Diretor Presidente e pelos Diretores titulares das diretorias que supervisionam as áreas de registro de medicamentos, fiscalização e monitoramento, e respectivos Governadores e Secretários de Saúde, como requisito para o deferimento do Licenciamento de Importação (LI) da vacina.

6.4 – Voto: vacina Sputnik V

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Antes de pronunciar meu voto, reforço que todas as responsabilidades e condicionantes vinculados a esta importação visam garantir, com o mínimo de segurança, o bem maior que aqui tutelamos, a saúde. Daí porque entendo ser IMPRESCINDÍVEL o cumprimento integral pelos requerentes de todos os aspectos aqui destacados.

O que entendo ser razoável e que não haveria quaisquer óbices à sua realização, tendo em vista que estou certo que, assim como nós, os Governadores e Secretários de Saúde estão, igualmente, preocupados com a proteção do cidadão.

Assim, convencido de que estamos dando cumprimento integral à Lei 9.782/99, ao estabelecer a adoção de responsabilidades e condicionantes para autorização da importação excepcional, para fins de distribuição e uso da vacina em condições controladas, ou seja, estamos promovendo a proteção da saúde da população, por intermédio do controle sanitário, além de estarmos cumprindo as disposições da Lei nº 14.124/21 e da RDC nº 476/21, **VOTO** pela aprovação dos pedidos sob exame de autorização para importação excepcional, para fins de distribuição e uso da vacina Sputnik V em condições controladas.

Não obstante, destaco que, para a presente importação, autorizada por força da Lei nº 14.124/21, os aspectos de qualidade, segurança e eficácia da vacina Sputnik V foram atestados por meio do registro concedido pela Autoridade Sanitária da Rússia. Portanto, não foram considerados os aspectos regulatórios ordinários aplicáveis pelas áreas técnicas desta Agência que asseguram a comprovação de qualidade, segurança e eficácia de vacinas para autorização de registro ou uso emergencial no Brasil.

Os requerentes deverão observar os aspectos técnicos contidos neste Voto, assim como as obrigações e os condicionantes destacados. Salienta-se que o descumprimento das disposições contidas na RDC nº 476/21 constitui infração sanitária, nos termos da Lei nº 6.437/77, sem prejuízo das responsabilidades civil, administrativa e penal cabíveis.

As áreas de fiscalização e monitoramento da Anvisa deverão monitorar o perfil de queixas técnicas e eventos adversos associados à vacina importada nos termos deste Voto e adotar as ações de controle, monitoramento e fiscalização sanitária pertinentes.

Destaca-se que, caso o pedido de uso emergencial em análise pela Anvisa ou pela OMS seja negado ou com base em informações provenientes do controle e do monitoramento do uso da vacina Sputnik V no Brasil, ou outras informações técnicas ou científicas que venham a ser de conhecimento desta Anvisa, a Agência poderá suspender a importação, distribuição e uso da vacina importada nos termos da RDC nº 476/21, além de outras medidas que entender cabíveis conforme legislação vigente.

Por fim, destaco que fica autorizada a importação excepcional e temporária dos seguintes quantitativos, correspondentes a doses para vacinação de 1% da população de cada estado, dentro dos cronogramas enviados para o mês de junho/2021: Bahia – 300.000 doses; Maranhão – 141.000 doses; Sergipe – 46.000 doses; Ceará – 183.000 doses; Pernambuco – 192.000 doses; Piauí – 66.000 doses. Justifica-se o referido percentual por se tratar de quantitativo reduzido de doses vacinais, o que, além de permitir o adequado monitoramento e ação imediata caso necessário, não inviabiliza o custo do processo de importação. Ademais, os dados obtidos a partir do uso desses quantitativos servirão de base para decisões vindouras da Agência frente a novas doses a serem importadas.

Após o uso do referido quantitativo, a Anvisa avaliará os dados de monitoramento do uso da vacina, a fim de subsidiar nova deliberação da Agência quanto aos próximos quantitativos a serem importados. Mantido o status probatório para análise de tais pedidos de importação da vacina Sputnik V, a Diretoria Colegiada da Anvisa deliberará sobre os próximos pedidos por meio de Circuito Deliberativo.

6.5 – Condicionantes para importação da vacina Covaxin:

I – Todos os lotes a serem destinados ao Brasil devem ter sido fabricados após as adequações de Boas Práticas de Fabricação (BPF) implementadas pelo fabricante Bharat Biotech, conforme relatório CAPA apresentado à Anvisa;

II – Todos os lotes a serem destinados ao Brasil devem vir acompanhados dos certificados de análise atestando a realização de teste de potência;

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III – Todos os lotes a serem destinados ao Brasil devem vir acompanhados dos laudos de esterilidade microbiológica;

IV – A vacina deverá ser utilizada apenas na imunização de indivíduos adultos ≥ 18 anos e < 60 anos;

V – A vacina não deverá ser utilizada em gestantes, puérperas, lactantes e indivíduos com comorbidades;

VI – Os lotes das vacinas importados somente poderão ser destinados ao uso após análise laboratorial e liberação pelo INCQS;

VII – O requerente deverá registrar a execução de todas as obrigações previstas na RDC nº 476/2021 e reforçadas neste Voto. Tais registros deverão ser apresentados à Anvisa sempre que solicitado;

VIII – O requerente deverá adotar ações de mitigação de risco considerando as diferenças de informações e formatos entre as embalagens, rótulos e bulas originais em comparação com as diretrizes regulatórias nacionais;

X – O requerente deverá disponibilizar às unidades de saúde as informações de rótulos e bulas, que sejam importantes para o uso correto do produto, no idioma português. Destaca-se que todas as indicações, contraindicações e restrições de uso constantes neste Voto deverão estar refletidas no documento a ser disponibilizado;

XI – Todos os lotes da vacina a serem fornecidos devem atender às condições aprovadas pela autoridade sanitária internacional;

XII – Os eventos adversos graves devem ser comunicados à Anvisa em até 24 horas por meio do sistema VigiMed ou e-SUS Notifica. Os demais eventos adversos e as queixas técnicas devem ser notificados em até 5 (cinco) dias de seu conhecimento. As queixas técnicas devem ser notificadas pelo sistema Notivisa;

XIII – O requerente deverá encaminhar à Anvisa, mensalmente, relatório de avaliação benefício-risco da vacina, contendo resultados provenientes do monitoramento ativo do uso da vacina, com conclusão sobre segurança e efetividade de cada lote importado, detalhado, segundo as boas práticas de farmacovigilância;

XIV – O requerente deverá acompanhar diariamente alertas internacionais de segurança da vacina Covaxin emitidos pelos países que estão utilizando a vacina e comunicar imediatamente à Anvisa em caso de alertas de segurança emitidos por outras autorizadas sanitárias internacionais;

XV – O requerente deverá compartilhar o mapa de distribuição dos lotes e respectivos resultados de controle de qualidade com as áreas da Anvisa ligadas ao pós mercado, a fim de agilizar as medidas de suspensão do uso frente a eventuais riscos identificados;

XVI – O requerente deverá apresentar periodicamente à Anvisa os dados de estabilidade da vacina na medida em que forem sendo obtidos;

XVII – O requerente deverá apresentar à Anvisa o relatório completo do estudo de fase 3 assim que disponível;

XIII – O requerente deverá monitorar ativamente os eventos adversos de interesse especial, principalmente aqueles com potencial de serem induzidos pelo uso do novo adjuvante, como reações autoimunes;

XIX – A vacina só poderá ser utilizada no Brasil após entrega e avaliação pela Anvisa dos dados referentes a dois meses de acompanhamento de segurança do estudo clínico de fase 3;

XX – A vacina deverá ser distribuída apenas a centros de vacinação vinculados aos Centros de Referência de Imunobiológicos Especiais (CRIEs);

XXI – As seguintes contraindicações deverão ser consideradas na imunização: hipersensibilidade a qualquer dos componentes da fórmula, gravidez, uso por lactantes, menores de 18

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anos, mulheres em idade fértil que desejam engravidar nos próximos meses, ter recebido outra vacina contra Covid-19, febre, HIV, hepatite B ou C, antecedentes de qualquer vacinação nas 4 semanas anteriores à potencial data de vacinação, ter recebido imunoglobulinas ou hemoderivados há 3 meses antes da potencial vacinação, tratamentos com imunossupressores, citotóxicos, quimioterapia ou radiação há 36 meses antes da potencial vacinação, terapias com biológicos incluindo anticorpos anticitocinas e outros anticorpos, enfermidades graves ou não controladas (cardiovascular, respiratória, gastrointestinal, neurológica, insuficiência hepática, insuficiência renal, patologias endócrinas), antecedentes de anafilaxia (segunda dose da vacina).

Os condicionantes e responsabilidades aqui destacados deverão constar em Termo de Compromisso a ser celebrado entre a Agência Nacional de Vigilância Sanitária – ANVISA, representada pelo Diretor Presidente e pelos Diretores titulares das diretorias que supervisionam as áreas de registro de medicamentos, fiscalização e monitoramento, e o Ministro da Saúde, como requisito para o deferimento do Licenciamento de Importação (LI) da vacina.

6.6 – Voto: vacina Covaxin

Antes de pronunciar meu voto, reforço que todas as responsabilidades e condicionantes vinculados a esta importação visam garantir, com o mínimo de segurança, o bem maior que aqui tutelamos, a saúde. Daí porque entendo ser IMPRESCINDÍVEL o cumprimento integral pelo importador de todos os aspectos aqui destacados.

O que entendo ser razoável e que não haveria quaisquer óbices à sua realização, tendo em vista que estou certo que, assim como nós, o Ministério da Saúde está, igualmente, preocupado com a proteção do cidadão.

Convencido de que estamos dando cumprimento integral à Lei 9.782/99, ao estabelecer a adoção de condicionantes para autorização da importação excepcional, para fins de distribuição e uso da vacina em condições controladas, ou seja, estamos promovendo a proteção da saúde da população, por intermédio do controle sanitário, além da superação dos aspectos que levaram ao indeferimento do pedido anterior de importação excepcional da vacina Covaxin pelo Ministério da Saúde, especialmente no que se refere à anuência para condução de estudo clínico no Brasil e à adequação dos aspectos das Boas Práticas de Fabricação, **VOTO** pela aprovação do pedido sob exame de autorização para importação excepcional, para fins de distribuição e uso da vacina Covaxin em condições controladas.

Não obstante, destaco que, para a presente importação, autorizada por força da Lei nº 14.124/2021, os aspectos de qualidade, segurança e eficácia da vacina Covaxin foram atestados por meio da autorização de uso emergencial concedida pela Autoridade Sanitária da Índia. Portanto, não foram considerados os aspectos regulatórios ordinários aplicáveis pelas áreas técnicas desta Agência que asseguram a comprovação de qualidade, segurança e eficácia de vacinas para autorização de registro ou uso emergencial no Brasil.

O deferimento da Licença de Importação (LI) ficará condicionado à avaliação pela Anvisa da validação do ensaio de quantificação de antígeno (proteína S) para o IFA e determinação da potência (imunogenicidade em camundongos) para a vacina (produto terminado).

O importador deverá observar os aspectos técnicos contidos neste Voto, assim como as obrigações e os condicionantes destacados. Salienta-se que o descumprimento das disposições contidas na RDC nº 476/21 constitui infração sanitária, nos termos da Lei n. 6.437, de 20 de agosto de 1977, sem prejuízo das responsabilidades civil, administrativa e penal cabíveis.

As áreas de fiscalização e monitoramento da Anvisa deverão monitorar o perfil de queixas técnicas e eventos adversos associados à vacina importada nos termos deste Voto e adotar as ações de controle, monitoramento e fiscalização sanitária pertinentes.

Destaca-se que, caso ocorra negativa quanto a eventual pedido de uso emergencial da vacina pela Anvisa ou pela OMS, ou com base em informações provenientes do controle e do monitoramento do uso da vacina Covaxin no Brasil, ou outras informações técnicas ou científicas que venham a ser de conhecimento desta Anvisa, a Agência poderá suspender a importação, distribuição e

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uso da vacina importada nos termos da RDC nº 476/21, além de outras medidas que entender cabíveis conforme legislação vigente.

Por fim, destaco que fica autorizada a importação excepcional e temporária do seguinte quantitativo, correspondente a doses para imunização de 1% da população nacional, dentro do cronograma enviado pelo Ministério da Saúde: 4.000.000 doses. Nesse sentido, o Ministério deverá avaliar a necessidade de reserva do quantitativo necessário para aplicação da 2ª dose da vacina. Justifica-se o referido percentual por se tratar de quantitativo reduzido de doses vacinais, o que, além de permitir o adequado monitoramento e ação imediata caso necessário, não inviabiliza o custo do processo de importação. Ademais, os dados obtidos a partir do uso desse quantitativo servirão de base para decisões vindouras da Agência frente a novas doses a serem importadas.

Após o uso do referido quantitativo, a Anvisa avaliará os dados de monitoramento do uso da vacina, a fim de subsidiar nova deliberação da Agência quanto aos próximos quantitativos a serem importados. Mantido o status probatório para análise de tais pedidos de importação da vacina Covaxin, a Diretoria Colegiada da Anvisa deliberará sobre os próximos pedidos por meio de Circuito Deliberativo.

Documento assinado eletronicamente por **Alex Machado Campos**, **Diretor**, em 04/06/2021, às 18:47, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm.

A autenticidade deste documento pode ser conferida no site https://sei.anvisa.gov.br/autenticidade, informando o código verificador **1477203** e o código CRC **1BEBC7A8**.

Referência: Processo nº 25351.913403/2021-02 SEI nº 1477203

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ANVISA
Agência Nacional de Vigilância Sanitária

Gabinete do Diretor-Presidente - Chefe de Gabinete

SIA Trecho 5, Área Especial 57, Brasília/DF, CEP 71205-050
Telefone: 0800 642 9782 - www.anvisa.gov.br

Ofício nº 1385/2021/SEI/GADIP-CG/ANVISA

Ao Senhor
Rodrigo Cruz
Secretário-Executivo
Secretaria-Executiva do Ministério da Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Com cópia
Ao Senhor
Roberto Ferreira Dias
Diretor do Departamento de Logística em Saúde
Departamento de Logística em Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Assunto: **Solicitação de autorização para importação em caráter excepcional de doses da Vacina Covaxin.**

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.915151/2021-48.

Senhor Secretário,

1. Cumprimentando-o cordialmente, em atenção ao Ofício nº 129/2021/DLOG/SE/MS, por meio do qual o Ministério da Saúde solicitou a importação em caráter excepcional de 20.000.000 (vinte milhões) de doses da vacina Covaxin / BBV152, com fulcro no disposto na Lei nº 14.124, de 10 de março de 2021, para uso na imunização contra a Covid-19, informo que a Diretoria Colegiada da Agência Nacional de Vigilância Sanitária decidiu, por maioria, vencida a Diretora Cristiane Jourdan, AUTORIZAR os pedidos, sob exame, de importação e distribuição, excepcional e temporária, das vacinas Covaxin e Sputnik V, com exigência de atendimento das obrigações e condicionantes dispostas nos termos do voto do relator – Voto nº 163/2021/SEI/DIRE5/Anvisa (SEI 1477657).

Anexos: I - Voto nº 163/2021/SEI/DIRE5/Anvisa

Atenciosamente,

Documento assinado eletronicamente por **Karin Schuck Hemesath Mendes**, **Chefe de Gabinete**, em 14/06/2021, às 17:00, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm.

A autenticidade deste documento pode ser conferida no site https://sei.anvisa.gov.br/autenticidade, informando o código verificador **1488646** e o código CRC **7DEC3337**.

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.915151/2021-48 SEI nº 1488646

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William Amorim Santana

De: William Amorim Santana
Enviado em: terça-feira, 15 de junho de 2021 14:41
Para: Ariadne Gisele Muniz Bonvino; Fernanda de Souza Passos; Marcelo Calado
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: VOTO COVAXIN
Anexos: Voto_1477657_SEI_ANVISA___1477203___Voto_163.pdf; SEI_ANVISA - 1488646 - Ofício.pdf

Prezadas(o), segue para conhecimento.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER **MADISON BIOTECH PTE LIMITED** **31 Cantonment Road** **Singapore -089747** **Company Registration No: 202005277E**	**MANUFACTURER** **BHARAT BIOTECH INTERNATIONAL LIMITED** **Genome Valley, Shameerpet** **Hyderabad - 500 078** **Telangana, Índia**

No & Date **No: MAD/HM/2021/07** **11 June 2021**	**Exporter's Ref**
Buyer's Order No :	
Other Reference(s)	

CONSIGNEE **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A, 4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500 BRASIL)**	**BUYER** **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A, 4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500 BRASIL)**

Pre Carriage By	**Place of Receipt By Pre-Carrier**	**Country of Origin of Goods** **INDIA**	**Country of Final Destination** **BRAZIL**
Vessel / Flight No	**Port of Loading** **HYDERABAD, INDIA**		
Port of Discharge	**Final Destination** **GUARULHOS AIPORT, BR** **Gross weight: 8856.2 Kg** **Net weight: 8364.4 Kg**	**Dispatched by Dispatch**	**: FCA Hyderabad/Brazil** **: a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil** **b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India**
		Currency	**USD**

Brazil	**PRODUCT**	**PACK SIZE**	**Quantity**	**USD Unit Price**
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial 10 doses/vial	4.000.000	15,00

Bank name DBS Bank.
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.
Account number: 0720224590
IFSC Code: DBSS0IN0811
SWIFT Code: DBSSSGSG.

NCM 3002.20.29 Shelf-life

6 (six) months from mfg date.

Insurance	67,500.00
Air Freight	862,367.02

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Total Value **60,000,000.00**

Amount in words :USD SIXTY MILLION ONLY.

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

For, MADISON BIOTECH PTE. LTD.

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

AUTHORISED SIGNATORY

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Summary information on the final lots

Name and Address of Manufacturer	Bharat Biotech International Limited, Genome Valley, Shameerpet (M), Medchal District - 500 078, Telangana, India.
Generic Name	Whole Virion, Inactivated Corona Virus Vaccine
Manufacturing License No	03/HD/AP/98/V/R
Licensed Brand Name	Whole Virion, Inactivated Corona Virus Vaccine
Strain of the virus seed	SARS-CoV-2 Virus strains
Name of the substrate used for production	Vero Cells
Nature of the Finished Product	Adjuvanted Vaccine
Batch No.	37F21046A
Date of Manufacture	04/21
Date of Expiry	09/21
No. of Filled Units for Release	41130
Recommended Storage Temperature	2°C to 8°C
Adjuvant used	ALGEL IMDG
Preservative used	2 Phenoxyethanol
Volume of the vaccine in each	5.0 mL in 5.0 mL Vial
Potency of the Vaccine	7.2 µg/SHD
Dose Size	0.5 mL
No. of Doses per Unit	10 doses
Shelf-life approved(months)	6 Months
Specimen copy of the Label	

Signature/Date: Vijaya 10/05/2021

Name: N. VIJAYA LAKSHMI

Department: Quality Assurance

UNCONTROLLED COPY

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BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Control of Source Material

Cell Seed (MCB)	
Name and identification of cell strain	Vero MCB P/N : BHAMC 1 . FP, L/N:3006-104986
History of origin of cell strain	ATCC USA, Vero ATCC CCL -81 Lot F-11497.
Source of cell strain	Prepared and characterized at BioReliance
Date of procurement	25-03-04 procured from BioReliance Rockville, MD,USA
No.of bottle/ vials procured	25x1 mL
Passage level of cells	P # 133
Storage conditions	Liquid Nitrogen gaseous phase
Authority that approved cell seed	National Regulatory Authority, India IP
Manufacturer's Working Cell Bank (MWCB)	
Lot number	60120001A
Date approved	Permission obtained under post approval change on 05/04/2019 by DCG(I) vide letter No.6F.N-12-78/BBIL-PAC-vero Bank/17-BD
Date MWCB was established	31/03/2020
Total number of CryoUnits stored	750
Passage level of MWCB	P#138
Maximum passage approved for MWCB	P#159
Storage conditions	In vapour phase of Liquid Nitrogen

Identity test:

Specification	Should show 222 bp band after PCR amplification in Gel Analysis for AGMK species
Method	PCR method
Date of Test	15/05/2020
Date of completion	16/05/2020
Result	222 bp band observed

Adventitious agents
Method :In vivo method
Test in suckling mice:

Specification	Should be free from Adventitious agents.
Number of animals tested	30
Wt. range	Less than 0- 24 hrs old
Route of inoculation	I/C, I/P
Quantity injected	1 x 10^7 cells /route 0.1mL through I/P and 0.01mL through I/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Result	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Test in adult mice:

Number of animals tested	20
Wt. range	15-20 gms.
Route of inoculation	I/C, I/P
Quantity injected	1 x 10^7 cells /route 0.5mL through I/P and 0.03mL through I/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Results	Free from Adventitious agents

Test in guinea pigs:

Number of animals tested	10
Wt. range	350 - 500 gms
Route of inoculation	IP/IC
Quantity injected	1 x 10^7 cells /route 5.0mL through I/P and 0.1mL through I/C
Date of inoculation	19/05/2020
Date of completion	30/06/2020
Observation period	42 days
Results	Free from Adventitious agents

Test in rabbits:

Number of animals tested	10
Wt. range	1.5 – 2.5 kgs
Route of inoculation	I/D, S/C
Quantity injected	1 x 10^7 cells /route 1.0 mL through I/D and 5.0mL through S/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Result	Free from Adventitious agents

Test in embryonated eggs:

Method	In-vivo method (Embryonated chicken eggs (5-7 days & 9-11 days old)
Date of test	02/07/2020
Date of completion	16/07/2020
Qty. Inoculated	1 x10^6 cells /route 1.0mL through allantoic cavity and 1.0mL through Yolk sac)
No. of eggs	20
Observation period	14 days
Result	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Identity test:
Adventitious agents:
In-vitro method:

Method	3 Indicator Cell lines (Vero cells, MRC-5 & Hep 2C cells)
Specification	Free from Adventitious agent
Qty. inoculated	1 x 10^7 cells in 10 mL/cell line
Date of test	22/05/2020
Date of completion	05/06/2020
Observation period	14 days
Result	Free from Adventitious agents

Mycoplasma Test

Method	PCR method
Specification	Should be Negative for Mycoplasma species
Date of test	15/07/2020
Date of Completion	16/07/2020
Observation period	1 day
Result	Negative for Mycoplasma species

Sterility test

Method	Direct Inoculation
Specification	No Growth should be observed
Date of test	15/04/2020
Date of completion	29/04/2020
Observation period	14 days
Result	No Growth observed (sterile)

Haemadsorption test

Method	Guinea Pig RBCs method
Specification	Should be free from Heamadsorbing viruses.
Date of test	04/05/2020
Date of completion	04/05/2020
Observation period	1 day
Result	Free from Heamadsorbing viruses

Growth Characteristics

Method	Subculture method.
Specification	Cells should be healthy and growing
Date of test	24/04/2020
Date of completion	28/04/2020
Observation period	4 days
Result	Cells are healthy and growing

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Homogeneity Test

Method	Dye exclusion cell counting
Specification	90% to 110% recovery should be observed from initial cell count in each cryovials
Date of test	24/04/2020
Date of completion	24/04/2020
Result	102 %

Cell viability

Method	Dye exclusion method of cell counting
Specification	NLT 80%
Date of test	24/04/2020
Date of completion	24/04/2020
Result	99 %

Viable Cell Count

Method	Dye exclusion method of cell counting
Specification	NLT 5×10^6 Cells/Cryovials
Date of test	24/04/2020
Date of completion	24/04/2020
Result	5.2 $\times10^6$ Cells/Cryovial

Cell culture medium

Serum used in cell culture medium for WVS

Animal origin of serum	Fetal Bovine Serum
Vendor	Bovogen Biological Pvt. Ltd.
Catalog Number	SFBS-GI
Batch number	1710A
Expiration Date	Oct 2022

Trypsin used for preparation of cell cultures

Vendor	: Life Technologies
Catalog Number	:27250
Batch number	:2019024
Expiration Date	:Mar 2021

Control of source material

Animal serum used in SARS-CoV-2 Vaccine production

Type	NBCS – Gamma irradiated
Make / Origin	Bovogen/ Australia and New Zealand
Batch No./A.R.No:	RM-04-20-008

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Control of Source Material

Name and History of Seed Strain	SARS-CoV-2 Virus seed
Origin of strain	ICMR-National Institute of Virology, Pune, India
Reference No.	SARS-CoV-2 Virus (NIV 2020-770)
Date of procurement	30/04/2020
Titre	$10^{6.5}$ $CCID_{50}$/mL
Passage Level	P#3

Master Seed Lot: (MVB)

Date of preparation of Master Seed Lot	12/05/2020
Titre of Master Seed	$10^{6.25}$ $CCID_{50}$/mL
Batch No.	37020001A
Quantity prepared	400 x 1 mL
Storage	-70 ± 5°C
Passage Level	P#5

Working Seed Lot

Date of preparation	17/05/2020
Quantity prepared	Each 26 mL x 790 PP bottle
Batch No.	37120001A
Passage level	P#6
No. of passage between Master Seed and Working Seed Lot	One
Storage	-70 ± 5°C

Tests on Master Seed Lot:

Identity test

By In-vitro method:

Method	qPCR Method
Specification	Virus titration by qPCR serve as an identity test
Date of test	13/05/2020
Date of completion	13/05/2020
Results	Complies

Sterility

Method	Direct inoculation
Specification	No growth should be observed
Date of test	19/05/2020
Date of Completion	02/06/2020
Observation period	14 days
Result	No growth observed

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Mycoplasma

Method	PCR Method
Specification	Should be Negative for Mycoplasma species
Date of test	18/05/2020
Date of completion	19/05/2020
Results	Negative for Mycoplasma species

Virus titration (In-vitro)

Method	In-vitro by CPE method
Specification	NLT $10^{6.00}$ $CCID_{50}$ per mL
Date of test	12/05/2020
Date of completion	19/05/2020
Results	$10^{6.25}$ $CCID_{50}$ per mL

Virus titration by qPCR

Method	qPCR Method
Specification	NLT $10^{6.00}$ Copies per mL
Date of test	13/05/2020
Date of completion	13/05/2020
Results	$10^{7.25}$ Copies per mL

Adventitious agents (In-vitro)

Method	(3 indicator cell line method) In-vitro
Specification	Should be free from Adventitious agents
Date of test	17/06/2020
Date of completion	01/07/2020
Results	Free from Adventitious agents

Heamadsorption

Method	Guinea pigs RBC method
Specification	Should be free from Haemadsorbing viruses
Date of test	01/07/2020
Date of completion	01/07/2020
Results	Free from Haemadsorbing viruses

Virus identity by NGS method

Method	NGS method
Specification	95% sequence should match with published sequence
Date of test	18/06/2020
Date of completion	29/06/2020
Results	100 % sequence matches with published sequence

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Tests on Working Seed Lot:

Identity
By In-vitro method:

Method	In-vitro method
Specification	Virus titration by qPCR serve as an identity test
Date of test	18/05/2020
Date of completion	18/05/2020
Results	Complies

Sterility

Method	Direct inoculation
Specification	No growth should be observed
Date of test	19/05/2020
Date of Completion	02/06/2020
Observation period	14 days
Result	No growth observed

Mycoplasma

Method	PCR Method
Specification	Should be Negative for Mycoplasma species
Date of test	18/05/2020
Date of completion	19/05/2020
Results	Negative for Mycoplasma species

Virus titration (In-vitro)

Method	In-vitro
Specification	NLT $10^{6.00}$ $CCID_{50}$ per mL
Date of test	05/06/2020
Date of completion	12/06/2020
Results	$10^{6.88}$ $CCID_{50}$ per mL

Virus titration by qPCR

Method	qPCR method
Specification	NLT $10^{6.00}$ Copies per mL
Date of test	18/05/2020
Date of completion	18/05/2020
Results	$10^{7.44}$ Copies per mL

Adventitious agents (In-vitro)

Method	(3 indicator cell line method) In-vitro
Specification	Should be free from Adventitious agents
Date of test	17/05/2020
Date of completion	01/07/2020
Results	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Haemadsorption

Method	Guinea pigs RBC method
Specification	Should be free from Haemadsorbing viruses
Date of test	01/07/2020
Date of completion	01/07/2020
Results	Free from Haemadsorbing viruses

Virus identity by NGS method

Method	NGS method
Specification	95% sequence should match with published sequence
Date of test	18/06/2020
Date of completion	29/06/2020
Results	99.99 % sequence matches with published sequence

Signature/Date: 10/05/2021

Name: K SREENIVAS

Department: Quality Control

Signature/Date: 10/05/2021

Name: Y SRINIVAS

Department: Quality Assurance

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Preparation and control of batch

Working Virus strain used for production	: SARS-CoV-2 and bottle No. 141
Virus strain and inoculum seed used for production	: SARS-CoV-2 and bottle No. 02,59,67,75
Substrate used	: Vero Cells
Bioprocess Batch Number	: 37621025A
Type of culture	: Monolayer
Cell culture vessel used	: Bioreactor 2 X 50L (FBR-001 and FBR-002)
Total No. of cell stacks used for control	: 12xCS10
Date of infection	: 04/04/2021
Virus Titre ($CCID_{50}$/mL)	: $10^{6.88}CCID_{50}$/mL
Working Seed Titre (RT PCR)	: $10^{7.44}$ copies/mL
Total Cell count (FBR-001)	: 228000 x 10^6 cells
Total Cell count (FBR-002)	: 220000 x 10^6 cells
Volume of Virus Inoculum (FBR-001)	: 1502 mL
Volume of Virus Inoculum (FBR-002)	: 1450 mL
Multiplicity of Infection	: 0.05

Single virus harvests and purified bulk material :

No. of Harvests: 1

Viral Harvest	**VH I**
Date of harvesting	07/04/2021
Volume(L)	598.0 L

Test on Virus Harvest

Virus Titration (In-vitro)by CPE Method

Viral Harvest	**VH I**
Specification	Should not be less than NLT$10^{4.00}$ $CCID_{50}$/mL
Date of test	23/04/2021
Date of completion	30/04/2021
Results	$10^{7.00}$ $CCID_{50}$/mL

Virus Titration by qPCR Method

Viral Harvest	**VH I**
Specification	Should not be less than NLT$10^{4.00}$ copies/mL
Date of test	07/05/2021
Date of completion	07/05/2021
Results	$10^{7.29}$copies/mL

Sterility test for bacteria and fungi

Viral Harvest	**VH I**
Specification	No growth should be observed (Sterile)
Date of test	08/04/2021
Date of completion	22/04/2021
Results	:No growth observed (Sterile)

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Identity test for corona virus (In-vitro)

Viral Harvest	**VH I**
Specification	Virus titration by qPCR serve as identity test
Date of test	07/05/2021
Date of completion	07/05/2021
Results	Complies
Mycoplasma test	
Viral Harvest	**VH I**
Specification	Should be Negative for Mycoplasma species
Date of test	:27/04/2021
Date of completion	:27/04/2021
Result	:Negative for Mycoplasma species

Protein content

Specification	:For information only
Date of test	:12/04/2021
Date of completion	:12/04/2021
Results	:27.85 µg/mL

Test on control cell culture

Test	Method	Test On	Specifications	Results
Adventitious agents (In-vitro)	WHO TRS 963, 2011	20/04/2021 to 03/05/2021	Should be free from Adventitious agents	Free From Adventitious agents
Haemadsorption test	WHO TRS 963, 2011	20/04/2021	Should be free from Haemadsorbing viruses	Free From Haemadsorbing viruses
Mycoplasma test	PCR	27/04/2021	Should be Negative for Mycoplasma species	Negative for Mycoplasma species
Vero cell Identity test (PCR)	PCR	24/04/2021	222bp band should be observed specific for AGMK species	222bp Band observed and for AGMK species confirmed

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Inactivation of Whole Virion Corona Virus Harvest

Inactivating agent used	BPL
Concentration	1:2500
Temperature	8±5°C
Incubation period	32 hrs

S.No	Batch Number	Date of inactivation	Date of completion
1	37621025A	07/04/2021	09/04/2021

Purification

Batch Number: 37621025A	Date of Concentration & Purification	Total volume used for purification
VH I	09/04/2021	664.0 L

Buffer exchange and Sterile Filtration of Inactivated SARS-CoV-2 Virus Bulk

Pool Batch No.	37621025A
No. of Inactivated bulk used for pooling	01 (VH I)
Date of pooling	07/04/2021
Specification of the Purified Inactivated Bulk	NLT 20 L
Final volume of the Purified Inactivated Bulk	39.40 L
Storage condition and shelf life	-70±5°C and To be established
Identification	
Specification	ELISA test and SDS PAGE serve as an identity test
Method	ELISA
Date of test	14/04/2021 and 16/04/2021
Date of completion	15/04/2021 and 16/04/2021
Result	Complies
Description	
Specification	Clear colourless, translucent liquid, free from particulate matter
Method	Visual Examination
Result	Clear colourless, translucent liquid, free from particulate matter
pH	
Method	Potentiometry
Specification	7.00-8.00
Date of test	12/04/2021
Result	7.54

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Sterility Test	
Method	Membrane filtration
Specification	No growth should be observed (Sterile)
Date of test	12/04/2021
Date of completion	26/04/2021
Result	No growth observed
Total Protein content	
Specification	NLT 15.00 µg/mL
Method	Lowry et al.
Date of test	12/04/2021
Result	154.83 µg/mL
Corona Virus Inactivation Test	
Specification	No CPE should be observed
Date of test	22/04/2021
Date of completion	29/04/2021
Result	No CPE observed
Corona Virus Amplification Test	
Specification	No residual live virus should be observed in Corona virus Amplification test
Date of inoculation into cell culture	12/04/2021
Cell strain inoculated	Vero cell
Date of 10th day Harvest collection	21/04/2021
Date of 15th day Harvest collection	26/04/2021
Result	No residual live virus observed
Residual cellular DNA content	
Specification	NMT 10.00 ng/SHD
Method	By Qubit Flurometry
Date of test	19/04/2021
Result	0.04 ng/SHD
Residual Bovine Serum Albumin content	
Specification	NMT 50.00 ng/SHD
Method	By ELISA
Date of test	16/04/2021
Result	5.27 ng/SHD
Antigenic Purity by SDS-PAGE	
Specification	Should show only Corona virus specific bands
Method	SDS-PAGE
Date of Test	16/04/2021
Result	Complies

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Bacterial Endotoxins

Specification	Less than 25 international Units(IU) per mL
Method	Gel clot method
Date of Test	13/04/2021
Result	< 12.5 IU per mL

Residual BPL Content

Specification	No Residual BPL Content should be present
Method	Titration method
Date of Test	12/04/2021
Result	No Residual BPL Content present

Residual trypsin content by ELISA method

Specification	For Information only
Method	ELISA method
Date of Test	15/04/2021
Date of completion	15/04/2021
Result	0.08 ng/mL

Signature/Date: K. Sreenivas 10/05/2021

Name: K. SREENIVAS

Department: Quality Control

Signature/Date: 10/05/2021

Name: P. KRISHNA KUMARI

Department: Production

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Preparation and Control of Final Bulk

Final Bulk No.	37F21046A
Date of preparation	22/04/2021

Composition of Final Bulk

Purified Bulk B.No and volume	37621025- 22.61 L
ALGEL-IMDG	11.795 L
Phosphate buffer saline + 2 PE	215.595 L
Total volume	250 L
Storage temperature	2-8 ^{0}C

Test performed on Final Bulk

Description

Specification	White to off white opalescent suspenion, free from extraneous particles
Method	Visual Examination
Date of test	22/04/2021
Result	White opalescent suspension, free from extraneous particles

Identification:

Specification	Should comply with identification test performed on finished product
Method	ELISA
Date of test	28/04/2021
Date of completion	29/04/2021
Result	Complies

pH

Method	Potentiometry
Specification	7.00 -8.00
Date of Test	22/04/2021
Result	7.37

Aluminium content

Method	Titration
Specification	NLT 0.38 mg/ mL and NMT 0.58 mg/mL
Date of Test	22/04/2021
Result	0.47 mg/mL

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Protein adsorption (Lowry et.al) Test

Method	Lowry et.al
Specification	NLT 75.00 % of the stated label claim of protein
Date of Test	06/05/2021
Result	100%

Bacterial Endotoxins test

Method	Gel clot method
Specification	Less than 25 International units (IU) per Single Human Dose
Date of test	22/04/2021
Results	< 12.5 IU/SHD

2-Phenoxy ethanol content

Method	HPLC
Specification	NLT 85.0% and NMT 115.0% of the stated label claim
Date of Test	22/04/2021
Date of Completion	22/04/2021
Result	99.8%

Sterility

Method	Direct inoculation
Specification	No growth should be observed (Sterile)
Date of Test	23/04/2021
Date of Completion	07/05/2021
Result	No growth observed

Signature/Date: K. Sreenivas 10/05/2021

Name: K. SREENIVAS

Department: Quality Control

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

CERTIFICATE OF PRODUCTION

This is to certify that Final Bulk No.: 37F21046A of Whole Virion, Inactivated Corona Virus Vaccine with 2-Phenoxyethanol has been manufactured as per standard operating procedures to satisfy the requirements for Whole Virion, Inactivated Corona Virus Vaccine as current In House Specification.

Date of transfer of Final Bulk for filling	23/04/2021
Number of containers transferred	5 X 50 L Pressure vessels
Volume of bulk transferred	249.874L

FILLING

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Date of Filling	23/04/2021
Final Batch No	37F21046A
Filling Time	21:15 hrs (23/04/2021) to 09:19 hrs (24/04/2021)
Total No. of Units Filled	41624
Volume in Each Container	6.0 mL
No. of doses per Vial	10 doses
Rejections During Filling and Sealing	39
No. of vials for Filling In process check	88
No. of Units used for Leak test	32
Percentage rejection	0.09%
No. of Units transferred to Inspection	41465

Signature/Date: 10/05/2021

Name: K. SRINIVAS

Department: Production

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

VISUAL INSPECTION

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Final Batch No.	37F21046A
No. of Units received	41465
Date of receipt	24/04/2021
No. of Units examined	41465
Physical checking started on	06:45 hrs
Physical checking completed on	18:41 hrs
No. of Units rejected	213
Percentage rejection of Units	0.51%
IPQC Sample	34
Stored at	2-8 °C
No. of Units handed over to Labeling Section	41218

LABELING

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Final batch No.	37F21046A
No. of Units received for labeling	41218
Date of labeling	24/04/2021
No. of Units labeled for CDL	20
No. of Units kept as retained sample	68
No.of Units for release	41130
Sample label	

Signature/Date: 10/05/2021

Name: SRUTI PRASAD.U

Department: Production

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

TESTS ON FINAL LOTS

Description	
Method	Visual Examination
Specification	White to off white opalescent suspension, free from extraneous particles
Date of test	26/04/2021
Result	White opalescent suspension, free from extraneous particles
Identification:	
Specification	The ratio of OD of test sample to OD of negative control should not be less than 2
Method	ELISA
Date of test	28/04/2021
Date of completion	29/04/2021
Result	Complies
pH	
Method	Potentiometry
Specification	7.00 -8.00
Date of test	26/04/2021
Result	7.35
Extractable volume	
Method	By Graduated Measuring Cylinder method
Specification	NLT 5.00 mL
Date of test	04/05/2021
Result	6.00 mL
Aluminium content	
Method	Titration
Specification	NLT 0.19 mg/SHD and NMT 0.29 mg/SHD
Date of Test	04/05/2021
Result	0.24 mg/SHD
Residual Bovine Serum Albumin content	
Specification	NMT 50 ng per Single Human Dose
Method	ELISA
Date of test	30/04/2021
Result	5 ng/SHD

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Sterility

Method	Direct inoculation	
Specification	No growth should be observed (Sterile)	
No.of Units tested	20 Units	
Media used	Fluid thioglycollate Medium	Soyabean casein digest Medium
Temperature	30ºC-35ºC	20ºC-25ºC
Volume of media	100mL	100mL
Date of test	26/04/2021	26/04/2021
Date of completion of test	10/05/2021	10/05/2021
Days of obervation	14 days	14 days
Results	No growth observed	No growth observed

Bacterial Endotoxins test

Method	Gel clot method
Specification	Less than 25 International units (IU) per Single Human Dose
Date of test	26/04/2021
Results	<12.5 IU/SHD

2-Phenoxy ethanol content

Method	HPLC
Specification	NLT 85.0% and NMT 115.0% of the stated label claim
Date of Test	04/05/2021
Date of Completion	06/05/2021
Result	97.2 %

Residual cellular DNA Content

Method	Qurbit Flurometry
Specification	NMT 10 ng per Single Human Dose
Date of test	08/05/2021
Results	0.04 ng/SHD

Protein adsorption test

Method	Spectophotometry
Specification	NLT 75%
Date of test	06/05/2021
Result	100 %

Total protein content

Method	Spectophotometry
Specification	NLT 6.0 µg/SHD
Date of test	06/05/2021
Result	7.2 µg/SHD

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2052

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Osmolality

Method	Osmometry
Specification	250-350 mOsmol/kg
Date of test	27/04/2021
Result	324 mOsmol/kg

CERTIFICATE OF QUALITY CONTROL

Documents for the production and testing pertaining Whole Virion, Inactivated Corona Virus Vaccine as per In House Specification Requirement for Batch. No. 37F21046A is scrutinized by Quality Control and Approved.

A. R. No.	FP-37-21-052
Units ready for release	41130
Specimen Labels	:

Signature/Date: K. Sreelata 10/05/2021

Name: U SREEMANI

Department: Quality Control

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2053

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

CERTIFICATE OF QUALITY ASSURANCE

This is to certify that the B.No.37F21046A of Whole Virion, Inactivated Corona Virus Vaccine complies the requirements of the In House Specification.

No. of units ready for release: 41130

Signature/Date: Vijaya 10/05/2021

Name: N. VIJAYA LAKSHMI
Department: Quality Assurance

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2054

BHARAT BIOTECH

Genome Valley, Turkapally, Shameerpet
Hyderabad- 500078. INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE, [BBV 152] (HUMAN, ADSORBED) - FINAL BULK**

Batch Number : 37F21046A
Batch size : 250 L
Mfg. date : 04/21
Exp. Date : NA
Specification No. : FPS307

A.R. Number : FB-37-21-051
Date of receipt : 22/04/2021
Qty. sampled : 52 mL
Batch Release Date : 10/05/2021

TESTS	SPECIFICATIONS	RESULTS
Description	White to off white opalescent suspension , free from extraneous particles	White opalescent suspension , free from extraneous particles
Identification	Should comply with identification test performed on finished product	Complies
pH	7.00 - 8.00	7.37
Aluminium Content	NLT 0.38 mg/mL and NMT 0.58 mg/mL	0.47 mg/mL
Sterility	No growth should be observed(Sterile)	No growth observed
Protein adsorption test	NLT 75%	100 %
2-Phenoxy ethanol content	NLT 85.0% and NMT 115.0% of the stated label claim	99.8 %
Bacterial Endotoxins	Less than 25 International units (IU) per Single Human Dose (SHD)	< 12.5 IU/SHD

OPINION: Sample COMPLIES/~~DOES NOT COMP~~LY as per specification No.: FPS307

Prepared By:	Checked By:	Approved By:
10/05/2021	10/05/2021	10/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2055

BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE, [BBV152]**

Batch Number : 37F21046A
Batch size : 250 L
Mfg. Date : 04/21
Exp. Date : 09/21
Specification No. : FPS325

A.R. Number : FP-37-21-052
Date of Receipt : 24/04/2021
Qty. Sampled : 34 vials
Batch Release Date : 10/05/2021

TESTS	SPECIFICATIONS	RESULTS
Description	White to off white opalescent suspension, free from extraneous particles	White opalescent suspension, free from extraneous particles
Identification	The ratio of OD of test sample to OD of negative control should not be less than 2	Complies
pH	7.00 - 8.00	7.35
Extractable volume	NLT 5.00 mL	6.00 mL
Aluminium Content	NLT 0.19 mg/SHD and NMT 0.29 mg/SHD	0.24 mg/SHD
Residual Bovine Serum Albumin content	NMT 50 ng per Single Human Dose	5 ng/SHD
Sterility	No growth should be observed (Sterile)	No growth observed
Bacterial Endotoxins	Less than 25 International units (IU) per Single Human Dose.	< 12.5 IU/SHD
2-Phenoxy ethanol content	NLT 85.0% and NMT 115.0% of the stated label claim	97.2 %
Residual cellular DNA content	NMT 10 ng per Single Human Dose	0.04 ng/SHD
Protein adsorption test	NLT 75%	100 %
Total protein content	NLT 6.0 µg/SHD	7.2 µg/SHD
Osmolality	250-350 mOsmol/kg	324 mOsmol/kg

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS325

Prepared By:	Checked By:	Approved By:
10/05/2021	10/05/2021	10/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

UNCONTROLLED COPY

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2056

BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS BULK**

Batch Number : 37621025A
A.R. Number : IP-37-21-029
Batch size : NLT 20 L
Date of Receipt : 10/04/2021
Mfg. Date : 04/21
Qty. Sampled : 102 mL
Exp. Date : To be established
Batch Release Date : 07/05/2021
Specification No. : FPS306

TESTS	SPECIFICATIONS	RESULTS
Identity test for vaccine virus (In-vitro)	ELISA test and SDS PAGE serve as an identity test	Complies
Description	Clear colorless, translucent liquid, free from particulate matter	Clear colorless, translucent liquid, free from particulate matter
pH	7.00 - 8.00	7.54
Sterility	No growth should be observed (Sterile)	No growth observed
Total Protein content (Lowry et al)	NLT 15.00 µg/mL	154.83 µg/mL
Corona virus amplification test	No residual live virus should be observed in Corona virus Amplification test	No residual live virus observed
Corona virus inactivation test	No CPE should be observed	No CPE observed
Residual cellular DNA Content	NMT 10.00 ng/SHD	0.04 ng/SHD
Residual Bovine serum Albumin content	NMT 50.00 ng/SHD	5.27 ng/SHD
Antigenic purity by SDS-PAGE	Should show only Corona virus specific bands	Complies
Bacterial Endotoxin	Less than 25 international Units (IU) per mL	<12.5 IU per mL
Residual BPL Content	No Residual BPL Content should be present	No Residual BPL Content present
Residual trypsin content by ELISA method	For information only	0.08 ng/mL

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS306

Prepared By:	Checked By:	Approved By:
07/05/2021	07/05/2021	07/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

UNCONTROLLED COPY

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2057

F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2058

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2059

File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2062

4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

CDSCO CDSCO
CENTRAL DRUGS STANDARD CONTROL ORGANISATION
MINISTRY OF HEALTH, GOVERNMENT OF INDIA
सत्यमेव जयते

VENUGOPAL GIRDHARILA L SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=17d0331d5df62d4f4e32179a1411bf, serialNumber=2bea54c83bfbee2154e199b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: 37F21046A SLP.pdf; ANEXO_2_India EUL 12032021.pdf; PROFORMA INVOICE - BRAZIL_COVAXIN.pdf

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

- **Nome e endereço completo do Fabricante;**

- **Data de fabricação e vencimento;**
- **Número dos Lotes;**

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, June 14, 2021 1:00 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>

Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>, Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>, Lenice Guimaraes Araujo
<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>, LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, Regina Celia Silva Oliveira
<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>, Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>, Thiago Fernandes da Costa
<thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

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_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER **MADISON BIOTECH PTE LIMITED** **31 Cantonment Road** **Singapore -089747** **Company Registration No: 202005277E**	**MANUFACTURER** **BHARAT BIOTECH INTERNATIONAL LIMITED** **Genome Valley, Shameerpet** **Hyderabad - 500 078** **Telangana, Índia**

No & Date **No: MAD/HM/2021/07** **11 June 2021**	**Exporter's Ref**
Buyer's Order No :	
Other Reference(s)	

CONSIGNEE **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,** **4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500** **BRASIL)**	**BUYER** **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,** **4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500** **BRASIL)**

Pre Carriage By	**Place of Receipt By Pre-Carrier**	**Country of Origin of Goods** **INDIA**	**Country of Final Destination** **BRAZIL**
Vessel / Flight No	**Port of Loading** **HYDERABAD, INDIA**		
Port of Discharge	**Final Destination** **GUARULHOS AIPORT, BR** **Gross weight: 8856.2 Kg** **Net weight: 8364.4 Kg**	**Dispatched by Dispatch**	**: FCA Hyderabad/Brazil** **: a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil** **b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India**
		Currency	**USD**

Brazil	**PRODUCT**	**PACK SIZE**	**Quantity**	**USD Unit Price**
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial 10 doses/vial	4.000.000	15,00

Bank name DBS Bank. **Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.** **Account number: 0720224590** **IFSC Code: DBSS0IN0811** **SWIFT Code: DBSSSGSG.**	**NCM 3002.20.29 Shelf-life** **6 (six) months from mfg date.**	**Insurance**	67,500.00
		Air Freight	862,367.02
Declaration: **We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct**		**Total Value**	**60,000,000.00**
		Amount in words :USD SIXTY MILLION ONLY.	

Accepted **For, HEALTH'S MINISTRY** **AUTHORISED SIGNATORY**	**For, MADISON BIOTECH PTE. LTD.** MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E **AUTHORISED SIGNATORY**

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Summary information on the final lots

Name and Address of Manufacturer	Bharat Biotech International Limited, Genome Valley, Shameerpet (M), Medchal District - 500 078, Telangana, India.
Generic Name	Whole Virion, Inactivated Corona Virus Vaccine
Manufacturing License No	03/HD/AP/98/V/R
Licensed Brand Name	Whole Virion, Inactivated Corona Virus Vaccine
Strain of the virus seed	SARS-CoV-2 Virus strains
Name of the substrate used for production	Vero Cells
Nature of the Finished Product	Adjuvanted Vaccine
Batch No.	37F21046A
Date of Manufacture	04/21
Date of Expiry	09/21
No. of Filled Units for Release	41130
Recommended Storage Temperature	2°C to 8°C
Adjuvant used	ALGEL IMDG
Preservative used	2 Phenoxyethanol
Volume of the vaccine in each	5.0 mL in 5.0 mL Vial
Potency of the Vaccine	7.2 µg/SHD
Dose Size	0.5 mL
No. of Doses per Unit	10 doses
Shelf-life approved(months)	6 Months
Specimen copy of the Label	

Signature/Date: Vijaya 10/05/2021

Name: N. VIJAYA LAKSHMI

Department: Quality Assurance

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Control of Source Material

Cell Seed (MCB)	
Name and identification of cell strain	Vero MCB P/N : BHAMC 1 . FP, L/N:3006-104986
History of origin of cell strain	ATCC USA, Vero ATCC CCL -81 Lot F-11497.
Source of cell strain	Prepared and characterized at BioReliance
Date of procurement	25-03-04 procured from BioReliance Rockville, MD,USA
No.of bottle/ vials procured	25x1 mL
Passage level of cells	P # 133
Storage conditions	Liquid Nitrogen gaseous phase
Authority that approved cell seed	National Regulatory Authority, India IP
Manufacturer's Working Cell Bank (MWCB)	
Lot number	60120001A
Date approved	Permission obtained under post approval change on 05/04/2019 by DCG(I) vide letter No.6F.N-12-78/BBIL-PAC-vero Bank/17-BD
Date MWCB was established	31/03/2020
Total number of CryoUnits stored	750
Passage level of MWCB	P#138
Maximum passage approved for MWCB	P#159
Storage conditions	In vapour phase of Liquid Nitrogen

Identity test:

Specification	Should show 222 bp band after PCR amplification in Gel Analysis for AGMK species
Method	PCR method
Date of Test	15/05/2020
Date of completion	16/05/2020
Result	222 bp band observed

Adventitious agents
Method :In vivo method
Test in suckling mice:

Specification	Should be free from Adventitious agents.
Number of animals tested	30
Wt. range	Less than 0- 24 hrs old
Route of inoculation	I/C, I/P
Quantity injected	1 x 10^7 cells /route 0.1mL through I/P and 0.01mL through I/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Result	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Test in adult mice:

Number of animals tested	20
Wt. range	15-20 gms.
Route of inoculation	I/C, I/P
Quantity injected	1 x 10^7 cells /route 0.5mL through I/P and 0.03mL through I/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Results	Free from Adventitious agents

Test in guinea pigs:

Number of animals tested	10
Wt. range	350 - 500 gms
Route of inoculation	IP/IC
Quantity injected	1 x 10^7 cells /route 5.0mL through I/P and 0.1mL through I/C
Date of inoculation	19/05/2020
Date of completion	30/06/2020
Observation period	42 days
Results	Free from Adventitious agents

Test in rabbits:

Number of animals tested	10
Wt. range	1.5 – 2.5 kgs
Route of inoculation	I/D, S/C
Quantity injected	1 x 10^7 cells /route 1.0 mL through I/D and 5.0mL through S/C
Date of inoculation	19/05/2020
Date of completion	16/06/2020
Observation period	28 days
Result	Free from Adventitious agents

Test in embryonated eggs:

Method	In-vivo method (Embryonated chicken eggs (5-7 days & 9-11 days old)
Date of test	02/07/2020
Date of completion	16/07/2020
Qty. Inoculated	1 x10^6 cells /route 1.0mL through allantoic cavity and 1.0mL through Yolk sac)
No. of eggs	20
Observation period	14 days
Result	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Identity test:
Adventitious agents:
In-vitro method:

Method	3 Indicator Cell lines (Vero cells, MRC-5 & Hep 2C cells)
Specification	Free from Adventitious agent
Qty. inoculated	1 x 10^7 cells in 10 mL/cell line
Date of test	22/05/2020
Date of completion	05/06/2020
Observation period	14 days
Result	Free from Adventitious agents

Mycoplasma Test

Method	PCR method
Specification	Should be Negative for Mycoplasma species
Date of test	15/07/2020
Date of Completion	16/07/2020
Observation period	1 day
Result	Negative for Mycoplasma species

Sterility test

Method	Direct Inoculation
Specification	No Growth should be observed
Date of test	15/04/2020
Date of completion	29/04/2020
Observation period	14 days
Result	No Growth observed (sterile)

Haemadsorption test

Method	Guinea Pig RBCs method
Specification	Should be free from Heamadsorbing viruses.
Date of test	04/05/2020
Date of completion	04/05/2020
Observation period	1 day
Result	Free from Heamadsorbing viruses

Growth Characteristics

Method	Subculture method.
Specification	Cells should be healthy and growing
Date of test	24/04/2020
Date of completion	28/04/2020
Observation period	4 days
Result	Cells are healthy and growing

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Homogeneity Test

Method	Dye exclusion cell counting
Specification	90% to 110% recovery should be observed from initial cell count in each cryovials
Date of test	24/04/2020
Date of completion	24/04/2020
Result	102 %

Cell viability

Method	Dye exclusion method of cell counting
Specification	NLT 80%
Date of test	24/04/2020
Date of completion	24/04/2020
Result	99 %

Viable Cell Count

Method	Dye exclusion method of cell counting
Specification	NLT 5×10^6 Cells/Cryovials
Date of test	24/04/2020
Date of completion	24/04/2020
Result	5.2 $\times10^6$ Cells/Cryovial

Cell culture medium

Serum used in cell culture medium for WVS

Animal origin of serum	Fetal Bovine Serum
Vendor	Bovogen Biological Pvt. Ltd.
Catalog Number	SFBS-GI
Batch number	1710A
Expiration Date	Oct 2022

Trypsin used for preparation of cell cultures

Vendor	: Life Technologies
Catalog Number	:27250
Batch number	:2019024
Expiration Date	:Mar 2021

Control of source material

Animal serum used in SARS-CoV-2 Vaccine production

Type	NBCS – Gamma irradiated
Make / Origin	Bovogen/ Australia and New Zealand
Batch No./A.R.No:	RM-04-20-008

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Control of Source Material

Name and History of Seed Strain	SARS-CoV-2 Virus seed
Origin of strain	ICMR-National Institute of Virology, Pune, India
Reference No.	SARS-CoV-2 Virus (NIV 2020-770)
Date of procurement	30/04/2020
Titre	$10^{6.5}$ $CCID_{50}$/mL
Passage Level	P#3

Master Seed Lot: (MVB)

Date of preparation of Master Seed Lot	12/05/2020
Titre of Master Seed	$10^{6.25}$ $CCID_{50}$/mL
Batch No.	37020001A
Quantity prepared	400 x 1 mL
Storage	-70 ± 5°C
Passage Level	P#5

Working Seed Lot

Date of preparation	17/05/2020
Quantity prepared	Each 26 mL x 790 PP bottle
Batch No.	37120001A
Passage level	P#6
No. of passage between Master Seed and Working Seed Lot	One
Storage	-70 ± 5°C

Tests on Master Seed Lot:

Identity test

By In-vitro method:

Method	qPCR Method
Specification	Virus titration by qPCR serve as an identity test
Date of test	13/05/2020
Date of completion	13/05/2020
Results	Complies

Sterility

Method	Direct inoculation
Specification	No growth should be observed
Date of test	19/05/2020
Date of Completion	02/06/2020
Observation period	14 days
Result	No growth observed

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Mycoplasma	
Method	PCR Method
Specification	Should be Negative for Mycoplasma species
Date of test	18/05/2020
Date of completion	19/05/2020
Results	Negative for Mycoplasma species
Virus titration (In-vitro)	
Method	In-vitro by CPE method
Specification	NLT $10^{6.00}$ $CCID_{50}$ per mL
Date of test	12/05/2020
Date of completion	19/05/2020
Results	$10^{6.25}$ $CCID_{50}$ per mL
Virus titration by qPCR	
Method	qPCR Method
Specification	NLT $10^{6.00}$ Copies per mL
Date of test	13/05/2020
Date of completion	13/05/2020
Results	$10^{7.25}$ Copies per mL
Adventitious agents (In-vitro)	
Method	(3 indicator cell line method) In-vitro
Specification	Should be free from Adventitious agents
Date of test	17/06/2020
Date of completion	01/07/2020
Results	Free from Adventitious agents
Heamadsorption	
Method	Guinea pigs RBC method
Specification	Should be free from Haemadsorbing viruses
Date of test	01/07/2020
Date of completion	01/07/2020
Results	Free from Haemadsorbing viruses
Virus identity by NGS method	
Method	NGS method
Specification	95% sequence should match with published sequence
Date of test	18/06/2020
Date of completion	29/06/2020
Results	100 % sequence matches with published sequence

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Tests on Working Seed Lot:

Identity
By In-vitro method:

Method	In-vitro method
Specification	Virus titration by qPCR serve as an identity test
Date of test	18/05/2020
Date of completion	18/05/2020
Results	Complies

Sterility

Method	Direct inoculation
Specification	No growth should be observed
Date of test	19/05/2020
Date of Completion	02/06/2020
Observation period	14 days
Result	No growth observed

Mycoplasma

Method	PCR Method
Specification	Should be Negative for Mycoplasma species
Date of test	18/05/2020
Date of completion	19/05/2020
Results	Negative for Mycoplasma species

Virus titration (In-vitro)

Method	In-vitro
Specification	NLT $10^{6.00}$ $CCID_{50}$ per mL
Date of test	05/06/2020
Date of completion	12/06/2020
Results	$10^{6.88}$ $CCID_{50}$ per mL

Virus titration by qPCR

Method	qPCR method
Specification	NLT $10^{6.00}$ Copies per mL
Date of test	18/05/2020
Date of completion	18/05/2020
Results	$10^{7.44}$ Copies per mL

Adventitious agents (In-vitro)

Method	(3 indicator cell line method) In-vitro
Specification	Should be free from Adventitious agents
Date of test	17/05/2020
Date of completion	01/07/2020
Results	Free from Adventitious agents

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Haemadsorption

Method	Guinea pigs RBC method
Specification	Should be free from Haemadsorbing viruses
Date of test	01/07/2020
Date of completion	01/07/2020
Results	Free from Haemadsorbing viruses

Virus identity by NGS method

Method	NGS method
Specification	95% sequence should match with published sequence
Date of test	18/06/2020
Date of completion	29/06/2020
Results	99.99 % sequence matches with published sequence

Signature/Date: 10/05/2021

Name: K SREENIVAS

Department: Quality Control

Signature/Date: 10/05/2021

Name: Y SRINIVAS

Department: Quality Assurance

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Preparation and control of batch

Working Virus strain used for production	: SARS-CoV-2 and bottle No. 141
Virus strain and inoculum seed used for production	: SARS-CoV-2 and bottle No. 02,59,67,75
Substrate used	: Vero Cells
Bioprocess Batch Number	: 37621025A
Type of culture	: Monolayer
Cell culture vessel used	: Bioreactor 2 X 50L (FBR-001 and FBR-002)
Total No. of cell stacks used for control	: 12xCS10
Date of infection	: 04/04/2021
Virus Titre ($CCID_{50}$/mL)	: $10^{6.88}CCID_{50}$/mL
Working Seed Titre (RT PCR)	: $10^{7.44}$ copies/mL
Total Cell count (FBR-001)	: 228000 x 10^6 cells
Total Cell count (FBR-002)	: 220000 x 10^6 cells
Volume of Virus Inoculum (FBR-001)	: 1502 mL
Volume of Virus Inoculum (FBR-002)	: 1450 mL
Multiplicity of Infection	: 0.05

Single virus harvests and purified bulk material :

No. of Harvests: 1

Viral Harvest	**VH I**
Date of harvesting	07/04/2021
Volume(L)	598.0 L

Test on Virus Harvest

Virus Titration (In-vitro)by CPE Method

Viral Harvest	**VH I**
Specification	Should not be less than NLT$10^{4.00}$ $CCID_{50}$/mL
Date of test	23/04/2021
Date of completion	30/04/2021
Results	$10^{7.00}$ $CCID_{50}$/mL

Virus Titration by qPCR Method

Viral Harvest	**VH I**
Specification	Should not be less than NLT$10^{4.00}$ copies/mL
Date of test	07/05/2021
Date of completion	07/05/2021
Results	$10^{7.29}$copies/mL

Sterility test for bacteria and fungi

Viral Harvest	**VH I**
Specification	No growth should be observed (Sterile)
Date of test	08/04/2021
Date of completion	22/04/2021
Results	:No growth observed (Sterile)

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Identity test for corona virus (In-vitro)

Viral Harvest	**VH I**
Specification	Virus titration by qPCR serve as identity test
Date of test	07/05/2021
Date of completion	07/05/2021
Results	Complies
Mycoplasma test	
Viral Harvest	**VH I**
Specification	Should be Negative for Mycoplasma species
Date of test	:27/04/2021
Date of completion	:27/04/2021
Result	:Negative for Mycoplasma species

Protein content

Specification	:For information only
Date of test	:12/04/2021
Date of completion	:12/04/2021
Results	:27.85 µg/mL

Test on control cell culture

Test	Method	Test On	Specifications	Results
Adventitious agents (In-vitro)	WHO TRS 963, 2011	20/04/2021 to 03/05/2021	Should be free from Adventitious agents	Free From Adventitious agents
Haemadsorption test	WHO TRS 963, 2011	20/04/2021	Should be free from Haemadsorbing viruses	Free From Haemadsorbing viruses
Mycoplasma test	PCR	27/04/2021	Should be Negative for Mycoplasma species	Negative for Mycoplasma species
Vero cell Identity test (PCR)	PCR	24/04/2021	222bp band should be observed specific for AGMK species	222bp Band observed and for AGMK species confirmed

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Inactivation of Whole Virion Corona Virus Harvest

Inactivating agent used	BPL
Concentration	1:2500
Temperature	8±5°C
Incubation period	32 hrs

S.No	Batch Number	Date of inactivation	Date of completion
1	37621025A	07/04/2021	09/04/2021

Purification

Batch Number: 37621025A	Date of Concentration & Purification	Total volume used for purification
VH I	09/04/2021	664.0 L

Buffer exchange and Sterile Filtration of Inactivated SARS-CoV-2 Virus Bulk

Pool Batch No.	37621025A
No. of Inactivated bulk used for pooling	01 (VH I)
Date of pooling	07/04/2021
Specification of the Purified Inactivated Bulk	NLT 20 L
Final volume of the Purified Inactivated Bulk	39.40 L
Storage condition and shelf life	-70±5°C and To be established
Identification	
Specification	ELISA test and SDS PAGE serve as an identity test
Method	ELISA
Date of test	14/04/2021 and 16/04/2021
Date of completion	15/04/2021 and 16/04/2021
Result	Complies
Description	
Specification	Clear colourless, translucent liquid, free from particulate matter
Method	Visual Examination
Result	Clear colourless, translucent liquid, free from particulate matter
pH	
Method	Potentiometry
Specification	7.00-8.00
Date of test	12/04/2021
Result	7.54

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Sterility Test	
Method	Membrane filtration
Specification	No growth should be observed (Sterile)
Date of test	12/04/2021
Date of completion	26/04/2021
Result	No growth observed
Total Protein content	
Specification	NLT 15.00 µg/mL
Method	Lowry et al.
Date of test	12/04/2021
Result	154.83 µg/mL
Corona Virus Inactivation Test	
Specification	No CPE should be observed
Date of test	22/04/2021
Date of completion	29/04/2021
Result	No CPE observed
Corona Virus Amplification Test	
Specification	No residual live virus should be observed in Corona virus Amplification test
Date of inoculation into cell culture	12/04/2021
Cell strain inoculated	Vero cell
Date of 10th day Harvest collection	21/04/2021
Date of 15th day Harvest collection	26/04/2021
Result	No residual live virus observed
Residual cellular DNA content	
Specification	NMT 10.00 ng/SHD
Method	By Qubit Flurometry
Date of test	19/04/2021
Result	0.04 ng/SHD
Residual Bovine Serum Albumin content	
Specification	NMT 50.00 ng/SHD
Method	By ELISA
Date of test	16/04/2021
Result	5.27 ng/SHD
Antigenic Purity by SDS-PAGE	
Specification	Should show only Corona virus specific bands
Method	SDS-PAGE
Date of Test	16/04/2021
Result	Complies

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Bacterial Endotoxins

Specification	Less than 25 international Units(IU) per mL
Method	Gel clot method
Date of Test	13/04/2021
Result	< 12.5 IU per mL

Residual BPL Content

Specification	No Residual BPL Content should be present
Method	Titration method
Date of Test	12/04/2021
Result	No Residual BPL Content present

Residual trypsin content by ELISA method

Specification	For Information only
Method	ELISA method
Date of Test	15/04/2021
Date of completion	15/04/2021
Result	0.08 ng/mL

Signature/Date: K. Sreenivas 10/05/2021

Name: K. SREENIVAS

Department: Quality Control

Signature/Date: 10/05/2021

Name: P. KRISHNA KUMARI

Department: Production

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Preparation and Control of Final Bulk

Final Bulk No.	37F21046A
Date of preparation	22/04/2021

Composition of Final Bulk

Purified Bulk B.No and volume	37621025- 22.61 L
ALGEL-IMDG	11.795 L
Phosphate buffer saline + 2 PE	215.595 L
Total volume	250 L
Storage temperature	2-8 ^{0}C

Test performed on Final Bulk

Description

Specification	White to off white opalescent suspenion, free from extraneous particles
Method	Visual Examination
Date of test	22/04/2021
Result	White opalescent suspension, free from extraneous particles

Identification:

Specification	Should comply with identification test performed on finished product
Method	ELISA
Date of test	28/04/2021
Date of completion	29/04/2021
Result	Complies

pH

Method	Potentiometry
Specification	7.00 -8.00
Date of Test	22/04/2021
Result	7.37

Aluminium content

Method	Titration
Specification	NLT 0.38 mg/ mL and NMT 0.58 mg/mL
Date of Test	22/04/2021
Result	0.47 mg/mL

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Protein adsorption (Lowry et.al) Test

Method	Lowry et.al
Specification	NLT 75.00 % of the stated label claim of protein
Date of Test	06/05/2021
Result	100%

Bacterial Endotoxins test

Method	Gel clot method
Specification	Less than 25 International units (IU) per Single Human Dose
Date of test	22/04/2021
Results	< 12.5 IU/SHD

2-Phenoxy ethanol content

Method	HPLC
Specification	NLT 85.0% and NMT 115.0% of the stated label claim
Date of Test	22/04/2021
Date of Completion	22/04/2021
Result	99.8%

Sterility

Method	Direct inoculation
Specification	No growth should be observed (Sterile)
Date of Test	23/04/2021
Date of Completion	07/05/2021
Result	No growth observed

Signature/Date: K. Sreenivas 10/05/2021

Name: K. SREENIVAS

Department: Quality Control

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SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

CERTIFICATE OF PRODUCTION

This is to certify that Final Bulk No.: 37F21046A of Whole Virion, Inactivated Corona Virus Vaccine with 2-Phenoxyethanol has been manufactured as per standard operating procedures to satisfy the requirements for Whole Virion, Inactivated Corona Virus Vaccine as current In House Specification.

Date of transfer of Final Bulk for filling	23/04/2021
Number of containers transferred	5 X 50 L Pressure vessels
Volume of bulk transferred	249.874L

FILLING

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Date of Filling	23/04/2021
Final Batch No	37F21046A
Filling Time	21:15 hrs (23/04/2021) to 09:19 hrs (24/04/2021)
Total No. of Units Filled	41624
Volume in Each Container	6.0 mL
No. of doses per Vial	10 doses
Rejections During Filling and Sealing	39
No. of vials for Filling In process check	88
No. of Units used for Leak test	32
Percentage rejection	0.09%
No. of Units transferred to Inspection	41465

Signature/Date: 10/05/2021

Name: K. SRINIVAS

Department: Production

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Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

VISUAL INSPECTION

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Final Batch No.	37F21046A
No. of Units received	41465
Date of receipt	24/04/2021
No. of Units examined	41465
Physical checking started on	06:45 hrs
Physical checking completed on	18:41 hrs
No. of Units rejected	213
Percentage rejection of Units	0.51%
IPQC Sample	34
Stored at	2-8 °C
No. of Units handed over to Labeling Section	41218

LABELING

Product name	Whole Virion, Inactivated Corona Virus Vaccine
Final batch No.	37F21046A
No. of Units received for labeling	41218
Date of labeling	24/04/2021
No. of Units labeled for CDL	20
No. of Units kept as retained sample	68
No.of Units for release	41130
Sample label	

Signature/Date: 10/05/2021

Name: SRUJ PRASAD.U

Department: Production

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2095

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

TESTS ON FINAL LOTS

Description	
Method	Visual Examination
Specification	White to off white opalescent suspension, free from extraneous particles
Date of test	26/04/2021
Result	White opalescent suspension, free from extraneous particles
Identification:	
Specification	The ratio of OD of test sample to OD of negative control should not be less than 2
Method	ELISA
Date of test	28/04/2021
Date of completion	29/04/2021
Result	Complies
pH	
Method	Potentiometry
Specification	7.00 -8.00
Date of test	26/04/2021
Result	7.35
Extractable volume	
Method	By Graduated Measuring Cylinder method
Specification	NLT 5.00 mL
Date of test	04/05/2021
Result	6.00 mL
Aluminium content	
Method	Titration
Specification	NLT 0.19 mg/SHD and NMT 0.29 mg/SHD
Date of Test	04/05/2021
Result	0.24 mg/SHD
Residual Bovine Serum Albumin content	
Specification	NMT 50 ng per Single Human Dose
Method	ELISA
Date of test	30/04/2021
Result	5 ng/SHD

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2096

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Sterility

Method	Direct inoculation	
Specification	No growth should be observed (Sterile)	
No.of Units tested	20 Units	
Media used	Fluid thioglycollate Medium	Soyabean casein digest Medium
Temperature	30ºC-35ºC	20ºC-25ºC
Volume of media	100mL	100mL
Date of test	26/04/2021	26/04/2021
Date of completion of test	10/05/2021	10/05/2021
Days of obervation	14 days	14 days
Results	No growth observed	No growth observed

Bacterial Endotoxins test

Method	Gel clot method
Specification	Less than 25 International units (IU) per Single Human Dose
Date of test	26/04/2021
Results	<12.5 IU/SHD

2-Phenoxy ethanol content

Method	HPLC
Specification	NLT 85.0% and NMT 115.0% of the stated label claim
Date of Test	04/05/2021
Date of Completion	06/05/2021
Result	97.2 %

Residual cellular DNA Content

Method	Qurbit Flurometry
Specification	NMT 10 ng per Single Human Dose
Date of test	08/05/2021
Results	0.04 ng/SHD

Protein adsorption test

Method	Spectophotometry
Specification	NLT 75%
Date of test	06/05/2021
Result	100 %

Total protein content

Method	Spectophotometry
Specification	NLT 6.0 µg/SHD
Date of test	06/05/2021
Result	7.2 µg/SHD

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BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

Osmolality

Method	Osmometry
Specification	250-350 mOsmol/kg
Date of test	27/04/2021
Result	324 mOsmol/kg

CERTIFICATE OF QUALITY CONTROL

Documents for the production and testing pertaining Whole Virion, Inactivated Corona Virus Vaccine as per In House Specification Requirement for Batch. No. 37F21046A is scrutinized by Quality Control and Approved.

A. R. No.	FP-37-21-052
Units ready for release	41130
Specimen Labels	:

Signature/Date: K. Sreelata 10/05/2021

Name: U SREEMANI

Department: Quality Control

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2098

BHARAT BIOTECH
Lead Innovation

SUMMARY LOT PROTOCOL OF WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE

CERTIFICATE OF QUALITY ASSURANCE

This is to certify that the B.No.37F21046A of Whole Virion, Inactivated Corona Virus Vaccine complies the requirements of the In House Specification.

No. of units ready for release: 41130

Signature/Date: Vijaya 10/05/2021

Name: N. VIJAYA LAKSHMI
Department: Quality Assurance

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2099

BHARAT BIOTECH
Genome Valley, Turkapally, Shameerpet
Hyderabad- 500078. INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE, [BBV 152] (HUMAN, ADSORBED) - FINAL BULK**

Batch Number : 37F21046A
Batch size : 250 L
Mfg. date : 04/21
Exp. Date : NA
Specification No. : FPS307

A.R. Number : FB-37-21-051
Date of receipt : 22/04/2021
Qty. sampled : 52 mL
Batch Release Date : 10/05/2021

TESTS	SPECIFICATIONS	RESULTS
Description	White to off white opalescent suspension , free from extraneous particles	White opalescent suspension , free from extraneous particles
Identification	Should comply with identification test performed on finished product	Complies
pH	7.00 - 8.00	7.37
Aluminium Content	NLT 0.38 mg/mL and NMT 0.58 mg/mL	0.47 mg/mL
Sterility	No growth should be observed(Sterile)	No growth observed
Protein adsorption test	NLT 75%	100 %
2-Phenoxy ethanol content	NLT 85.0% and NMT 115.0% of the stated label claim	99.8 %
Bacterial Endotoxins	Less than 25 International units (IU) per Single Human Dose (SHD)	< 12.5 IU/SHD

OPINION: Sample COMPLIES/~~DOES NOT COMP~~LY as per specification No.: FPS307

Prepared By:	Checked By:	Approved By:
10/05/2021	10/05/2021	10/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2100

BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS VACCINE, [BBV152]**

Batch Number : 37F21046A
Batch size : 250 L
Mfg. Date : 04/21
Exp. Date : 09/21
Specification No. : FPS325

A.R. Number : FP-37-21-052
Date of Receipt : 24/04/2021
Qty. Sampled : 34 vials
Batch Release Date : 10/05/2021

TESTS	SPECIFICATIONS	RESULTS
Description	White to off white opalescent suspension, free from extraneous particles	White opalescent suspension, free from extraneous particles
Identification	The ratio of OD of test sample to OD of negative control should not be less than 2	Complies
pH	7.00 - 8.00	7.35
Extractable volume	NLT 5.00 mL	6.00 mL
Aluminium Content	NLT 0.19 mg/SHD and NMT 0.29 mg/SHD	0.24 mg/SHD
Residual Bovine Serum Albumin content	NMT 50 ng per Single Human Dose	5 ng/SHD
Sterility	No growth should be observed (Sterile)	No growth observed
Bacterial Endotoxins	Less than 25 International units (IU) per Single Human Dose.	< 12.5 IU/SHD
2-Phenoxy ethanol content	NLT 85.0% and NMT 115.0% of the stated label claim	97.2 %
Residual cellular DNA content	NMT 10 ng per Single Human Dose	0.04 ng/SHD
Protein adsorption test	NLT 75%	100 %
Total protein content	NLT 6.0 µg/SHD	7.2 µg/SHD
Osmolality	250-350 mOsmol/kg	324 mOsmol/kg

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS325

Prepared By:	Checked By:	Approved By:
10/05/2021	10/05/2021	10/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2101

BHARAT BIOTECH
Lead Innovation

Genome Valley, Turkapally, Shameerpet
Hyderabad-500078, INDIA

Department: Quality Control

CERTIFICATE OF ANALYSIS

Product : **WHOLE VIRION, INACTIVATED CORONA VIRUS BULK**

Batch Number : 37621025A
A.R. Number : IP-37-21-029
Batch size : NLT 20 L
Date of Receipt : 10/04/2021
Mfg. Date : 04/21
Qty. Sampled : 102 mL
Exp. Date : To be established
Batch Release Date : 07/05/2021
Specification No. : FPS306

TESTS	SPECIFICATIONS	RESULTS
Identity test for vaccine virus (In-vitro)	ELISA test and SDS PAGE serve as an identity test	Complies
Description	Clear colorless, translucent liquid, free from particulate matter	Clear colorless, translucent liquid, free from particulate matter
pH	7.00 - 8.00	7.54
Sterility	No growth should be observed (Sterile)	No growth observed
Total Protein content (Lowry et al)	NLT 15.00 µg/mL	154.83 µg/mL
Corona virus amplification test	No residual live virus should be observed in Corona virus Amplification test	No residual live virus observed
Corona virus inactivation test	No CPE should be observed	No CPE observed
Residual cellular DNA Content	NMT 10.00 ng/SHD	0.04 ng/SHD
Residual Bovine serum Albumin content	NMT 50.00 ng/SHD	5.27 ng/SHD
Antigenic purity by SDS-PAGE	Should show only Corona virus specific bands	Complies
Bacterial Endotoxin	Less than 25 international Units (IU) per mL	<12.5 IU per mL
Residual BPL Content	No Residual BPL Content should be present	No Residual BPL Content present
Residual trypsin content by ELISA method	For information only	0.08 ng/mL

OPINION: Sample COMPLIES/~~DOES NOT COMPLY~~ as per specification No.: FPS306

Prepared By:	Checked By:	Approved By:
07/05/2021	07/05/2021	07/05/2021 (Head – Quality Control)

FOR RESTRICTED CIRCULATION

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2102

F. No. BIO/MA/20/000103
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002
Dated: 11/3/2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500078.

Subject- Permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940 - regarding.

Reference:

1. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002dated 03.01.2021.
2. Your letter nos. BBIL/RA/21/173, 177, 187 dated 06.03.2021, 08.03.2021 & 10.03.2021 submitted to this office vide email dated 06.03.2021, 08.03.2021 & 10.03.2021.

Sir,

This is with reference to the permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021 to manufacture Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152) for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode with various conditions.

In this regard, the interim safety and efficacy data of phase III clinical trial of Whole Virion, Inactivated Corona Virus Vaccine (BBV152) in the country submitted to this office was reviewed in consultation with SEC (COVID-19) committee on 08.03.2021 & 10.03.2021 respectively, wherein after detailed deliberation the committee recommended for omission of the condition of the use of the vaccine in clinical trial mode. However, the vaccine should be continued to be used under restricted use in emergency situation condition. Further, the ongoing phase III clinical trial should be continued as per the approved protocol. The firm should update the prescribing information and factsheet accordingly (under restricted use in emergency situation condition). All other conditions of the marketing authorisation shall continue to remain the same.

Accordingly, based on the recommendations of SEC, the condition "*This permission is for restricted use in emergency situation in public interest use in as an abundant precaution, in clinical trial mode*" as mentioned in the said permission is amended to read as "*This permission is for restricted use in emergency situation in public interest*". However, you are required to continue ongoing Phase III clinical trial as per approved clinical trial protocol & submit revised summary of product characteristics (SmPC), Prescribing Information (PI) and Factsheet.

Yours faithfully,

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2103

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2104

File No: BIO/MA/20/000103

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Biological Division)

FDA Bhawan, Kotla Road,
New Delhi- 110002.
Dated: 8/11/2021

To,

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Request for amend the Form CT-23 for permission to manufacture Whole Virion, Inactivated Corona Virus Vaccine (BBV152) for sale and distribution – regarding.

References:

1. Your letter vide no. BBIL/RA/20/006 dated 05.01.2021 submitted to this office vide diary no. 120 dated 06.01.2021.
2. Permission granted by this Directorate in Form CT-23 vide no. MF/BIO/21/000002 dated 03.01.2021.

Sir/Madam,

With reference to the subject cited above and based on the submission of information/documents to this office, the name of product code of Whole Virion, Inactivated Corona Virus Vaccine mentioned in the cover letter and permission is hereby amended to read as **"BBV152"** instead of **BBV152C** or **BBV152B** respectively.

Further, as per the license issued in Form 28D, 2.5ml, 5ml & 10 ml vial presentations, are also permitted subject to condition mentioned in permission, license & communication in this regard including the provisions of New Drugs and & Clinical trials Rules, 2019 under Drugs and Cosmetics Act, 1940.

Yours faithfully,

V.G.S

(Dr. V. G. Somani)
Drugs Controller General (India)

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Director, CDL, Kasauli, HP

सत्यमेव जयते

File No. BIO/MA/20/000103

From:

The Drugs Controller General, India
Directorate General of Health Services

FDA Bhawan, Kotla Road,
New Delhi- 110002, India.
Dated: 03-JAN-2021

To

M/s Bharat Biotech International Ltd.,
Genome Valley, Shameerpet,
Hyderabad, India -500 078.

Subject: Application for permission to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in Form CT-23 as per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs & Cosmetics Act, 1940- regarding.

Reference: SUGAM application no. BIO/CT21/FF/2020/22922 dated 07-Dec-2020.

Sir,

Please find enclosed herewith permission no. MF/BIO/21/000002 dated 03-Jan-2021 in Form CT-23 to manufacture of Whole-virion Inactivated SARS-CoV-2 Vaccine (BBV152C) for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode as per the provisions of New Drugs and Clinical Trial Rules, 2019 under Drugs & Cosmetics Act, 1940.

Yours faithfully,

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=431401, st=Maharashtra, 2.5.4.20=173d03345df62d489632379a1471bfdae9f0b2bea56c83bfbbe2154e399b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:43:16 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Copy to:

1. The Deputy Drugs Controller (India), CDSCO Zonal office, CDSCO Bhavan, Beside T.B. & Demonstration Centre, S.R. Nagar, Hyderabad - 500038, India.
2. The Drugs Controller Telangana, Directorate of Drug Control Administration, Drug Control Bhavan, Vengal Rao Nagar, Hyderabad-500 038, India.

F. No.: BIO/MA/20/000103
Permission no.: MF/BIO/21/000002 dated 03-JAN-2021

FORM CT-23
(*See rules 81, 82, 83 and 84*)

PERMISSION TO MANUFACTURE PHARMACEUTICAL FORMULATION OF NEW DRUG FOR SALE OR FOR DISTRIBUTION

The Central Licensing Authority hereby grant permission to M/s Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District, Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com, Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com to manufacture for sale of pharmaceutical formulation manufactured by a manufacturer specified below.

2. Details of manufacturer and its manufacturing site under this license:

S. No	Name and address of manufacturer (full name and address with telephone and e-mail address of manufacturer).	Name and address of manufacturing site (full name and address with telephone and e-mail address of manufacturing site).
1.	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com	Bharat Biotech International Limited, Sy. No. 230, 231 & 235, Genome Valley, Shameerpet Mandal, Medchal-Malkajgiri District,Telangana State- 500078. Telephone No.: nil, Fax: nil, E-Mail:dra@bharatbiotech.com **Component** — **Manufacturing facility** Drug substance — • Facility PS2, Building S Drug Product — • Building A, Facility PA1

3. Details of pharmaceutical formulation:

Name of the New drug to be manufactured:	Whole Virion Inactivated Corona Virus Vaccine, [BBV152B]
Dosage form:	Suspension for injection Presentation: single dose glass vial (0.5ml) Route of Administration: Intramuscular
Composition:	Each dose of 0.5ml contains: **Active Ingredients** — **Quantity** Whole Virion, Inactivated Corona Virus antigen (Strain: NIV-2020-770) — 6 mcg **Inactive Ingredients** — **Quantity** Aluminium Hydroxide gel equivalent to Al+++ — 250 mcg TLR 7/8 Agonist — 15 mcg 2-Phenoxyethanol (2PE) I.P. — 2.5 mg Phosphate Buffered Saline — q.s. to 0.5 mL * Produced in Vero cells.
Indication:	For active immunization against Corona Virus Disease (COVID-19) for age ≥18 years when administered in two doses interval of day 0 & day 28.
Shelf life with storage condition:	6 months when stored at 2 to 8 °C.

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4. This is subject to the conditions prescribed in Chapter X of the New Drugs and Clinical Trials Rules, 2019 under the Drugs and Cosmetics Act,1940.
5. This permission is for restricted use in emergency situation in public interest as an abundant precaution, in clinical trial mode.
6. The firm should provide the protocol for rolling out for the restricted use of the vaccine in emergency situation.
7. The firm should provide the updated prescribing information/ Package Insert and Summary of Product Characteristics (SmPC) for Whole Virion Inactivated Corona Virus Vaccine (BBV152B) and also disseminate the necessary information, instructions and educational materials through their website.
8. The firm should submit updated safety, efficacy & immunogenicity data from the ongoing Phase I, II & III clinical trials till the completion of trials as per requirement of New Drugs & Clinical Trials, 2019.
9. The firm should submit safety data including the data on AEFI and AESI, with due analysis, every 15 days for the first two months & monthly thereafter and also as per requirement of New Drugs & Clinical Trials, 2019.
10. The firm should submit Risk management plan.
11. The firm should submit ongoing stability of commercial scale batches (real time and accelerated) of drug substance & drug product.
12. The permission is subject to condition of satisfactory evaluation & lot release by CDL, Kasauli. Further, each batch/lot of Whole Virion Inactivated Corona Virus Vaccine, (BBV152B) shall be released from Central Drugs Laboratory, Kasauli.

VENUGOPAL GIRDHARILAL SOMANI

Digitally signed by VENUGOPAL GIRDHARILAL SOMANI
DN: c=IN, o=MINISTRY OF HOME AFFAIRS, ou=CDSCO DGHS, postalCode=411401, st=Maharashtra, 2.5.4.20=171d0331d5d9c2d4f4e32179a1411bf, serialNumber=2bea54c83bfbfee2154e199b1af7, cn=VENUGOPAL GIRDHARILAL SOMANI
Date: 2021.01.03 17:42:43 +05'30'

(Dr. V. G. Somani)
Drugs Controller General (India)
Central Licensing Authority

Place: New Delhi
Date: 03-Jan-2021

Dr. V. G. SOMANI
Drugs Controller General (India)
Dte. General of Health Services
Ministry of Health and Family Welfare
FDA Bhawan, Kotla Road, I.T.O.
New Delhi-110002

CDSCO CDSCO
सत्यमेव जयते
MINISTRY OF HEALTH, GOVERNMENT OF INDIA
CENTRAL DRUGS STANDARD CONTROL ORGANISATION

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2108

William Amorim Santana

De: William Amorim Santana
Enviado em: quarta-feira, 16 de junho de 2021 17:31
Para: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira'; 'Carlos E.J. Pereira'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: 37F21046A SLP.pdf; ANEXO_2_India EUL 12032021.pdf; PROFORMA INVOICE - BRAZIL_COVAXIN.pdf

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: William Amorim Santana <william.santana@saude.gov.br>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

- **Nome e endereço completo do Fabricante;**
- **Data de fabricação e vencimento;**
- **Número dos Lotes;**

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, June 14, 2021 1:00 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Everton <everton@wegh.com.br>
Enviado em: quinta-feira, 17 de junho de 2021 09:02
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Bom dia William

Fiquei na dúvida do INCOTERM, no proforma informa FCA é isso mesmo ? Ou é DAP ?

Última informação é trocar PROFORMA para INVOICE.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, June 16, 2021 5:31 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

[cid:image003.png@01D762D0.D75EC1B0]

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

* Nome e endereço completo do Fabricante;
* Data de fabricação e vencimento;
* Número dos Lotes;

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, June 14, 2021 1:00 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>

Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19

(COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 14 de junho de 2021 12:25

Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.

Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Date: Saturday, 12 June 2021 00:43

To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br%3cmailto:daniele.constantino@precisamedicamentos.com.br>>>

Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Date: Friday, 11 June 2021 22:30

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3708

monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----

De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; 'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>

www.wegh.com.br<http://www.wegh.com.br<http://www.wegh.com.br%3chttp:/www.wegh.com.br>>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>;
lucas@wegh.com.br<mailto:lucas@wegh.com.br<mailto:lucas@wegh.com.br%3cmailto:lucas@wegh.com.br>>;
'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>
>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>, Roberto Ferreira Dias
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<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>, LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>, Regina Celia Silva Oliveira
<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>>, Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>>, Thiago Fernandes da Costa

<thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.d

ias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0

3. BBV152 SAP

4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF

6. Diário do Participante

7. ICD

8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2142

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO,

SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Enviado em: quinta-feira, 17 de junho de 2021 14:55
Para: Ariadne Gisele Muniz Bonvino; Marcelo Calado; Ozeias de Lima Leitao
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Emanuela Medrades; tulio.silveira@precisamedicamentos.com.br; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo
Assunto: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021
Anexos: E-mail INCQS para PRECISA Emanuela Medrades 15_06_2021.pdf

Prezada Ariadne,

Apesar de o INCQS estar com grande demanda de trabalho, estamos conseguindo cumprir com os prazos acordados. O histórico de nossas comunicações encontra-se no anexo dessa mensagem, que contém as mensagens eletrônicas trocadas entre o INCQS e a PRECISA.
Destaco que no dia 15/06/2021 solicitamos para a Emanuela uma atualização quanto às últimas demandas e não obtivemos resposta até o presente momento.
Estamos disposição para qualquer esclarecimento.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Ariadne Gisele Muniz Bonvino [mailto:ariadne.bonvino@saude.gov.br]
Enviada em: quinta-feira, 17 de junho de 2021 14:19
Para: Marcelo Calado; Maria Aparecida Affonso Boller
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Cida,

Encaminho e-mail recebido da Precisa, em relação à vacina Covaxin, para ciência e providências pertinentes.

Att.,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 12:43
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada @Ariadne Gisele Muniz Bonvino boa tarde. Como vai? Espero que esteja bem!

Ariadne, a Dra. @Emanuela Medrades que nos lê em cópia, solicitou ao INCQS os procedimentos que devem ser adotados para o envio das doses/documentos para a análise da qualidade da vacina.

Provavelmente em virtude da alta demanda que o INCQS deve estar submetido, essa devolutiva ainda não nos foi encaminhada.

Seria possível que o Ministério da Saúde fizesse essa verificação quanto à solicitação que foi encaminhada?

Estou a disposição para mais esclarecimentos.

Att.,

Túlio Silveira
Legal Department
OAB/SP: 188.046
OAB/DF: 21.103

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

Maria Aparecida Affonso Boller

De: Ozeias de Lima Leitao
Enviado em: terça-feira, 15 de junho de 2021 14:21
Para: Emanuela Medrades; Maria Aparecida Affonso Boller; Graziela Costa Araujo
Cc: Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira; incqs.ntpb@fiocruz.br
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Boa tarde Emanuela, tudo bem?

Gostaria que você compartilhasse conosco as atualizações quanto aos documentos solicitados ou outros encaminhamentos que tenham feito.

Faço esse pedido pois a equipe interna precisará analisar os POPs, estabelecer aqueles que poderão ser internalizados e os que necessitarão de compra de insumos.

Atenciosamente,

Ozéias Leitão

Tecnologista em Saúde Pública

INCQS

Departamento de Química/Laboratório de Produtos Biológicos e Artigos de Saúde/Setor de Produtos Biológicos

Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Ozeias de Lima Leitao
Enviado: terça-feira, 8 de junho de 2021 11:09
Para: Emanuela Medrades; Maria Aparecida Affonso Boller; Graziela Costa Araujo
Cc: Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira; incqs.ntpb@fiocruz.br
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Bom dia Emanuela,

Infelizmente essas situações acontecem mas nos colocamos à disposição para resolvermos e entendemos a urgência das respostas face ao cenário da pandemia.

Entretanto, devido a nova situação de análises laboratoriais como condicionante pela ANVISA, precisaremos de todos os Procedimentos Operacionais e seus respectivos Relatórios de

Validação, nos ensaios realizados no produto final, para avaliação da internalização dos procedimentos.

Sobre os documentos do Ensaio de Potência enviados ontem, a equipe responsável fez uma avaliação mas necessitará de mais informações, que seguem descritas na tabela abaixo:

Solicitação dos Procedimentos do Ensaio de Potência		
Nº documento	**Título documento**	**Observações**
STP/QCV/135	Potency test (Biological Assay) whole virion Inativacted Corona Virus vaccine by serm neutralization method	Esse POP está no anexo 71, mas não menciona a linhagem de camundongo utilizada no ensaio de potência. Já tem uma versão atualizada do POP?
STP/QCC/072	In vivo Potency of SARS CoV2 vaccine and detection of antibodies by ELISA method	
SP/37/20/01	Plaque Reduction Neutralization Test at 50% or 90% Against SARS CoV2 virus	

Atenciosamente,

Ozéias Leitão

Tecnologista em Saúde Pública

INCQS

Departamento de Química/Laboratório de Produtos Biológicos e Artigos de Saúde/Setor de Produtos Biológicos

Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: terça-feira, 8 de junho de 2021 10:25
Para: Ozeias de Lima Leitao; Maria Aparecida Affonso Boller; Graziela Costa Araujo
Cc: Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira; incqs.ntpb@fiocruz.br
Assunto: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Caro Ozéias, bom dia.

Uma pena que tivemos esse contratempo, como eu havia recebido a confirmação de entrega do e-mail acabei nem conferindo com vocês.

Honestamente, estamos tentando entender a melhor alternativa a ser seguida após a decisão da ANVISA de solicitar a análise laboratorial por parte do INCQS, pois conforme conversado com a Cida ontem, para o teste de potência será necessário no mínimo 28 dias para execução do ensaio, seguido de mais alguns dias para análise e elaboração do report. E vale ressaltar também que os testes deverão realizados in vivo, conforme método compartilhado.

De qualquer forma, precisamos da orientação do Instituto quanto a quantidade de amostras para realização dos ensaios, além de precisar entender se estamos falando da quantificação de antígeno e Potência ou se irão realizar os ensaios listados no CoA para liberação dos lotes.

Aguardo retorno,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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From: Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Date: Tuesday, 8 June 2021 01:52
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>, ".DIR Secretaria" <secretaria@incqs.fiocruz.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>, "incqs.ntpb@fiocruz.br" <incqs.ntpb@fiocruz.br>
Subject: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Prezada Emanuela,

A Maria Aparecida realizou o contato por telefone e esclareceu que não havíamos recebido o seu e-mail e anexos. Após o reenvio dos arquivos, a equipe responsável pela avaliação foi informada e em breve retornaremos o contato.

Disponibilizo a conta *incqs.ntpb@fiocruz.br* para ser inserido como cópia nas futuras comunicações pois suporta arquivos maiores e, assim, evitarmos a falha de comunicação que houve.

Atenciosamente,

Ozéias Leitão

Tecnologista em Saúde Pública

INCQS/Departamento de Química

Laboratório de Produtos Biológicos e Artigos de Saúde/Setor de Produtos Biológicos

Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: segunda-feira, 7 de junho de 2021 13:47
Para: Maria Aparecida Affonso Boller; Graziela Costa Araujo; Ozeias de Lima Leitao
Cc: Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira
Assunto: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Caro Ozeias, boa tarde.

Gostaria de saber se possuem algum retorno quanto aos métodos de Potência e quantificação de antígeno ?

Estamos encerrando a justificativa quanto a quantidade máxima de Proteínas, entretanto, tal informação é referente ao Bulk e não ao produto acabado. A Biocarga e demais fatores que acabam tendo oscilações durante a liberação do Bulk mas são estabilizados para liberação do produto acabado.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Wednesday, 2 June 2021 21:32
To: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>, Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Cc: Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>, ".DIR Secretaria" <secretaria@incqs.fiocruz.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Caro Ozéias, bom dia.

Gostaria de compartilhar, em complementação as respostas enviadas anteriormente, os seguintes arquivos e suas descrições:

Conteúdo antigênico

Anexo 67 – Assay Validation for estimation of **S1 protein** in Bulk by ELISA – Protocolo de validação de método
Anexo 68 – Assay Validation for estimation of **S1 protein** in Bulk by ELISA – Relatório de validação de método

Potência

Anexo 71 – Assay Validation for estimation of potency by measuring SARS-CoV-2 specific antibody or neutralizing antibody titre – Protocolo de validação de método.
Anexo 72 – Assay Validation for estimation of potency by measuring SARS-CoV-2 specific antibody or neutralizing antibody titre – Relatório de validação de método.

Com isso, informo que teremos ajustes no SLP e CoA quanto a estes dois itens.

Ainda sobre o limite máximo de conteúdo de proteínas totais nos retornarão até amanhã com a justificativa e maiores detalhes.

Permanecemos a disposição,

Emanuela Medrades
Diretora Executiva

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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Monday, 31 May 2021 07:22
To: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>, ".DIR Secretaria" <secretaria@incqs.fiocruz.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>, Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>
Subject: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Caro Ozéias, bom dia.

Obrigada pelo retorno. Seguem meus comentários a seguir em vermelho.

1) As informações referentes ao **Ensaio de Esterilidade** da vacina Covaxin contidas no documento enviado pela Bharat Biotech estão adequadas para a análise de protocolo do referido ensaio.
Ciente, obrigada.

2) Os ensaios físico-químicos compendiais (**pH, Conteúdo de Alumínio, Osmolalidade**) estão descritos de modo adequado à análise de protocolo.
Ciente, obrigada.

3) No ensaio **Volume Extraível** é utilizado o método de Medida em Cilindro Graduado, ressaltamos que a Farmacopeia Brasileira alterou a metodologia para gravimetria. Entretanto, a manutenção do excesso de volume proposto não deve provocar resultados fora de especificação.
Vamos estudar um risk assessment e podemos inserir um Change Control. Mas para os primeiros lotes que virão, o método realmente será de Medida em Cilindro Graduado.

4) Para facilitar a rastreabilidade, sugerimos a inclusão de uma árvore genealógica (fluxograma de produção) no protocolo, com os números dos lotes utilizados/gerados ao longo da produção (por exemplo, working cell bank, working virus seed, bulk, bulk purificado, bulk final e produto).
Faremos isto.

5) Sobre o **Ensaio de Potência**, vários analistas expressaram dúvidas que transcrevo logo abaixo:

a) O produtor já definiu qual será o teste de potência a ser realizado?

A potência já está sendo realizada através de ELISA ou PRNT50 ou MNT50. Ontem as validações foram concluídas ontem e os dados estão sendo compilados e os relatórios serão apresentados nos próximos dias. A definição de quais testes serão aplicadas as próximas liberações de lote, se dará após a validação.

Assim que tivermos este concluído, iremos disponibilizar o SOP.

b) Na página 2/26, foi estabelecida uma potência de 7,2ug/dose. Qual ensaio foi realizado para chegar nesse valor?

Vide 5 a.

c) Em que(quais) etapa(s) da produção o teste é realizado? Qual a especificação para esse ensaio na(s) etapa(s)?

Vide 5 a.

d) Poderiam disponibilizar o POP desse ensaio de potência?

Vide 5 a.

6) Não foi identificado no documento a determinação da **Potência** ou **Conteúdo antigênico**, poderia esclarecer se o teste será feito ou se haverá substituição por outro? Qual a metodologia a ser utilizada?

Vide 5 a.

7) Foi observado que o teste **Conteúdo de Proteínas Totais** (Método Lowry) apresenta apenas valor para mínimo (NLT 15µg/mL). Há dúvidas neste ensaio quanto ao valor máximo admitido, assim, poderiam nos enviar um esclarecimento (justificativa) quanto aos valores limites deste teste?

Estamos aguardando o QA enviar a justificativa e retornaremos também nos próximos dias.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Thursday, 20 May 2021 01:46
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Subject: ENC: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Encaminhando...

De: Ozeias de Lima Leitao [mailto:ozeias.leitao@incqs.fiocruz.br]
Enviada em: quarta-feira, 19 de maio de 2021 10:44
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>; Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>; Leandro Brito Pereira dos Santos <leandro.santos@precisamedicamentos.com.br>; Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>; .DIR Secretaria <secretaria@incqs.fiocruz.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; ANVISA - Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Prezada Emanuela,

Após avaliarmos o documento enviado, fizemos algumas observações e questionamentos de modo a podermos alinhar e consolidar informações necessárias às futuras avaliações do PRPCQ realizados pelo INCQS:

1) As informações referentes ao **Ensaio de Esterilidade** da vacina Covaxin contidas no documento enviado pela Bharat Biotech estão adequadas para a análise de protocolo do referido ensaio.

2) Os ensaios físico-químicos compendiais (**pH, Conteúdo de Alumínio, Osmolalidade**) estão descritos de modo adequado à análise de protocolo.

3) No ensaio **Volume Extraível** é utilizado o método de Medida em Cilindro Graduado, ressaltamos que a Farmacopeia Brasileira alterou a metodologia para gravimetria. Entretanto, a manutenção do excesso de volume proposto não deve provocar resultados fora de especificação.

4) Para facilitar a rastreabilidade, sugerimos a inclusão de uma árvore genealógica (fluxograma de produção) no protocolo, com os números dos lotes utilizados/gerados ao longo da produção (por exemplo, working cell bank, working virus seed, bulk, bulk purificado, bulk final e produto).

5) Sobre o **Ensaio de Potência**, vários analistas expressaram dúvidas que transcrevo logo abaixo:

a) O produtor já definiu qual será o teste de potência a ser realizado?

b) Na página 2/26, foi estabelecida uma potência de 7,2ug/dose. Qual ensaio foi realizado para chegar nesse valor?

c) Em que(quais) etapa(s) da produção o teste é realizado? Qual a especificação para esse ensaio na(s) etapa(s)?

d) Poderiam disponibilizar o POP desse ensaio de potência?

6) Não foi identificado no documento a determinação da **Potência** ou **Conteúdo antigênico**, poderia esclarecer se o teste será feito ou se haverá substituição por outro? Qual a metodologia a ser utilizada?

7) Foi observado que o teste **Conteúdo de Proteínas Totais** (Método Lowry) apresenta apenas valor para mínimo (NLT 15µg/mL). Há dúvidas neste ensaio quanto ao valor máximo admitido, assim, poderiam nos enviar um esclarecimento (justificativa) quanto aos valores limites deste teste?

Estamos à disposição para qualquer esclarecimento,

Atenciosamente,

Ozéias Leitão

Tecnologista em Saúde Pública

INCQS

Departamento de Química - Laboratório de Produtos Biológicos e Artigos de Saúde/Setor de Produtos Biológicos

Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: terça-feira, 18 de maio de 2021 15:54
Para: Maria Aparecida Affonso Boller; Graziela Costa Araujo
Cc: Ozeias de Lima Leitao; Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Leandro Brito Pereira dos Santos; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira
Assunto: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Cida, boa tarde. Como vai ?

Gostaria de checar se conseguiram avaliar o documento enviado e informar que permanecemos a disposição.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Thursday, 13 May 2021 22:30
To: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>, Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Leandro Brito Pereira dos Santos <leandro.santos@precisamedicamentos.com.br>, Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>, ".DIR Secretaria" <secretaria@incqs.fiocruz.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Muitíssimo obrigada e fico no aguardo do retorno,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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From: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Date: Thursday, 13 May 2021 21:02
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>, Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Leandro Brito Pereira dos Santos <leandro.santos@precisamedicamentos.com.br>, Rosicleia da Silva Marcelino <rosicleia.marcelino@incqs.fiocruz.br>, ".DIR Secretaria" <secretaria@incqs.fiocruz.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Prezada Emanuela,

Disponibilizei o documento enviado com os colegas responsáveis pela análise de protocolo das vacinas Covid-19. Em breve darei retorno.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quinta-feira, 13 de maio de 2021 10:16
Para: Maria Aparecida Affonso Boller; Graziela Costa Araujo
Cc: Ozeias de Lima Leitao; Eduardo Jorge Rabelo Netto; Celia Maria Carvalho Pereira Araujo Romao; Leandro Brito Pereira dos Santos; Rosicleia da Silva Marcelino; .DIR Secretaria; Ariadne Gisele Muniz Bonvino; Daniela Marreco Cerqueira
Assunto: Re: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech Protocolo INCQS 1300/2021

Cara Maria, bom dia.

Gostaríamos de compartilhar o SLP (Summary Log Protocol) que contém todas as informações relevantes, inclusive em acordo com os documentos de referência disponíveis em outras autoridades. (EDQM e OMS).

Este SLP já está na mesma apresentação que será disponibilizado para o BR e conforme ciência de todos, todos os testes de CQ que foram incluídos, terão sua validação encerrada até o próximo dia 15/05. Dessa forma, teremos algumas pequenas alterações no documento.

De qualquer forma, compartilho para que analisem se este é o suficiente, junto aos demais itens do Anexo II.

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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From: Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Date: Thursday, 6 May 2021 00:15
To: Ingo Rodriguez <ingo.rodriguez@precisamedicamentos.com.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>, Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>, Amanda do Espirito Santo <amanda.santo@precisamedicamentos.com.br>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Cc: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>, Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>, Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>
Subject: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Prezados,

Encaminho anexa ata da reunião de 05/05/2021 realizada entre Precisa, INCQS e GELAS/Anvisa sobre a importação das vacinas Covaxin, assim como o link de acesso de gravação da reunião:
https://anvisabr-my.sharepoint.com/:v:/g/personal/graziela_araujo_anvisa_gov_br/ESpQ8R2FujlNv5leUiK2a40B5NF1Frsn4pbxjnsrIVwdBw?e=xJ15mi

Obrigada.

Respeitosamente,

Graziela Costa Araújo
Especialista em Regulação e Vigilância Sanitária
Gerente de Laboratórios de Saúde Pública – GELAS/DIRE4/ANVISA
61 3462-4009
AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA

De: Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>
Enviada em: segunda-feira, 3 de maio de 2021 18:42
Para: Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>; Ingo Rodriguez <ingo.rodriguez@precisamedicamentos.com.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>; Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Boa noite Graziela,

Sim temos disponibilidade para reunião no dia 05/5, às 10h00.

Atenciosamente,

Célia M C A Romão
Vice-Diretoria de Vigilância Sanitária
Instituto Nacional de Controle de Qualidade em Saúde - INCQS
Fundação Oswaldo Cruz - Fiocruz

De: Graziela Costa Araujo [Graziela.Araujo@anvisa.gov.br]
Enviado: segunda-feira, 3 de maio de 2021 16:42
Para: Ingo Rodriguez
Cc: Celia Maria Carvalho Pereira Araujo Romao; Emanuela Medrades; Maria Aparecida Affonso Boller; Ozeias de Lima Leitao; Eduardo Jorge Rabelo Netto; Elaine Cristina Giglioli
Assunto: RE: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Boa tarde,
Célia, vocês tem disponibilidade de agenda para o dia 05/05 às 10h?
Att.,
Graziela Araújo

De: Ingo Rodriguez <ingo.rodriguez@precisamedicamentos.com.br>
Enviado: segunda-feira, 3 de maio de 2021 15:52
Para: Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>; Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Boa tarde. Muito obrigado pela pronta resposta. Pode ser dia **05 de maio às 10am** por favor.
Grato,
Ingo

De: Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Enviada em: segunda-feira, 3 de maio de 2021 15:47
Para: Ingo Rodriguez <ingo.rodriguez@precisamedicamentos.com.br>
Cc: Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>; Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: RES: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Boa tarde Sr. Ingo, no dia 06/05 temos agenda com CONASS e CONASEMS podemos agendar para 05/05 ou 07/05 no mesmo horário?

Obrigada.

Respeitosamente,

Graziela Costa Araújo
Especialista em Regulação e Vigilância Sanitária
Gerente de Laboratórios de Saúde Pública – GELAS/DIRE4/ANVISA
61 3462-4009
AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA

De: Ingo Rodriguez <ingo.rodriguez@precisamedicamentos.com.br>
Enviada em: segunda-feira, 3 de maio de 2021 15:22
Para: Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Cc: Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>; Eduardo Jorge Rabelo Netto <eduardo.netto@incqs.fiocruz.br>; Elaine Cristina Giglioli <elaine.giglioli@precisamedicamentos.com.br>
Assunto: Reunião GELAS, INCQS e Precisa - Vacina COVAXIN Bharat Biotech

Prezada Sra. Graziela e Equipe Técnica,

Boa tarde.

Gostaríamos novamente de retomar nosso contato com vocês, referente às atualizações dos detalhes técnicos da vacina COVAXIN. O time regulatório da Precisa se encontra na Índia, por este motivo solicitamos por gentileza uma reunião para **quinta-feira dia 6 de maio às 10:00 am**.

Se esta data e horário não for conveniente para vocês, por favor enviar uma sugestão de data e horário.

Desde já agradecemos a atenção.

Atenciosamente,

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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William Amorim Santana

De: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Enviado em: quinta-feira, 17 de junho de 2021 14:55
Para: Ariadne Gisele Muniz Bonvino; Marcelo Calado; Ozeias de Lima Leitao
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Emanuela Medrades; tulio.silveira@precisamedicamentos.com.br; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo
Assunto: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021
Anexos: E-mail INCQS para PRECISA Emanuela Medrades 15_06_2021.pdf

Prezada Ariadne,

Apesar de o INCQS estar com grande demanda de trabalho, estamos conseguindo cumprir com os prazos acordados. O histórico de nossas comunicações encontra-se no anexo dessa mensagem, que contém as mensagens eletrônicas trocadas entre o INCQS e a PRECISA.
Destaco que no dia 15/06/2021 solicitamos para a Emanuela uma atualização quanto às últimas demandas e não obtivemos resposta até o presente momento.
Estamos disposição para qualquer esclarecimento.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Ariadne Gisele Muniz Bonvino [mailto:ariadne.bonvino@saude.gov.br]
Enviada em: quinta-feira, 17 de junho de 2021 14:19
Para: Marcelo Calado; Maria Aparecida Affonso Boller
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Cida,

Encaminho e-mail recebido da Precisa, em relação à vacina Covaxin, para ciência e providências pertinentes.

Att.,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 12:43
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada @Ariadne Gisele Muniz Bonvino boa tarde. Como vai? Espero que esteja bem!

Ariadne, a Dra. @Emanuela Medrades que nos lê em cópia, solicitou ao INCQS os procedimentos que devem ser adotados para o envio das doses/documentos para a análise da qualidade da vacina.

Provavelmente em virtude da alta demanda que o INCQS deve estar submetido, essa devolutiva ainda não nos foi encaminhada.

Seria possível que o Ministério da Saúde fizesse essa verificação quanto à solicitação que foi encaminhada?

Estou a disposição para mais esclarecimentos.

Att.,

Túlio Silveira
Legal Department
OAB/SP: 188.046
OAB/DF: 21.103

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Office: Av. Tamboré, 267, 28° andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 61 9 9286-8666
www.precisamedicamentos.com.br

PRECISA Medicamentos

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.
ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: quinta-feira, 17 de junho de 2021 15:46
Para: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira; Carlos E.J. Pereira
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; 'Emanuela Medrades'; Ariadne Gisele Muniz Bonvino; Mônica Cristina Moraes E Souza Araújo
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezado Everton,

Boa tarde!

Conversei com a Sra. Emanuela Medrades, que nos lê em cópia, tendo a mesma se comprometido a fazer o ajuste na INVOICE.

Ante ao exposto, segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI) com incoterm **"CIP".**

Informações complementares: CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nª 163/2021/DIRES/ANVISA. "AUTORIZADA CONFORME A LEI Nª 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021".

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 09:02
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Bom dia William

Fiquei na dúvida do INCOTERM, no proforma informa FCA é isso mesmo ? Ou é DAP ?

Última informação é trocar PROFORMA para INVOICE.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, June 16, 2021 5:31 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

[cid:image003.png@01D762D0.D75EC1B0]

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

* Nome e endereço completo do Fabricante;
* Data de fabricação e vencimento;
* Número dos Lotes;

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nº 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, June 14, 2021 1:00 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>

Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 14 de junho de 2021 12:25

Para: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.

Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Date: Saturday, 12 June 2021 00:43

To: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br%3cmailto:daniele.constantino@precisamedicamentos.com.br>>>

Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Date: Friday, 11 June 2021 22:30

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportaca

o@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3708

monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----

De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-
mail: everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>

www.wegh.com.br<http://www.wegh.com.br<http://www.wegh.com.br%3chttp:/www.wegh.com.br>>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.co

m.br>>;
lucas@wegh.com.br<mailto:lucas@wegh.com.br<mailto:lucas@wegh.com.br%3cmailto:lucas@wegh.com.br>>;
'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>, Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>, Lenice Guimaraes Araujo
<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>, LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>, Regina Celia Silva Oliveira
<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>>, Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>>, Thiago Fernandes da Costa
<thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2186

.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0

3. BBV152 SAP

4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF

6. Diário do Participante

7. ICD

8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

_____

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2188

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise

imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

SISCOMEX - Sistema Licenciamento de Importação

Extrato de Licença de Importação

Informações da LI

Licenciamento:	21/1673338-5
Data e Hora do Registro:	17/06/2021 - 16:10
Data e Hora da Situação:	17/06/2021 - 16:10:24
Situação:	PARA ANALISE

Básicas

Importador

Tipo do Importador:	Pessoa Jurídica
Nome do Importador:	
CNPJ:	00.394.544/0008-51
Razão Social:	MINISTERIO DA SAUDE
País:	
Atividade Econômica:	
Natureza Jurídica:	PODER EXECUTIVO FEDERAL
Logradouro:	ESP DOS MINISTERIOS BL. G
Complemento:	ANEXO A SALA 420A
Número:	11
Bairro:	ESPL. DOS MINISTERI
Cidade/Distrito:	BRASILIA
CEP:	70310500
UF:	DF
Telefone:	061 - 3152425

Outras Informações

País de Procedência:	INDIA
URF de Despacho:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS
URF de Entrada:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS

Informações Complementares

CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nª 163/2021/DIRES/ANVISA. AUTORIZADA CONFORME A LEI Nª 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021.

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2193

Fornecedor

Exportador

Nome: MADISON BIOTECH PTE LIMITED
E-Mail:
Responsavel:
País de Aquisição: CINGAPURA

Logradouro: CANTONMENT ROAD
Número: 31
Complemento: 089747
Cidade: CINGAPURA
Estado: CINGAPURA

Fabricante/Produtor

Nome: BHARAT BIOTECH INTERNATIONA LIMITED
E-Mail:
Responsavel:
País de Origem: INDIA
Logradouro: GENOME VALLEY, SHAMEERPET
Número: 0
Complemento: 500 078
Cidade: HYDERABAD
Estado: TELANGANA

Mercadoria

Dados Gerais

NCM: 3002.20.29
Descrição da NCM: Outras
Destaque NCM:
Unidade da Medida Estatística: QUILOGRAMA LIQUIDO
NALADI/SH:
Moeda Negociada: DOLAR DOS EUA
INCOTERM: CIP - CARRIAGE AND INSURANCE PAID TO

Condição da Mercadoria

Tipo da Condição da Mercadoria: Nenhuma
Enquadramento Material Usado: Nenhuma
Tipo de Operação: Nenhuma

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Detalhes da Mercadoria

Produto 1

Unidade Comercializada:	DOSES
Peso Líquido Kg:	8.364,40000
Qtde. na Unidade Comercializada:	4.000.000,00000
Qtde. na Medida Estatística:	8.364,40000
Valor do Produto no Local de Embarque:	59.070.132,9800000
Valor Unitário na Condição de Venda:	15,0000000
Valor do Produto na Condição de Venda:	60.000.000,0000000

Especificação:

COVAXIN (Whole Virion Inactivated Corona Virus Vaccine) 5,0ml/FRASCOS

. 400.000 FRASCOS DE 10 DOSES CADA, TOTALIZANDO 4.000.000 DOSES .

Totalizadores

Qtde.Total na Medida Estatística:	8.364,40000
Peso Líquido Total em Kg:	8.364,40000
Valor Total no Local do Embarque:	59.070.132,9800000
Valor Total na Condição de Venda:	60.000.000,0000000

Negociação

Modalidade Drawback:	
Acordo Tarifário:	
Acordo Aladi:	
Regime de Tributação:	IMUNIDADE
Fundamentação:	UNIãO,ESTADOS,DF E MUNICíPIOS;AUTARQUIAS E FUNDS.INSTITUíDAS
Cobertura Cambial:	COM COBERTURA CAMBIAL E PAGAMENTO FINAL A PRAZO DE ATE' 180
Modalidade de pagamento:	FINANCIAMENTO DO FORNECEDOR (SUPPLIER'S CREDIT) - OUTROS
Qtde. Dias Limite pagto:	
Instituição Financeira:	
Motivo:	

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LI / Anuências

Informações da LI Vinculada a DI

Declaração Vinculada:
Adição Vinculada:
Retificação:

Informações do Cancelamento/Vencimento da LI

Motivo:
CPF do Imp. que efetuou o cancelamento da LI:
Data do Cancelamento/Vencimento:
Hora do Cancelamento/Vencimento:

Andamento das Anuências

Anuência 1

Órgão Anuente:	ANVISA
Tratam. Administrativo:	MERCADORIA
Situação:	PARA ANALISE
Data da Situação:	17/06/2021
Hora da Situação:	16:10
Validade da Anuência para Embarque:	
Validade da Anuência para Despacho:	
Diagnóstico do Anuente:	

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2196

William Amorim Santana

De: Everton <everton@wegh.com.br>
Enviado em: quinta-feira, 17 de junho de 2021 16:14
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; 'Emanuela Medrades'; Ariadne Gisele Muniz Bonvino; Mônica Cristina Moraes E Souza Araújo
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: LI 21-1673338-5.pdf

Boa tarde

William

Em anexo a LI. Por gentileza verificar se está de acordo e informar.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA

Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda
Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil
CEP 04108-000 – São Paulo-SP- Brasil
Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

From: William Amorim Santana
Sent: Thursday, June 17, 2021 3:46 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; Carlos E.J. Pereira <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezado Everton,

Boa tarde!

Conversei com a Sra. Emanuela Medrades, que nos lê em cópia, tendo a mesma se comprometido a fazer o ajuste na INVOICE.

Ante ao exposto, segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI) com incoterm **"CIP".**

Informações complementares: CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nª 163/2021/DIRES/ANVISA. "AUTORIZADA CONFORME A LEI Nª 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021".

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 09:02
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Bom dia William

Fiquei na dúvida do INCOTERM, no proforma informa FCA é isso mesmo ? Ou é DAP ?

Última informação é trocar PROFORMA para INVOICE.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, June 16, 2021 5:31 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

[cid:image003.png@01D762D0.D75EC1B0]

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

* Nome e endereço completo do Fabricante;
* Data de fabricação e vencimento;
* Número dos Lotes;

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, June 14, 2021 1:00 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>

Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 14 de junho de 2021 12:25

Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.

Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Date: Saturday, 12 June 2021 00:43

To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br%3cmailto:daniele.constantino@precisamedicamentos.com.br>>>

Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Date: Friday, 11 June 2021 22:30

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2206

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3708

monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----

De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-
mail: everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>

www.wegh.com.br<http://www.wegh.com.br<http://www.wegh.com.br%3chttp:/www.wegh.com.br>>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>;
lucas@wegh.com.br<mailto:lucas@wegh.com.br<mailto:lucas@wegh.com.br%3cmailto:lucas@wegh.com.br>>;
'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Regina Celia Silva Oliveira

<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>, Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>, Lenice Guimaraes Araujo

<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>; William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>; Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>; Roberto Ferreira Dias
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<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>; LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>; Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0

3. BBV152 SAP

4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF

6. Diário do Participante

7. ICD

8. Questionário FUP Telefone

Atenciosamente,

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2217

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

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Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2222

SISCOMEX - Sistema Licenciamento de Importação

Extrato de Licença de Importação

Informações da LI

Licenciamento:	21/1673338-5
Data e Hora do Registro:	17/06/2021 - 16:10
Data e Hora da Situação:	17/06/2021 - 16:10:24
Situação:	PARA ANALISE

Básicas

Importador

Tipo do Importador:	Pessoa Jurídica
Nome do Importador:	
CNPJ:	00.394.544/0008-51
Razão Social:	MINISTERIO DA SAUDE
País:	
Atividade Econômica:	
Natureza Jurídica:	PODER EXECUTIVO FEDERAL
Logradouro:	ESP DOS MINISTERIOS BL. G
Complemento:	ANEXO A SALA 420A
Número:	11
Bairro:	ESPL. DOS MINISTERI
Cidade/Distrito:	BRASILIA
CEP:	70310500
UF:	DF
Telefone:	061 - 3152425

Outras Informações

País de Procedência:	INDIA
URF de Despacho:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS
URF de Entrada:	AEROPORTO INTERNACIONAL DE SAO PAULO/GUARULHOS

Informações Complementares

CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nª 163/2021/DIRES/ANVISA. AUTORIZADA CONFORME A LEI Nª 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021.

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2223

Fornecedor

Exportador

Nome: MADISON BIOTECH PTE LIMITED
E-Mail:
Responsavel:
País de Aquisição: CINGAPURA

Logradouro: CANTONMENT ROAD
Número: 31
Complemento: 089747
Cidade: CINGAPURA
Estado: CINGAPURA

Fabricante/Produtor

Nome: BHARAT BIOTECH INTERNATIONA LIMITED
E-Mail:
Responsavel:
País de Origem: INDIA
Logradouro: GENOME VALLEY, SHAMEERPET
Número: 0
Complemento: 500 078
Cidade: HYDERABAD
Estado: TELANGANA

Mercadoria

Dados Gerais

NCM: 3002.20.29
Descrição da NCM: Outras
Destaque NCM:
Unidade da Medida Estatística: QUILOGRAMA LIQUIDO
NALADI/SH:
Moeda Negociada: DOLAR DOS EUA
INCOTERM: CIP - CARRIAGE AND INSURANCE PAID TO

Condição da Mercadoria

Tipo da Condição da Mercadoria: Nenhuma
Enquadramento Material Usado: Nenhuma
Tipo de Operação: Nenhuma

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2224

Detalhes da Mercadoria

Produto 1

Unidade Comercializada:	DOSES
Peso Líquido Kg:	8.364,40000
Qtde. na Unidade Comercializada:	4.000.000,00000
Qtde. na Medida Estatística:	8.364,40000
Valor do Produto no Local de Embarque:	59.070.132,9800000
Valor Unitário na Condição de Venda:	15,0000000
Valor do Produto na Condição de Venda:	60.000.000,0000000

Especificação:

COVAXIN (Whole Virion Inactivated Corona Virus Vaccine) 5,0ml/FRASCOS

. 400.000 FRASCOS DE 10 DOSES CADA, TOTALIZANDO 4.000.000 DOSES .

Totalizadores

Qtde.Total na Medida Estatística:	8.364,40000
Peso Líquido Total em Kg:	8.364,40000
Valor Total no Local do Embarque:	59.070.132,9800000
Valor Total na Condição de Venda:	60.000.000,0000000

Negociação

Modalidade Drawback:	
Acordo Tarifário:	
Acordo Aladi:	
Regime de Tributação:	IMUNIDADE
Fundamentação:	UNIãO,ESTADOS,DF E MUNICíPIOS;AUTARQUIAS E FUNDS.INSTITUíDAS
Cobertura Cambial:	COM COBERTURA CAMBIAL E PAGAMENTO FINAL A PRAZO DE ATE' 180
Modalidade de pagamento:	FINANCIAMENTO DO FORNECEDOR (SUPPLIER'S CREDIT) - OUTROS
Qtde. Dias Limite pagto:	
Instituição Financeira:	
Motivo:	

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2225

LI / Anuências

Informações da LI Vinculada a DI

Declaração Vinculada:
Adição Vinculada:
Retificação:

Informações do Cancelamento/Vencimento da LI

Motivo:
CPF do Imp. que efetuou o cancelamento da LI:
Data do Cancelamento/Vencimento:
Hora do Cancelamento/Vencimento:

Andamento das Anuências

Anuência 1

Órgão Anuente:	ANVISA
Tratam. Administrativo:	MERCADORIA
Situação:	PARA ANALISE
Data da Situação:	17/06/2021
Hora da Situação:	16:10
Validade da Anuência para Embarque:	
Validade da Anuência para Despacho:	
Diagnóstico do Anuente:	

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2226

William Amorim Santana

De: William Amorim Santana
Enviado em: quinta-feira, 17 de junho de 2021 16:18
Para: 'Emanuela Medrades'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: LI 21-1673338-5.pdf

Prezada Emanuela Medrades,

Boa tarde!

Segue anexo Licença de Importação nº 21/1673338-2.
Ficamos no aguardo dos documentos, de caráter técnicos, para submissão a Agencia Nacional de Vigilância Sanitária (ANVISA).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 16:14
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Boa tarde

William

Em anexo a LI. Por gentileza verificar se está de acordo e informar.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA

Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda
Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil
CEP 04108-000 – São Paulo-SP- Brasil
Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

From: William Amorim Santana
Sent: Thursday, June 17, 2021 3:46 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; Carlos E.J. Pereira <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezado Everton,

Boa tarde!

Conversei com a Sra. Emanuela Medrades, que nos lê em cópia, tendo a mesma se comprometido a fazer o ajuste na INVOICE.

Ante ao exposto, segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI) com incoterm **"CIP".**

Informações complementares: CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nª 163/2021/DIRES/ANVISA. "AUTORIZADA CONFORME A LEI Nª 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021".

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 09:02

Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Bom dia William

Fiquei na dúvida do INCOTERM, no proforma informa FCA é isso mesmo ? Ou é DAP ?

Última informação é trocar PROFORMA para INVOICE.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, June 16, 2021 5:31 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

[cid:image003.png@01D762D0.D75EC1B0]

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

* Nome e endereço completo do Fabricante;
* Data de fabricação e vencimento;
* Número dos Lotes;

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, June 14, 2021 1:00 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>

Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 14 de junho de 2021 12:25

Para: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.

Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Date: Saturday, 12 June 2021 00:43

To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br%3cmailto:daniele.constantino@precisamedicamentos.com.br>>>

Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Date: Friday, 11 June 2021 22:30

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3708

monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----

De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; 'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-
mail: everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>

www.wegh.com.br<http://www.wegh.com.br<http://www.wegh.com.br%3chttp:/www.wegh.com.br>>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>;
lucas@wegh.com.br<mailto:lucas@wegh.com.br<mailto:lucas@wegh.com.br%3cmailto:lucas@wegh.com.br>>;
'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>, Roberto Ferreira Dias
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<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>, LISTA - DIVISÃO DE IMPORTAÇÃO
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<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>>, Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>>, Thiago Fernandes da Costa
<thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>>

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2244

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3c

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Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0

3. BBV152 SAP

4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF

6. Diário do Participante

7. ICD

8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

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Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2248

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
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LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: quarta-feira, 23 de junho de 2021 11:40
Para: Maria Aparecida Affonso Boller; Ariadne Gisele Muniz Bonvino; Marcelo Calado; Ozeias de Lima Leitao
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Tulio Silveira; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo; Amanda Santo
Assunto: Re: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Cida, bom dia.

Fizemos um follow up junto a BBIL ontem e eles estão com algumas demandas da OMS e nos pediram até sexta-feira dessa semana para retornar com essa resposta.

Estamos insistindo em uma data mais célere. De qualquer forma, gostaria de confirmar se é realmente só uma observação que vocês possuem ou se existem mais pontos a detalhar.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Date: Thursday, 17 June 2021 14:55
To: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Marcelo Calado <marcelo.calado@saude.gov.br>, Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Subject: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Ariadne,

Apesar de o INCQS estar com grande demanda de trabalho, estamos conseguindo cumprir com os prazos acordados. O histórico de nossas comunicações encontra-se no anexo dessa mensagem, que contém as mensagens eletrônicas trocadas entre o INCQS e a PRECISA.
Destaco que no dia 15/06/2021 solicitamos para a Emanuela uma atualização quanto às últimas demandas e não obtivemos resposta até o presente momento.
Estamos disposição para qualquer esclarecimento.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Ariadne Gisele Muniz Bonvino [mailto:ariadne.bonvino@saude.gov.br]
Enviada em: quinta-feira, 17 de junho de 2021 14:19
Para: Marcelo Calado; Maria Aparecida Affonso Boller
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Cida,

Encaminho e-mail recebido da Precisa, em relação à vacina Covaxin, para ciência e providências pertinentes.

Att.,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 12:43
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada @Ariadne Gisele Muniz Bonvino boa tarde. Como vai? Espero que esteja bem!

Ariadne, a Dra. @Emanuela Medrades que nos lê em cópia, solicitou ao INCQS os procedimentos que devem ser adotados para o envio das doses/documentos para a análise da qualidade da vacina.

Provavelmente em virtude da alta demanda que o INCQS deve estar submetido, essa devolutiva ainda não nos foi encaminhada.

Seria possível que o Ministério da Saúde fizesse essa verificação quanto à solicitação que foi encaminhada?

Estou a disposição para mais esclarecimentos.

Att.,

Túlio Silveira
Legal Department
OAB/SP: 188.046
OAB/DF: 21.103

Office: Av. Tamboré, 267, 28º andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 61 9 9286-8666
www.precisamedicamentos.com.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER **MADISON BIOTECH PTE LIMITED** **31 Cantonment Road** **Singapore -089747** **Company Registration No: 202005277E**	**MANUFACTURER** **BHARAT BIOTECH INTERNATIONAL LIMITED** **Genome Valley, Shameerpet** **Hyderabad - 500 078** **Telangana, Índia**

No & Date **No: MAD/HM/2021/07** **11 June 2021**	**Exporter's Ref**
Buyer's Order No :	
Other Reference(s)	

CONSIGNEE **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A, 4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500 BRASIL)**	**BUYER** **HEALTH'S MINISTRY** **(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG** **CNPJ: 00.394.544/0008-51** **ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A, 4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500 BRASIL)**

Pre Carriage By	**Place of Receipt By Pre-Carrier**	**Country of Origin of Goods** **INDIA**	**Country of Final Destination** **BRAZIL**
Vessel / Flight No	**Port of Loading** **HYDERABAD, INDIA**		
Port of Discharge	**Final Destination** **GUARULHOS AIPORT, BR** **Gross weight: 8856.2 Kg** **Net weight: 8364.4 Kg**	**Dispatched by Dispatch** **Currency**	**: CIP Hyderabad/Brazil** **: a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil** **b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India** **USD**

Brazil	PRODUCT	PACK SIZE	Quantity	USD Unit Price
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial 10 doses/vial	4.000.000	15,00

Bank name DBS Bank. **Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.** **Account number: 0720224590** **IFSC Code: DBSS0IN0811** **SWIFT Code: DBSSSGSG.**	**NCM 3002.20.29 Shelf-life** **6 (six) months from mfg date.**	**Insurance**	67,500.00
		Air Freight	862,367.02
Declaration: **We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct**		**Total Value**	**60,000,000.00**
		Amount in words :USD SIXTY MILLION ONLY.	

Accepted **For, HEALTH'S MINISTRY** **AUTHORISED SIGNATORY**	**For, MADISON BIOTECH PTE. LTD.** MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E **AUTHORISED SIGNATORY**

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: quarta-feira, 23 de junho de 2021 11:43
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH
Anexos: PROFORMA INVOICE - BRAZIL_COVAXIN_CIP.pdf

William, bom dia,

Segue PFI retificada com o INCOTERM CIP.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: William Amorim Santana <william.santana@saude.gov.br>
Date: Thursday, 17 June 2021 16:18
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Emanuela Medrades,

Boa tarde!

Segue anexo Licença de Importação nº 21/1673338-2.
Ficamos no aguardo dos documentos, de caráter técnicos, para submissão a Agencia Nacional de Vigilância Sanitária (ANVISA).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 16:14
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Boa tarde

William

Em anexo a LI. Por gentileza verificar se está de acordo e informar.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA

Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda
Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil
CEP 04108-000 – São Paulo-SP- Brasil
Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

From: William Amorim Santana
Sent: Thursday, June 17, 2021 3:46 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; Carlos E.J. Pereira <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; 'Emanuela Medrades'

<emanuela.medrades@precisamedicamentos.com.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezado Everton,

Boa tarde!

Conversei com a Sra. Emanuela Medrades, que nos lê em cópia, tendo a mesma se comprometido a fazer o ajuste na INVOICE.

Ante ao exposto, segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI) com incoterm **"CIP".**

Informações complementares: CONTRATO 29/2021 - AQUISIÇÃO DA VACINA COVAXIN PARA ENFRENTAMENTO DA PANDEMIA DE COVID-19, PARA USO EMERGENCIAL CONFORME VOTO Nº 163/2021/DIRES/ANVISA. "AUTORIZADA CONFORME A LEI Nº 14.124/2021 E AUTORIZADA CONFORME A LEI 14.125/2021".

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 09:02
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Bom dia William

Fiquei na dúvida do INCOTERM, no proforma informa FCA é isso mesmo ? Ou é DAP ?

Última informação é trocar PROFORMA para INVOICE.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Wednesday, June 16, 2021 5:31 PM
To: everton@wegh.com.br; lucas@wegh.com.br; Roberta Pereira <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: quarta-feira, 16 de junho de 2021 17:26
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: Re: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIOTECH

William, boa tarde.

Segue PFI com as informações ajustadas (peso líquido e bruto), NCM entre outros.

Além disso, informo o lote 37F21046A liberado em maio/21, segundo SLP anexo com os certificados de análise constantes as últimas páginas.

Os lotes que serão enviados ao Brasil, serão escolhidos entre os lotes produzidos a partir de maio/21, para que exista tempo hábil para usufruir de sua validade de 6 meses.

Assim que a LI for registrada e compartilhada conosco, iremos organizar o lote e respectivo packing list para envio a vocês. Não temos autorização de inclusão do lote na LI pelo governo indiano, pois caso demore muito para liberação da autorização, este lote será destinado a utilização interna. Peço que verifique junto a Wegh se existe a possibilidade de seguirmos dessa forma, e assim que a LI for registrada podemos enviar as demais informações para o termo de guarda e responsabilidade. Mantendo sempre a validade e qualidade do produto intactas.

Compartilho também o comprovante de autorização de uso da vacina na índia conforme art. 15 da 476.

Permanecemos a disposição,

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Date: Monday, 14 June 2021 15:15
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Subject: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

[cid:image003.png@01D762D0.D75EC1B0]

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

* Nome e endereço completo do Fabricante;
* Data de fabricação e vencimento;
* Número dos Lotes;

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nº 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Monday, June 14, 2021 1:00 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>

Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 14 de junho de 2021 12:25

Para: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.

Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Date: Saturday, 12 June 2021 00:43

To: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br%3cmailto:daniele.constantino@precisamedicamentos.com.br>>>

Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>>

Date: Friday, 11 June 2021 22:30

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2267

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3708

monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br%3cmailto:monica.moraes@saude.gov.br>>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----

De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2269

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-
mail: everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>

www.wegh.com.br<http://www.wegh.com.br<http://www.wegh.com.br%3chttp:/www.wegh.com.br>>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To:
everton@wegh.com.br<mailto:everton@wegh.com.br<mailto:everton@wegh.com.br%3cmailto:everton@wegh.com.br>>;
lucas@wegh.com.br<mailto:lucas@wegh.com.br<mailto:lucas@wegh.com.br%3cmailto:lucas@wegh.com.br>>;
'Roberta Pereira'
<roberta@wegh.com.br<mailto:roberta@wegh.com.br<mailto:roberta@wegh.com.br%3cmailto:roberta@wegh.com.br>>>; 'Carlos E.J. Pereira'
<carlos@wegh.com.br<mailto:carlos@wegh.com.br<mailto:carlos@wegh.com.br%3cmailto:carlos@wegh.com.br>>
>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>, Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>, Lenice Guimaraes Araujo
<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>, LISTA - DIVISÃO DE IMPORTAÇÃO
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<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>>, Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>>, Thiago Fernandes da Costa
<thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;

2. Mock Shell Version 1.0

3. BBV152 SAP

4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF

6. Diário do Participante

7. ICD

Mensagem Parte 12 (0021610092) SEI 25000.100536/2021-98 / pg. 2278

8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Enviado em: quarta-feira, 23 de junho de 2021 14:44
Para: Emanuela Medrades; Maria Aparecida Affonso Boller; Ariadne Gisele Muniz Bonvino; Marcelo Calado
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Tulio Silveira; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo; Amanda Santo; incqs.ntpb@fiocruz.br
Assunto: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Boa tarde Emanuela,

I
Reforço que, devido a nova situação de análises laboratoriais como condicionante pela ANVISA, precisaremos de todos os Procedimentos Operacionais e seus respectivos Relatórios de Validação, nos ensaios realizados no produto final, para avaliação da internalização dos procedimentos.

Sobre os documentos do Ensaio de Potência enviados, a equipe responsável fez uma avaliação, conforme mensagem trocada em 08/06/2021, mas necessitará de mais informações, que seguem descritas na tabela abaixo:

Solicitação dos Procedimentos do Ensaio de Potência		
Nº documento	**Título documento**	**Observações**
STP/QCV/135	Potency test (Biological Assay) whole virion Inativacted Corona Virus vaccine by serm neutralization method	Esse POP está no anexo 71, mas não menciona a linhagem de camundongo utilizada no ensaio de potência. Já tem uma versão atualizada do POP?
STP/QCC/072	In vivo Potency of SARS CoV2 vaccine and detection of antibodies by ELISA method	
SP/37/20/01	Plaque Reduction Neutralization Test at 50% or 90% Against SARS CoV2 virus	

Estamos no aguardo dos documentos solicitados e nos colocamos à disposição.

Atenciosamente,

Ozéias Leitão

Tecnologista em Saúde Pública

INCQS

Departamento de Química/Laboratório de Produtos Biológicos e Artigos de Saúde/Setor de Produtos Biológicos

Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: quarta-feira, 23 de junho de 2021 11:39
Para: Maria Aparecida Affonso Boller; Ariadne Gisele Muniz Bonvino; Marcelo Calado; Ozeias de Lima Leitao
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Tulio Silveira; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo; Amanda Santo
Assunto: Re: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Cida, bom dia.

Fizemos um follow up junto a BBIL ontem e eles estão com algumas demandas da OMS e nos pediram até sexta-feira dessa semana para retornar com essa resposta.

Estamos insistindo em uma data mais célere. De qualquer forma, gostaria de confirmar se é realmente só uma observação que vocês possuem ou se existem mais pontos a detalhar.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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From: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Date: Thursday, 17 June 2021 14:55
To: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Marcelo Calado <marcelo.calado@saude.gov.br>, Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>, Celia Maria Carvalho Pereira Araujo Romao

<celia.romao@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Subject: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Ariadne,

Apesar de o INCQS estar com grande demanda de trabalho, estamos conseguindo cumprir com os prazos acordados.
O histórico de nossas comunicações encontra-se no anexo dessa mensagem, que contém as mensagens eletrônicas trocadas entre o INCQS e a PRECISA.
Destaco que no dia 15/06/2021 solicitamos para a Emanuela uma atualização quanto às últimas demandas e não obtivemos resposta até o presente momento.
Estamos disposição para qualquer esclarecimento.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Ariadne Gisele Muniz Bonvino [mailto:ariadne.bonvino@saude.gov.br]
Enviada em: quinta-feira, 17 de junho de 2021 14:19
Para: Marcelo Calado; Maria Aparecida Affonso Boller
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Cida,

Encaminho e-mail recebido da Precisa, em relação à vacina Covaxin, para ciência e providências pertinentes.

Att.,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 12:43
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada @Ariadne Gisele Muniz Bonvino boa tarde. Como vai? Espero que esteja bem!

Ariadne, a Dra. @Emanuela Medrades que nos lê em cópia, solicitou ao INCQS os procedimentos que devem ser adotados para o envio das doses/documentos para a análise da qualidade da vacina.

Provavelmente em virtude da alta demanda que o INCQS deve estar submetido, essa devolutiva ainda não nos foi encaminhada.

Seria possível que o Ministério da Saúde fizesse essa verificação quanto à solicitação que foi encaminhada?

Estou a disposição para mais esclarecimentos.

Att.,

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ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Amanda Santo <amanda.santo@precisamedicamentos.com.br>
Enviado em: quarta-feira, 30 de junho de 2021 10:14
Para: Ozeias de Lima Leitao; Emanuela Medrades; Maria Aparecida Affonso Boller; Ariadne Gisele Muniz Bonvino; Marcelo Calado
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Tulio Silveira; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo; incqs.ntpb@fiocruz.br
Assunto: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezados, bom dia.

Ozéias, recebemos respostas da Bharat referente aos últimos questionamentos. Segue abaixo:

- STP/QCC/072 - Potência in vivo da vacina SARS CoV2 e detecção de anticorpos pelo método ELISA
- SP/37/20/01 - Teste de Neutralização de Redução de Placas em 50% ou 90% Contra o vírus SARS CoV2

Resposta: Os documentos STP/QCC/072, SP/37/20/01) não estão em uso devido à não disponibilidade de reagentes necessários para a validação do ensaio (mencionado no relatório de validação do método - AMVR/VP/37/12) que foi submetido à ANVISA. No lugar dos documentos citados acima, o teste de por MNT50% foi validado e o Procedimento Padrão de Teste (STP) para teste de potência (ensaio biológico) para vacina por método de neutralização (MNT50%) foi preparado para testes e lançamentos regulares em lote (Ref. STP/QCV/135 em anexo).

- Sobre a linhagem dos camundongos:

Resposta: A versão anterior do SOP 71 e o método de teste de potência (atividade biológica) foram revisados e ref. no STP/QCV/135 Rev No. 00 aprovado em 15/04/2021 (em anexo) e conforme método de teste revisado, informando a linhagem dos camundongos, que é Albino Suíço.

- Valor máximo admitido para o teor de proteína total:

Resposta: O controle de teor de proteínas em nível mínimo é apropriado e a formulação do lote está sendo feita com base no valor mínimo de concentração de proteínas conforme fórmula mestre, portanto, a especificação da substância medicamentosa foi fixada no nível mínimo, ou seja, NLT 15µg/ml.

Qualquer dúvida, nos mantemos à disposição.
Obrigada.

Atenciosamente,

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De: Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Enviada em: quarta-feira, 23 de junho de 2021 14:44
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; Marcelo Calado <marcelo.calado@saude.gov.br>
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Tecnologista em Saúde Pública

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Departamento de Química/Laboratório de Produtos Biológicos e Artigos de Saúde/Setor de Produtos Biológicos

Núcleo Técnico de Produtos Biológicos

21 3865 5199

De: Emanuela Medrades [emanuela.medrades@precisamedicamentos.com.br]
Enviado: quarta-feira, 23 de junho de 2021 11:39
Para: Maria Aparecida Affonso Boller; Ariadne Gisele Muniz Bonvino; Marcelo Calado; Ozeias de Lima Leitao
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Tulio Silveira; Celia Maria Carvalho Pereira Araujo Romao; Graziela Costa Araujo; Amanda Santo
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From: Maria Aparecida Affonso Boller <maria.boller@incqs.fiocruz.br>
Date: Thursday, 17 June 2021 14:55
To: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>, Marcelo Calado <marcelo.calado@saude.gov.br>, Ozeias de Lima Leitao <ozeias.leitao@incqs.fiocruz.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Tulio Silveira <tulio.silveira@precisamedicamentos.com.br>, Celia Maria Carvalho Pereira Araujo Romao <celia.romao@incqs.fiocruz.br>, Graziela Costa Araujo <Graziela.Araujo@anvisa.gov.br>
Subject: RES: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Ariadne,

Apesar de o INCQS estar com grande demanda de trabalho, estamos conseguindo cumprir com os prazos acordados.
O histórico de nossas comunicações encontra-se no anexo dessa mensagem, que contém as mensagens eletrônicas trocadas entre o INCQS e a PRECISA.
Destaco que no dia 15/06/2021 solicitamos para a Emanuela uma atualização quanto às últimas demandas e não obtivemos resposta até o presente momento.
Estamos disposição para qualquer esclarecimento.

Cordialmente,

Maria Aparecida Affonso Boller
Coordenadora do Núcleo Técnico de Produtos Biológicos – NT-PB
Instituto Nacional de Controle de Qualidade em Saúde – INCQS
Fundação Oswaldo Cruz – Fiocruz
Telefone: (21) 3865-5182
www.incqs.fiocruz.br

De: Ariadne Gisele Muniz Bonvino [mailto:ariadne.bonvino@saude.gov.br]
Enviada em: quinta-feira, 17 de junho de 2021 14:19
Para: Marcelo Calado; Maria Aparecida Affonso Boller
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada Cida,

Encaminho e-mail recebido da Precisa, em relação à vacina Covaxin, para ciência e providências pertinentes.

Att.,

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Tulio Silveira [mailto:tulio.silveira@precisamedicamentos.com.br]
Enviada em: quinta-feira, 17 de junho de 2021 12:43
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Cc: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Assunto: SOLICITAÇÃO - INCQS - CONTRATO 29/2021

Prezada @Ariadne Gisele Muniz Bonvino boa tarde. Como vai? Espero que esteja bem!

Ariadne, a Dra. @Emanuela Medrades que nos lê em cópia, solicitou ao INCQS os procedimentos que devem ser adotados para o envio das doses/documentos para a análise da qualidade da vacina.

Provavelmente em virtude da alta demanda que o INCQS deve estar submetido, essa devolutiva ainda não nos foi encaminhada.

Seria possível que o Ministério da Saúde fizesse essa verificação quanto à solicitação que foi encaminhada?

Estou a disposição para mais esclarecimentos.

Att.,

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS

DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: terça-feira, 1 de junho de 2021 12:28
Para: ANVISA - Daniela Marreco Cerqueira; Quinta Diretoria; daniel.cruz@anvisa.gov.br
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: ENC: Documentação prévia à submissão - Covaxin
Anexos: Phase 3 Efficacy Study 2nd Interim Report-2.pdf; Collated_PD_BBV152.xlsx; Subjects_Visits_BBV152_STATUS2_interim_report.xlsx; Day 42 Positive Cases_ FEndPoint.xlsx; Queries_COVAXIN_ANVISA.pdf

Prezada Anvisa, bom dia!

Encaminho documentação adicional enviada pela empresa Precisa.
Foram adicionados ao processo 25351.915151/2021-48 os documentos em PDF, mas os que têm formato excel não são aceitos pelo SEI/Anvisa.

Atenciosamente,

Ariadne Bonvino
Farmacêutica
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: terça-feira, 1 de junho de 2021 09:28
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: FW: Documentação prévia à submissão - Covaxin

Ari, bom dia. Tudo bem ?

Pode inserir estes documentos no protocolo e avisar a ANVISA, por gentileza ?

No caso o e-mail Queries_ANVISA pode ser apresentado como Ofício, e os demais itens estão listados nele.

Atenciosamente

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Tuesday, 1 June 2021 15:42
To: Maria Fernanda Reis e Silva Thees <fernanda.thees@anvisa.gov.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: Re: Documentação prévia à submissão - Covaxin

Fernanda, bom dia.

Em complemento as repostas enviadas ontem, compartilho os dados utilizados para apreciação, sendo:

1. **Collatect_PD_BBV152** – Referente aos desvios de protocolos de menor impacto, com sua descrição e ação corretiva/preventiva.
2. **Subjects_Visits_BBV152_STATUS2_Interim_report** – Fornecida pela equipe responsável pelo IWRS, onde é possível ver os 24.432 participantes que haviam recebido a primeira e segunda dose além de outras informações como screening number, gênero, idade, data de cada uma das visitas e status do participante. (*Enrolled, discontinued, unblided*...)
3. **DAY 42 Positive Cases_FEndpoint** – Informações disponibilizadas pelo IQVIA com os 127 casos de Covid19 Sintomáticos utilizados para o desfecho primário do estudo. No documento é fornecido as seguintes informações:

    - as datas da primeira e segunda dose,
    - data do follow-up de 42 dias,
    - os sintomas informados pelo participante,
    - a data do PCR positivo,

- Quantos dias após primeira e segunda dose,
- Informações clínicas como SpO2, exames de imagem e outros quando aplicável,
- Terapia medicamentosa para tratamento do Covid19, e
- Observação se o mesmo se enquadra no critério de Covid19 grave conforme Guideline do FDA.

Envio novamente o segundo relatório interino de fase 3 o qual essas informações se referem, para facilitar e permanecemos a disposição,

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Thursday, 20 May 2021 20:21
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>, Daniela Marreco Cerqueira <daniela.cerqueira@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Bom dia, Emanuela

Sobre a documentação protocolada para análise prévia da Anvisa, encaminho os questionamentos referentes à parte clínica, para que a empresa já possa providenciar as respostas.

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: terça-feira, 18 de maio de 2021 13:26
Para: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Amanda Santo <amanda.santo@precisamedicamentos.com.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Daniela Marreco Cerqueira <Daniela.Cerqueira@anvisa.gov.br>
Assunto: Re: Documentação prévia à submissão - Covaxin

Fernanda, boa tarde. Como vai ?

Como estamos tratando mais de um assunto ao mesmo tempo, as informações estão ficando um pouco sobrepostas. Abaixo separei por itens em atual tratativa junto a agência:

- Os documentos que foram enviados nessa pasta do OneDrive são referentes ao processo 25351455725202115 e Expediente Nº 1809912212 realizado no dia 11/05/21 com assunto 11800, para que a ANVISA possa analisar o documento de uma maneira formal. Esse protocolo foi feito para que após a análise de vocês, em a documentação estando de acordo, a Precisa possa dar continuidade no processo de pedido de importação excepcional através do Ministério da Saúde.

- Quanto ao DDCM, pedimos uma reunião junto a CONEP e gostaria de contar com a sua participação, bem como da Brenda e do Francis, para tratarmos das questões apresentadas no termo de compromisso. Hoje estaremos aditando o DDCM para inserir os detalhes das SAEs dos ensaios clínicos, a relação causal, inclusive dos óbitos conforme solicitado.

- E também, para manter todos na mesma página, teremos uma reunião amanhã com a GGFIS onde a BBIL irá apresentar todas as ações atendidas do CAPA para seguirmos com o Peticionamento do CBPF.

Apesar de ter resumido acima cada uma das atividades, iremos nos organizar sempre em e-mails separados para cada um, para uma melhor comunicação.

Permanecemos a disposição,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Tuesday, 18 May 2021 18:10
To: Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>, Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Bom dia, Amanda

Vc se refere à documentação do DDCM ou da submissão prévia à importação? Os links eram os mesmos?
Só para estarmos na mesma página, o que queríamos era que a empresa informasse qual documento enviado na submissão prévia à importação seria diferente ou com novas informações em comparação com o que foi encaminhado no DDCM.
Foi isso que a empresa disponibilizou?

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Amanda Santo <amanda.santo@precisamedicamentos.com.br>
Enviada em: segunda-feira, 17 de maio de 2021 21:39
Para: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Claudiosvam Martins Alves de Sousa <Claudiosvam.Alves@anvisa.gov.br>
Assunto: RES: Documentação prévia à submissão - Covaxin

Olá, boa noite a todos.

Maria Fernanda, atualizamos as pastas e acredito ter retirado as informações enviadas anteriormente. Pedimos novamente desculpas pelo transtorno.

Retiramos as seguintes informações, por já estarem na documentação enviada anteriormente:

- Relatório pré-clínicos e de imunogenicidade;
- Dados de segurança acumulados, fases I, II e III
- TCLE
-

Segue link com a atualização:

https://globalgestaosaude.sharepoint.com/:f:/s/EUL-Covaxin/EtIt8u7vN3NHsEiqSm1uT54BKQMpqGxj6riJ5nWaisI5wQ?e=hEpyPt

Permanecemos à disposição.
Atenciosamente,

Amanda Santo
Departamento Técnico Regulatório

Office: Av. Tamboré, 267, 28º andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 11 9 6860-4826
www.precisamedicamentos.com.br

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De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviada em: segunda-feira, 17 de maio de 2021 16:40
Para: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Amanda Santo <amanda.santo@precisamedicamentos.com.br>; Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Claudiosvam Martins Alves de Sousa <claudiosvam.alves@anvisa.gov.br>
Assunto: Re: Documentação prévia à submissão - Covaxin

Fernanda, bom dia.

Pedimos desculpas pelo retrabalho e informo que iremos atuar na separação destes documentos, mas como alguns foram peticionados diretamente pelo Einstein, é provável que não iremos ter 100% do controle.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
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www.precisamedicamentos.com.br

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From: Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>
Date: Tuesday, 18 May 2021 00:42
To: Amanda Santo <amanda.santo@precisamedicamentos.com.br>, Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>, Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>, GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>, Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>, "dire2@anvisa.gov.br" <dire2@anvisa.gov.br>, Segunda Diretoria <diretoria2@anvisa.gov.br>, Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>, Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>, Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>, Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>, Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>, Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>, Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>, "daniela.marreco@anvisa.gov.br" <daniela.marreco@anvisa.gov.br>, Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, Claudiosvam Martins Alves de Sousa <claudiosvam.alves@anvisa.gov.br>
Subject: RES: Documentação prévia à submissão - Covaxin

Prezada Amanda,

Solicitamos que sejam sinalizados quais documentos são diferentes em comparação ao que foi enviado para o DDCM e cumprimentos de exigência. Verificamos que há muita informação repetida e gostaríamos de nos concentrar naquilo que for diferente.
Seria possível o envio dessa informação ainda hoje?

Atenciosamente,

Maria Fernanda R S Thees
Gerência de Avaliação de Produtos Biológicos – GPBIO/GGMED
Agência Nacional de Vigilância Sanitária
Tel: +55 61 3462-5598

De: Amanda do Espirito Santo <amanda.santo@precisamedicamentos.com.br>
Enviada em: quinta-feira, 6 de maio de 2021 16:21
Para: Assessoria da Gerencia Geral de Medicamentos <medicamento.assessoria@anvisa.gov.br>; Comitê COVID-19 <ComitCOVID-19@anvisa.gov.br>
Cc: Gustavo Mendes Lima Santos <Gustavo.Santos@anvisa.gov.br>; GRP_Comitê_COVID-19 <GRP_ComitCOVID-19@anvisa.gov.br>; Gerencia Geral de Monitoramento de Produtos sujeitos a vigilanci <ggmon@anvisa.gov.br>; dire2@anvisa.gov.br; Segunda Diretoria <diretoria2@anvisa.gov.br>; Maria Fernanda Reis e Silva Thees <Fernanda.Thees@anvisa.gov.br>; Brenda Gomes Valente <Brenda.Valente@anvisa.gov.br>; Helaine Carneiro Capucho <helaine.capucho@anvisa.gov.br>; Francis Carazzai Reisdorfer <francis.carazzai@anvisa.gov.br>; Carolina Damas Rocha Zarate Blades <CAROLINA.BLADES@anvisa.gov.br>; Ana Carolina Moreira Marino Araujo <Ana.Marino@anvisa.gov.br>; Leandro Braga Ribeiro <LEANDRO.RIBEIRO@anvisa.gov.br>; Thaila Coradassi de Almeida <THAILA.ALMEIDA@anvisa.gov.br>; daniela.marreco@anvisa.gov.br; Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>; Claudiosvam Martins Alves de Sousa <Claudiosvam.Alves@anvisa.gov.br>
Assunto: Documentação prévia à submissão - Covaxin

Boa tarde a todos.

Prezados,

Em continuação de nossa reunião do dia 30/04, compartilho os documentos para apreciação prévia a submissão, conforme combinado.

Estamos enviando em formato de link, por não ser possível enviar através de e-mail.
https://www.dropbox.com/sh/oa6jzkovu57kzin/AAD0QslClUyqynQYeq9F4VXHa?dl=0

Obrigada mais uma vez pela disponibilidade.

Permanecemos a disposição.

Atenciosamente,

Amanda Santo
Departamento Técnico Regulatório

Office: Av. Tamboré, 267, 28º andar - Barueri - SP
Pharma: Av. Portugal, 1100 - Itapevi - SP
Phone: +55 11 3080-5140 | +55 11 9 6860-4826
www.precisamedicamentos.com.br

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO

ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Ariadne Gisele Muniz Bonvino
Enviado em: terça-feira, 1 de junho de 2021 12:35
Para: Emanuela Medrades; William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo; LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: Alex Lial Marinho; Rodrigo Otavio Moreira da Cruz
Assunto: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.
Anexos: Ofício nº 1295 Anvisa informa não ser possível deliberar em 7 dias.pdf

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA
Medicamentos

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Gabinete do Diretor-Presidente - Chefe de Gabinete
SIA Trecho 5, Área Especial 57, Brasília/DF, CEP 71205-050
Telefone: 0800 642 9782 - www.anvisa.gov.br

Ofício nº 1295/2021/SEI/GADIP-CG/ANVISA

Ao Senhor
Rodrigo Cruz
Secretário-Executivo
Secretaria-Executiva do Ministério da Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Com cópia
Ao Senhor
Roberto Ferreira Dias
Diretor do Departamento de Logística em Saúde
Departamento de Logística em Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Assunto: **Solicitação de autorização para importação em caráter Excepcional de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN**

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.915151/2021-48.

Senhor Secretário Executivo,

1. Cumprimentando-o cordialmente, faço referência ao Ofício nº 129/2021/DLOG/SE/MS, por meio do qual o Ministério da Saúde requer a importação em caráter excepcional de 20.000.000 (vinte milhões) de doses da vacina Covaxin / BBV152. Os documentos recebidos encontram-se em análise pela Agência, à luz da Lei nº 14.124/21 e RDC nº 476/21.

2. Nesse sentido, verifica-se que novos documentos foram acostados ao processo na data de hoje, 31/05, a saber: *Clinical Responses* – Parte I; *Mock Shell Version 1.0; BBV152 SAP; Development and Licensure for Covid19 – FDA; Case Report Form – CRF;* Diário do Participante; ICD; Questionário FUP Telefone. Tratam-se de documentos requeridos pelas áreas técnicas da Anvisa durante as tratativas relacionadas ao novo pedido de importação da vacina e que serão analisados com a brevidade que o caso requer.

3. Dessa forma, diante da juntada dos novos documentos ao processo e da necessidade de sua análise, não será possível a deliberação da Anvisa no prazo de 7 (sete) dias úteis previsto no § 1º do art. 16 da Lei nº 14.124/21.

4. Sem mais, a Anvisa coloca-se à disposição para eventuais esclarecimentos que se façam necessários.

Atenciosamente,

Documento assinado eletronicamente por **Karin Schuck Hemesath Mendes**, **Chefe de Gabinete**, em 31/05/2021, às 21:42, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm.

A autenticidade deste documento pode ser conferida no site https://sei.anvisa.gov.br/autenticidade, informando o código verificador **1472353** e o código CRC **44F7ECB1**.

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.915151/2021-48 SEI nº 1472353

MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore -089747
Company Registration No: 202005277E

No & Date
No: MAD/HM/2021/07
11 June 2021

Exporter's Ref

Buyer's Order No :

Other Reference(s)

CONSIGNEE
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

BUYER
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

Pre Carriage By	Place of Receipt By Pre-Carrier	Country of Origin of Goods	Country of Final Destination
		INDIA	BRAZIL
Vessel / Flight No	**Port of Loading** HYDERABAD, INDIA		
Port of Discharge	**Final Destination** GUARULHOS AIPORT, BR		

Dispatched by : CIF Hyderabad
Dispatch : a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil
b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India

Currency USD

Brazil	PRODUCT	PACK SIZE	Quantity	USD Unit Price
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial	4.000.000	15,00

Bank name DBS Bank.
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.
Account number: 0720224590
IFSC Code: DBSS0IN0811
SWIFT Code: DBSSSGSG.

NCM 3002.20.29

Shelf-life 6 (six) months

Insurance	67,500.00
Air Freight	862,367.02

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Total Value **45,000,000.00**

Amount in words :USD FORTY FIVE MILLION ONLY.

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

For, MADISON BIOTECH PTE. LTD.

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

AUTHORISED SIGNATORY

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino; William Amorim Santana; Luis Ricardo Fernandes Miranda; Roberto Ferreira Dias; Lenice Guimaraes Araujo; LISTA - DIVISÃO DE IMPORTAÇÃO; Regina Celia Silva Oliveira; Renata Marques Santana; Thiago Fernandes da Costa
Cc: Alex Lial Marinho; Rodrigo Otavio Moreira da Cruz
Assunto: Re: Pedido de Registro de LI - Covaxin
Anexos: PROFORMA INVOICE - BRAZIL.pdf

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana

<william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.

5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore -089747
Company Registration No: 202005277E

No & Date
No: MAD/HM/2021/07
11 June 2021

Exporter's Ref

Buyer's Order No :

Other Reference(s)

CONSIGNEE
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

BUYER
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

Pre Carriage By	Place of Receipt By Pre-Carrier	Country of Origin of Goods	Country of Final Destination
		INDIA	BRAZIL
Vessel / Flight No	**Port of Loading** HYDERABAD, INDIA		
Port of Discharge	**Final Destination** GUARULHOS AIPORT, BR	**Dispatched by Dispatch**	: CIF Hyderabad : a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India
		Currency	USD

Brazil	PRODUCT	PACK SIZE	Quantity	USD Unit Price
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Account number: 0720224590
IFSC Code: DBSS0IN0811
SWIFT Code: DBSSSGSG.

NCM 3002.20.29

Shelf-life 6 (six) months

Insurance	67,500.00
Air Freight	862,367.02

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Total Value **45,000,000.00**

Amount in words :USD FORTY FIVE MILLION ONLY.

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

For, MADISON BIOTECH PTE. LTD.

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

AUTHORISED SIGNATORY

William Amorim Santana

De: William Amorim Santana
Enviado em: sexta-feira, 11 de junho de 2021 13:45
Para: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira'; 'Carlos E.J. Pereira'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: ENC: Pedido de Registro de LI - Covaxin
Anexos: PROFORMA INVOICE - BRAZIL.pdf

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.
Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).
No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE

Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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William Amorim Santana

De: William Amorim Santana
Enviado em: sexta-feira, 11 de junho de 2021 14:06
Para: Regina Celia Silva Oliveira; Renata Marques Santana; Marcelo Calado; Thiago Fernandes da Costa
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: Pedido de Registro de LI - Covaxin
Anexos: PROFORMA INVOICE - BRAZIL.pdf

Prezadas(os),

Boa tarde!

Segue para vossas apreciações o questionamento disposto abaixo:

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA
Medicamentos

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From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>, William Amorim Santana <william.santana@saude.gov.br>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>, Roberto Ferreira Dias <roberto.dias@saude.gov.br>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>, Renata Marques Santana <renatam.santana@saude.gov.br>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE
Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

Emanuela Medrades
Diretora Executiva
Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br
PRECISA Medicamentos

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William Amorim Santana

De: Everton <everton@wegh.com.br>
Enviado em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana; 'Roberta Pereira'; 'Carlos E.J. Pereira'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?
É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Friday, June 11, 2021 1:45 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.
Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).
No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: "G", Ed.: Anexo
Ala: "A" – Sala: 431
Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____
_____

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_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Lenice Guimaraes Araujo
Enviado em: sexta-feira, 11 de junho de 2021 16:01
Para: Ariadne Gisele Muniz Bonvino; William Amorim Santana; Luis Ricardo Fernandes Miranda
Assunto: ENC: Demanda CNN - licença de importação Covaxin - deadline

Prezados,

Seguem a demanda de imprensa que precisamos responder.

Obrigada,

Lenice

De: Cleverson Boechat Tinoco Ponciano <cleverson.boechat@saude.gov.br>
Enviada em: quinta-feira, 10 de junho de 2021 18:59
Para: Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>
Assunto: ENC: Demanda CNN - licença de importação Covaxin - deadline

---

De: Bruno Augusto Cassiano <bruno.cassiano@saude.gov.br>
Enviada em: quinta-feira, 10 de junho de 2021 17:55
Para: Cleverson Boechat Tinoco Ponciano <cleverson.boechat@saude.gov.br>
Cc: IMPRENSA SAES <imprensa.saes@saude.gov.br>
Assunto: ENC: Demanda CNN - licença de importação Covaxin - deadline

Boechat, pode nos auxiliar nesta demanda da CNN Brasil sobre licença de importação Covaxin?

Veículo: CNN Brasil
Repórter: Leandro Resende
Pauta: Licença de importação da Covaxin
Deadline: Não informado

Demanda:
Uma delegação da Precisa Medicamentos está na Índia para ajudar na liberação das doses da Covaxin para o Brasil. Integrante me relatou que só falta a Licença de Importação, e que trata-se de trâmite burocrático que deve ser superado por atuação do Ministério da Saúde.

Podem me esclarecer sobre isso?

Atenciosamente,

De: Leandro Resende <leandro.resende@cnnbrasil.com.br>
Enviado: 10 de junho de 2021 16:27
Para: IMPRENSA SAES <imprensa.saes@saude.gov.br>; IMPRENSA SVS <imprensa.svs@saude.gov.br>; IMPRENSA SAÚDE <imprensa@saude.gov.br>
Assunto: Demanda CNN - licença de importação Covaxin - deadline

Caros, tudo bem?

Uma delegação da Precisa Medicamentos está na Índia para ajudar na liberação das doses da Covaxin para o Brasil. Integrante me relatou que só falta a Licença de Importação, e que trata-se de trâmite burocrático que deve ser superado por atuação do Ministério da Saúde.

Podem me esclarecer sobre isso?

Leandro Resende

21 999582817

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: sábado, 12 de junho de 2021 00:44
Para: Mônica Cristina Moraes E Souza Araújo
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; William Amorim Santana; Daniele Constantino
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

"Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?
É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Friday, June 11, 2021 1:45 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.
Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).
No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para

ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____
_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore -089747
Company Registration No: 202005277E

No & Date
No: MAD/HM/2021/07
11 June 2021

Exporter's Ref

Buyer's Order No :

Other Reference(s)

CONSIGNEE
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

BUYER
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

Pre Carriage By	Place of Receipt By Pre-Carrier	Country of Origin of Goods	Country of Final Destination
		INDIA	BRAZIL
Vessel / Flight No	**Port of Loading** HYDERABAD, INDIA		
Port of Discharge	**Final Destination** GUARULHOS AIPORT, BR Gross weight 23.046,875 kg Net weight 19.031,210 kg	**Dispatched by Dispatch**	: FCA Hyderabad/Brazil : a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India
		Currency	USD

Brazil	PRODUCT	PACK SIZE	Quantity	USD Unit Price
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial 10 doses/vial	4.000.000	15,00

Bank name DBS Bank.
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.
Account number: 0720224590
IFSC Code: DBSS0IN0811
SWIFT Code: DBSSSGSG.

NCM 3002.20.29

Shelf-life 6 (six) months

Insurance	67,500.00
Air Freight	862,367.02

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Total Value **60,000,000.00**

Amount in words :USD SIXTY MILLION ONLY.

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

For, MADISON BIOTECH PTE. LTD.

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

AUTHORISED SIGNATORY

William Amorim Santana

De: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Enviado em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; William Amorim Santana; Daniele Constantino
Assunto: Re: Pedido de Registro de LI - Covaxin
Anexos: PROFORMA INVOICE - BRAZIL.pdf

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

PRECISA Medicamentos

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

This message may contain stuff that is confidential, privileged and for exclusive use of the Intended permission is strictly prohibited. If you are not the intended recipiente of this message, please noti

Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

Esta mensagem pode conter material confidencial, privilegiado e para uso exclusivo do destinatário autorização expressa, é estritamente proibido. Se você não for o destinatário desta mensagem, por

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

"Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?"

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?
É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Friday, June 11, 2021 1:45 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.
Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).
No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>

>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante

7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____
_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

MADISON
Biotech PTE Ltd

31 Cantonment Road, Singapore -089747, Tel: +65 62244991 Email: cs@madisonbiotech.sg
Company Registration No 202005277E

PROFORMA INVOICE

EXPORTER
MADISON BIOTECH PTE LIMITED
31 Cantonment Road
Singapore -089747
Company Registration No: 202005277E

No & Date
No: MAD/HM/2021/07
11 June 2021

Exporter's Ref

Buyer's Order No :

Other Reference(s)

CONSIGNEE
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

BUYER
HEALTH'S MINISTRY
(ATN.: DEPTO DE LOGÍSTICA EM SAÚDE – DLOG
CNPJ: 00.394.544/0008-51
ESPLANADA DOS MINISTÉRIOS, BLOCO G ANEXO A,
4 ANDAR, SALA 431, BRASÍLIA-DF -70.310-500
BRASIL)

Pre Carriage By	Place of Receipt By Pre-Carrier	Country of Origin of Goods	Country of Final Destination
		INDIA	BRAZIL
Vessel / Flight No	**Port of Loading** HYDERABAD, INDIA		
Port of Discharge	**Final Destination** GUARULHOS AIPORT, BR Gross weight 23.046,875 kg Net weight 19.031,210 kg	**Dispatched by Dispatch**	: FCA Hyderabad/Brazil : a) Upon receipt of approval for dispatch of quantities of Covaxin from Government of India for Brazil b) Upon receipt of batch release certificate from the Central Drugs Laboratories, India
		Currency	USD

Brazil	PRODUCT	PACK SIZE	Quantity	USD Unit Price
1.	**COVAXIN** (Whole Virion Inactivated Corona Virus Vaccine)	5.0ml/vial 10 doses/vial	4.000.000	15,00

Bank name DBS Bank.
Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.
Account number: 0720224590
IFSC Code: DBSS0IN0811
SWIFT Code: DBSSSGSG.

NCM 3002.20.29

Shelf-life 6 (six) months

Insurance	67,500.00
Air Freight	862,367.02

Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Total Value **60,000,000.00**

Amount in words :USD SIXTY MILLION ONLY.

Accepted
For, HEALTH'S MINISTRY

AUTHORISED SIGNATORY

For, MADISON BIOTECH PTE. LTD.

MADISON BIOTECH PTE. LTD. Co. Reg. No. 202005277E

AUTHORISED SIGNATORY

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 14 de junho de 2021 13:00
Para: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira'; 'Carlos E.J. Pereira'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH
Anexos: PROFORMA INVOICE - BRAZIL.pdf

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,

Emanuela Medrades
Diretora Executiva

Av Portugal, 1100 - Itaqui- Itapevi- SP
55 11 3080-5140 - 11 9 3257-4642
www.precisamedicamentos.com.br

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Antes de imprimir, pense no Planeta! (Before printing, please think about our environment!)

From: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>, William Amorim Santana <william.santana@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

"Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?"

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br>; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto
- Informar peso liquido e bruto
- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?
É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato
Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Friday, June 11, 2021 1:45 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.
Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).
No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: sexta-feira, 11 de junho de 2021 13:11
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br>; Roberto Ferreira Dias <roberto.dias@saude.gov.br>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br>; Renata Marques Santana <renatam.santana@saude.gov.br>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Date: Tuesday, 1 June 2021 21:05
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino
Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo
Ala: “A“ – Sala: 431
Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 31 de maio de 2021 16:17
Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>
Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>
Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____
_____

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_____

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: Everton <everton@wegh.com.br>
Enviado em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, June 14, 2021 1:00 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde

DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Daniele Constantino <daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31

Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>, Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>, Lenice Guimaraes Araujo
<lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>, LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, Regina Celia Silva Oliveira
<Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>, Renata Marques Santana
<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>, Thiago Fernandes da Costa
<thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use,

copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.
LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

- **Nome e endereço completo do Fabricante;**
- **Data de fabricação e vencimento;**
- **Número dos Lotes;**

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de narço de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br
www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, June 14, 2021 1:00 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana

<renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>, Roberto Ferreira Dias

<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>, Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD

8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

William Amorim Santana

De: William Amorim Santana
Enviado em: segunda-feira, 14 de junho de 2021 15:15
Para: 'Emanuela Medrades'
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO; Ariadne Gisele Muniz Bonvino
Assunto: RES: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Aproveito para forçar a necessidade de cumprimento do Artigo 16 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021 conforme disposto abaixo:

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

Tenha uma ótima semana!

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

De: William Amorim Santana
Enviada em: segunda-feira, 14 de junho de 2021 14:43
Para: 'Emanuela Medrades' <emanuela.medrades@precisamedicamentos.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br>
Assunto: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Emanuela Medrades,

Boa tarde!

Infelizmente, ainda existem correções a se fazer na Comercial Invoice:

- **Nome e endereço completo do Fabricante;**
- **Data de fabricação e vencimento;**
- **Número dos Lotes;**

Ficamos no aguardo para abertura da Licença de Importação.

OBS: Aproveito para lembrar que, em cumprimento ao Artigo 17 da Resolução da Diretoria Colegiada (RDC) nª 476, de março de 2021, faz-se necessário o envio dos documentos dispostos abaixo:

V - comprovação de autorização de uso emergencial por autoridade sanitária internacional nos termos do art. 15.

Ficamos no aguardo.

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 14:29
Para: William Amorim Santana <william.santana@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Assunto: RE: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

William

Desculpe ! Esqueci de informar, está faltando:

- Nome e endereço completo do Fabricante

Lembrando que, é necessário o Lote com sua validade na LI, para a confecção do Termo de Guarda.

É uma doação ?

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos
WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208
E-mail: everton@wegh.com.br

www.wegh.com.br

-----Original Message-----
From: William Amorim Santana
Sent: Monday, June 14, 2021 1:00 PM
To: everton@wegh.com.br; lucas@wegh.com.br; 'Roberta Pereira' <roberta@wegh.com.br>; 'Carlos E.J. Pereira' <carlos@wegh.com.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>
Subject: SOLICITAÇÃO DE AUTORIZAÇÃO DE EMBARQUE 1ª PARCELA CONTRATO 029/2021 VACINA COVID COVAXIN BHARAT BIONTECH

Prezada Equipe WEGH,

Boa tarde!

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

Campo informações complementares: CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI Nº 14.124/2021" OU "AUTORIZADA CONFORME A LEI Nº 14.125/2021";

Atenciosamente,

William Amorim Santana
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3760
william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]
Enviada em: segunda-feira, 14 de junho de 2021 12:25
Para: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br>; William Amorim Santana <william.santana@saude.gov.br>; Daniele Constantino <daniele.constantino@precisamedicamentos.com.br>
Assunto: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Segue Invoice com os ajustes.

Incluímos a quantidade de doses por frascos, sendo 10 doses, além do peso gross e net.
Ainda não temos o CoA dos lotes que serão exportados, porém a data de fabricação é 25/05/21 com 6 meses de validade após fabricação.

Assim que a LI for registrada, o CDL poderá indicar qual lote produzido nesta data poderá ser exportado.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Date: Saturday, 12 June 2021 00:43
To: Mônica Cristina Moraes E Souza Araújo <monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>, Daniele Constantino
<daniele.constantino@precisamedicamentos.com.br<mailto:daniele.constantino@precisamedicamentos.com.br>>
Subject: Re: Pedido de Registro de LI - Covaxin

Bom dia, Monica.

Pedimos os ajustes na Proforma e retornamos em breve.

Atenciosamente,
[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Mônica Cristina Moraes E Souza Araújo
<monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>>
Date: Friday, 11 June 2021 22:30
To: Emanuela Medrades
<emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br>
>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
<lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>, William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>
Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Emanuela,

Boa tarde.

Seguem abaixo os apontamentos do despachante aduaneiro para correção e complementação das informações da Proforma Invoice anexa:

“Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?”

Ressaltamos a importância das informações da invoice estarem condizentes com as da Proforma Invoice para a agilidade do desembaraço da carga.

Atenciosamente.

Mônica Cristina Moraes e Souza Araújo
Ministério da Saúde
DIIMP/CGLOG/DLOG-SE
Ed. Anexo, 4º andar, Sala 431-A
55-61-3315-3708
monica.moraes@saude.gov.br<mailto:monica.moraes@saude.gov.br>

[cid:image005.png@01D76118.26F52B70]

-----Mensagem original-----
De: Everton [mailto:everton@wegh.com.br] Enviada em: sexta-feira, 11 de junho de 2021 15:31
Para: William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>
Assunto: RE: Pedido de Registro de LI - Covaxin

Boa tarde William

Por gentileza informar:

- INCOTERM CIF é só para modal marítimo, alterar para o correto

- Informar peso liquido e bruto

- Informar Lote e validade do lote

Qual é a quantidade de frasco ? Saberia informar ?

É uma doação ?

No aguardo das alterações.

ATENÇÃO PARA O NOVO ENDEREÇO DA WEGH ABAIXO NA ASSINATURA Grato

Everton F Campos

WEGH Assessoria e Logística Internacional Ltda Rua José do Patrocinio, 220 - Aclimação - São Paulo - SP - Brasil CEP 04108-000 – São Paulo-SP- Brasil Phone +55 11 5573-0877 / 5572.4330 / 5908-5050 – RAMAL: 208

E-mail: everton@wegh.com.br<mailto:everton@wegh.com.br>

www.wegh.com.br<http://www.wegh.com.br>

-----Original Message-----

From: William Amorim Santana

Sent: Friday, June 11, 2021 1:45 PM

To: everton@wegh.com.br<mailto:everton@wegh.com.br>; lucas@wegh.com.br<mailto:lucas@wegh.com.br>; 'Roberta Pereira' <roberta@wegh.com.br<mailto:roberta@wegh.com.br>>; 'Carlos E.J. Pereira' <carlos@wegh.com.br<mailto:carlos@wegh.com.br>>

Cc: LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>

Subject: ENC: Pedido de Registro de LI - Covaxin

Prezada Equipe WEGH,

Boa tarde!

Trata-se de Comercial Invoice referente a importação de 4.000.000 (quatro milhões) de doses.

Segue documentação para análise complementar e, estando em conformidade, gentileza providenciar a abertura de Licença de Importação (LI).

No campo informações complementares deve conter a escrita:

CONTRATO 029/2021 CELEBRADO ENTRE O MINISTÉRIO DA SAÚDE E A EMPRESA ESTRANGEIRA BHARAT BIONTECH PARA IMPORTAÇÃO DO IMUNIZANRE CONTRA A COVID-19 (COVAXIN/BBV152). IMPORTAÇÃO "AUTORIZADA CONFORME A LEI nº 14.124/2021" ou "AUTORIZADA CONFORME A LEI nº 14.125/2021";

Caso não seja possivel a abetrura da LI, gentileza fazer os apontamentos necessários.

Atenciosamente,

William Amorim Santana

Ministério da Saúde

DIIMP/CGLOG/DLOG-SE

Ed. Anexo, 4º andar, Sala 431-A

55-61-3315-3760

william.santana@saude.gov.br<mailto:lilian.sa@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:lilian.sa@saude.gov.br>>

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: sexta-feira, 11 de junho de 2021 13:11

Para: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br>>; William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br>>; Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br>>; Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br>>; Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br>>; Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br>>; Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br>>

Assunto: Re: Pedido de Registro de LI - Covaxin

Caro William, boa noite.

Segue Proforma Invoice para ser utilizada na abertura da LI.

Vamos precisar do registro, mesmo que em exigência, para fornecer o Packing list e demais informações dos lotes que serão destinados para o BR.

Além disso, gostaria de solicitar o auxílio quanto as tratativas junto ao INCQS, pois conforme deliberado, eles terão que realizar ensaios para liberação, e acredito que o quantitativo de amostras irã ser alterado. E informo para ciência de todos, que o período de ensaios dos testes de liberação de lote é de aproximadamente 30 dias, conforme já apresentado ao INCQS.

Atenciosamente,

Me coloco a disposição,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

From: Ariadne Gisele Muniz Bonvino <ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>

Date: Tuesday, 1 June 2021 21:05

To: Emanuela Medrades <emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br<mailto:emanuela.medrades@precisamedicamentos.com.br%3cmailto:emanuela.medrades@precisamedicamentos.com.br>>>, William Amorim Santana <william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>, Luis Ricardo Fernandes Miranda <luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>, Roberto Ferreira Dias <roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:roberto.dias@saude.gov.br>>>, Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>, LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>, Regina Celia Silva Oliveira <Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br<mailto:Regina.Oliveira@saude.gov.br%3cmailto:Regina.Oliveira@saude.gov.br>>>, Renata Marques Santana <renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br<mailto:renatam.santana@saude.gov.br%3cmailto:renatam.santana@saude.gov.br>>>, Thiago Fernandes da Costa <thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br<mailto:thiago.fernandes@saude.gov.br%3cmailto:thiago.fernandes@saude.gov.br>>>

Cc: Alex Lial Marinho
<alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>, Rodrigo Otavio Moreira da Cruz
<rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Subject: RES: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Prezados, bom dia!

Encaminho ofício anexo da Anvisa em que informa que, devido ao aditamento dos documentos de ontem e o prazo necessário para analisá-los, não será possível a deliberação no prazo de 7 dias uteis previsto na Portaria 476/21.

Att.

Ariadne Bonvino

Divisão de Importação - DIIMP/CGLOG/DLOG/SE Esplanada dos Ministérios, Bl.: “G”, Ed.: Anexo

Ala: “A“ – Sala: 431

Tel.: (61) 3315-7767

[cid:image003.png@01D75F0A.51DF4F60]

De: Emanuela Medrades [mailto:emanuela.medrades@precisamedicamentos.com.br]

Enviada em: segunda-feira, 31 de maio de 2021 16:17

Para: Ariadne Gisele Muniz Bonvino
<ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br<mailto:ariadne.bonvino@saude.gov.br%3cmailto:ariadne.bonvino@saude.gov.br>>>; William Amorim Santana
<william.santana@saude.gov.br<mailto:william.santana@saude.gov.br<mailto:william.santana@saude.gov.br%3cmailto:william.santana@saude.gov.br>>>; Luis Ricardo Fernandes Miranda
<luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br<mailto:luisf.miranda@saude.gov.br%3cmailto:luisf.miranda@saude.gov.br>>>; Roberto Ferreira Dias
<roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br<mailto:roberto.dias@saude.gov.br%3cmailto:rober

to.dias@saude.gov.br>>>; Lenice Guimaraes Araujo <lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br<mailto:lenice.araujo@saude.gov.br%3cmailto:lenice.araujo@saude.gov.br>>>; LISTA - DIVISÃO DE IMPORTAÇÃO <lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br<mailto:lista.divisaoimportacao@saude.gov.br%3cmailto:lista.divisaoimportacao@saude.gov.br>>>

Cc: Alex Lial Marinho <alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br<mailto:alex.marinho@saude.gov.br%3cmailto:alex.marinho@saude.gov.br>>>; Rodrigo Otavio Moreira da Cruz <rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br<mailto:rodrigo.cruz@saude.gov.br%3cmailto:rodrigo.cruz@saude.gov.br>>>

Assunto: Re: Solicitação de documentos para pedido, junto a ANVISA, de concessão de excepcionalidade para importação da Vacina COVAXIN.

Ariadne, boa tarde.

Por gentileza, confirma havíamos combinado com a Daniela, estamos respondendo a Parte I dos questionamentos referentes aos estudos clínicos da Índia enviados pela GGMED.

Documentos:

1. Clinical Responses – Parte I;
2. Mock Shell Version 1.0
3. BBV152 SAP
4. Development and Licensure for Covid19 – FDA.
5. Case Report Form – CRF
6. Diário do Participante
7. ICD
8. Questionário FUP Telefone

Atenciosamente,

[Uma imagem contendo guarda-chuva Descrição gerada automaticamente] [signature_631106945]

_____

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.This message may contain confidential and / or privileged. If you're not the recipient or the person authorized to receive this message, you cannot use, copy or disclose the information contained therein or take any action based on this information. If you have received this message in error, please notify the sender immediately by reply e-mail and then delete it.

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.

É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS.

LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.

EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

_____

Esta mensagem pode conter informação confidencial e/ou privilegiada. Se você não for o destinatário ou a pessoa autorizada a receber esta mensagem, não pode usar, copiar ou divulgar as informações nela contidas ou tomar

qualquer ação baseada nessas informações. Se você recebeu esta mensagem por engano, por favor avise imediatamente o remetente, respondendo o e-mail e em seguida apague-o.

_____
_____

IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA. É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

ADMINISTRAÇÃO DA REDE MSNET

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IMPORTANTE: FORAM IDENTIFICADOS LINKS NESTA MENSAGEM PARA ACESSO A SITES EXTERNOS, CUJA SEGURANÇA NÃO PÔDE SER VERIFICADA.
É DE FUNDAMENTAL IMPORTÂNCIA COMPORTAR-SE DE MANEIRA SEGURA EM NOSSA REDE, NÃO ABRINDO ANEXOS E LINKS DESCONHECIDOS, AINDA QUE SUPOSTAMENTE ENVIADOS POR PESSOAS CONHECIDAS. LEMBRANDO QUE INSTITUIÇÕES FINANCEIRAS, DO PODER JUDICIÁRIO, SERVIÇO DE PROTEÇÃO AO CRÉDITO, NÃO ENVIAM E-MAILS COM AVISOS DE DÉBITOS, PROCESSOS E RECADASTRAMENTOS.
EM CASO DE DÚVIDA, CONTATE A CENTRAL DE ATENDIMENTO AO USUÁRIO.

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ANVISA
Agência Nacional de Vigilância Sanitária

VOTO Nº 163/2021/SEI/DIRE5/ANVISA

Processos nº 25351.913403/2021-02, 25351.913407/2021-82, 25351.913406/2021-38, 25351.913405/2021-93, 25351.914307/2021-73, 25351.916101/2021-88 e 25351.915151/2021-48.

Analisa pedidos do **Ministério da Saúde** e dos **Estados da Bahia, Maranhão, Sergipe, Ceará, Pernambuco e Piauí** de autorização excepcional e temporária para importação e distribuição de vacinas para Covid-19 destinadas ao enfrentamento da emergência de saúde pública de importância nacional decorrente do surto do novo coronavírus (SARS-CoV-2), nos termos da Lei nº 14.124, de 10 de março de 2021.

Posição do RELATOR: ***FAVORÁVEL COM CONDICIONANTES E ASSINATURA DE TERMO DE COMPROMISSO.***

Área responsável: DIRE5

Relator: **Alex Machado Campos**

1. CONSIDERAÇÕES INICIAIS

Examinaremos, nesta sessão, os pedidos de autorização excepcional e temporária para importação, distribuição e uso de vacinas para Covid-19, da Sputnik e da Covaxin, nos termos da Lei nº 14.124, de 10 de março de 2021.

Em homenagem ao princípio da eficiência e considerando que as solicitações se apoiam em mesma dinâmica regulatória, em acordo com esta diretoria colegiada, trago a minha análise, sobre as importações das duas vacinas, de maneira unificada. As discussões e coleta de votos, contudo, serão realizadas individualmente, em benefício da melhor compreensão de cada um dos casos.

Destaco, ainda, que os pedidos de importação da vacina Sputnik estão reunidos em um só bloco, e serão analisados nesta sessão aqueles pedidos que tem processos ativos em curso na agência, em outras palavras, aqueles que pendem da análise de recurso apresentado contra a decisão originária da Anvisa, ou que ingressaram, com novos fundamentos, com outro pedido de importação. Dessa forma, analisaremos em bloco os pedidos dos estados da **Bahia, Maranhão, Sergipe, Ceará, Pernambuco e Piauí.**

No caso da vacina Covaxin, trata-se de novo pedido formulado pelo Ministério da Saúde, mediante a apresentação de documentos e elementos novos.

Antes de pronunciar propriamente meu voto, presidente, peço licença para tecer breves considerações.

Minhas palavras iniciais são novamente de agradecimento. Obrigado Gustavo Mendes, obrigado Ana Carolina, obrigado Suzie Marie pelas apresentações e por trazerem a síntese das manifestações as áreas técnicas da Anvisa. Em nome deles, agradeço a cada um dos servidores que participaram das discussões em torno dessas importações.

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Somos testemunhas: nossos servidores têm vivenciado os dias mais desafiadores das suas trajetórias profissionais. São dilemas intelectuais e científicos; discussões sobre os protocolos tradicionais; revisão de modelos regulatórios. Quebramos paradigmas nesta Agência todos os dias. Eu cumprimento com muita gratidão os técnicos da Anvisa por esse esforço sincero. Não falta coragem para debater com altivez e refletir com humildade, sem descuidar do dever de ofício: cuidar da saúde das pessoas.

Cada passo deve ser medido. O desafio permanente é estabelecer se os benefícios de uma decisão no campo da vigilância sanitária são maiores que os riscos da solução analisada. Numa pandemia em que milhares de pessoas morrem diariamente, essa decisão, de avaliar plataforma vacinais, é sempre muito complexa. De um lado a necessidade de mais vacinas; do outro, o compromisso de levar vacinar seguras, eficazes e de qualidade para a população. Essa é a permanente tensão que nos mobiliza.

É sempre uma decisão multisaberes, que deve se escorar na ciência e nos mecanismos que ela mesmo nos oferece para mitigar riscos que eventualmente precisemos admitir. O benefício deve sempre superar o risco. E os riscos, por sua vez, devem ser enfrentados com transparência e com medidas de controle.

A decisão de hoje é mais uma dessas decisões dificílimas a que estamos submetidos desde o início da pandemia. Os nossos dilemas e as nossas convicções, mesmo que não coincidentes, trilham o caminho da absolta transparência.

Buscamos, a todo instante, as decisões menos imperfeitas; e qualquer delas devem ser submetidas ao escrutínio público permanente. O formato dessa reunião explica esse compromisso, que é uma necessidade incontornável da nossa realidade. O cidadão deve ter direito a saber tudo. De tudo mesmo. A imprensa, a academia, os especialistas, por sua vez, tratam de exercer crítica qualificada em benefício desse mesmo cidadão que nos empenhamos em proteger.

Aqui, novamente, como lá trás, em janeiro, quando aprovamos as primeiras vacinas, na condição de uso emergencial, remanescem os dramas pessoais nessa disputa com vírus; o sofrimento do próximo; testemunhos; cenas que chocam, sensibilizam e amedrontam. Amigos e familiares adoecidos ou que se foram. A situação hoje é ainda pior, essa é a verdade. Os números mostram.

De novo somos tomados pelas reflexões solitárias, pelos dilemas, dúvidas, incertezas, só resolvidas diante do esforço coletivo e compartilhado do trabalho. Assim chegamos até aqui, mesmo diferentes, e no respeito à divergência.

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Feitas essas observações, passo a proferir o meu voto, que se baliza nos pareceres das áreas técnicas envolvidas nesta análise, as quais respondem, respectivamente, pelas ações de registro, fiscalização, monitoramento e farmacovigilância.

Antes de seguir com as análises individualizadas dos pedidos, cumpre promover esclarecimento inicial quanto ao eixo regulatório que guiará, na sequência, a análise e, ao final, espelhará o meu voto.

Os pedidos de importação protocolados pelos entes subnacionais e pelo ministério da saúde foram ancorados em legislação recente, a Lei nº 14.124/21, que veio a disciplinar modalidade regulatória nova, denominada: Autorização Excepcional e Temporária para a Importação.

Essa modalidade instituída pela lei em nada se confunde com os processos que resultam em concessão de registro da vacina ou que permitem o seu uso emergencial. Nas modalidades regulatórias de registro de uma vacina ou de autorização do uso emergencial, o tipo de trabalho exercido pela Anvisa é do público conhecido, assim como do meio acadêmico e científico. Trata-se de exame robusto, detalhado, de reconhecido rigor analítico, ensejando, ou não, o aval e o selo da Anvisa em função dos aspectos de segurança, qualidade e eficácia.

Na importação excepcional, objeto da presente deliberação, estamos diante de modalidade regulatória com rito, em princípio, mais abreviado e acelerado, na medida em que a Anvisa se limitaria a inferir, a partir de um relatório técnico emitido por outra autoridade sanitária, se aspectos de segurança, qualidade e eficácia foram observados por tal autoridade.

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De acordo com o art. 16, da Lei 14.124/21, a União, os Estados, os Municípios e o Distrito Federal podem promover a importação excepcional de vacinas para combater a Covid-19, que não possuam o registro sanitário definitivo na Anvisa, desde que registradas ou autorizadas para uso emergencial pelas autoridades sanitárias estrangeiras que define, entre as quais, a autoridade da Rússia e autoridade Indiana.

Estabeleceu a lei, também, que a Anvisa, conforme estabelecido em ato regulamentar próprio - RDC nº 476/21 -, deve oferecer parecer e decidir em sete dias úteis sobre o pedido de importação. Contudo, prevê a norma que, na ausência do relatório técnico de avaliação da autoridade sanitária internacional, o prazo dessa decisão será de até 30 (trinta) dias.

Tal procedimento se assemelha ao já estabelecido pela RDC nº 203/2017, que dispõe sobre os critérios e procedimentos para importação, em caráter de excepcionalidade, de produtos sujeitos à vigilância sanitária sem registro na Anvisa. De acordo com esta Resolução, podem ser autorizados para importação, em caráter de excepcionalidade, os imunobiológicos integrantes do Programa Nacional de Imunização, adquiridos por meio do Fundo Rotatório para Aquisições de Imunobiológicos da Organização Pan-americana da Saúde (Opas)/Organização Mundial de Saúde (OMS). Esses produtos devem ser pré-qualificados pela OMS, mas também não passam por uma análise de qualidade, segurança e eficácia pela Anvisa. Esse instrumento regulatório é essencial para manutenção do abastecimento do Programa Nacional de Imunização (PNI) e para o fornecimento de vacinas à nossa população.

Apesar das partes comuns que ensejam a análise conjunta dos pedidos, meu voto comporta capítulos específicos sobre a Sputnik e a Covaxin.

Para melhor compreensão pública da metodologia de análise adotada, optei pelo seguinte roteiro.

As duas vacinas foram objeto de pedidos de importação já analisados e não autorizados pela Anvisa, por motivos e razões já amplamente divulgados.

Nesse sentido, trilharei a análise dos novos pedidos de importação da seguinte forma: na primeira parte do exame individualizado de cada uma das vacinas, observarei se as razões que levaram ao indeferimento das importações foram superadas ou de algum modo mitigadas pelo desenvolvedor neste novo pedido; na segunda parte, destacarei, quando houver, as incertezas ou inconsistências remanescentes, apontando ao final se elas implicam o indeferimento ou não do pedido.

2. DA IMPORTAÇÃO DA VACINA SPUTNIK V

2.1 Relatório

Analisa-se os pedidos de autorização para importação excepcional da vacina Sputnik V, nos termos da Lei nº 14.124, de 10 de março de 2021, dos Estados da Bahia, Maranhão, Sergipe, Ceará, Pernambuco e Piauí.

Os processos foram autuados sob as numerações abaixo descritas, com os respectivos quantitativos e cronogramas.

Estado / Município	Processo SEI	Ofício	Data de recebimento	Cronograma para 2021 (doses)
Bahia	25351.913403/2021-02	Ofício nº PGE/PA n.160/2021	29/04/2021	Abril: 520.620; Maio: 1.301.540; Junho: 2.603.090; Julho: 5.345.030 Total: 9.770.280
Maranhão	25351.913407/2021-82	Ofício nº 121/2021-GAB/PGE	29/04/2021	Abril: 244.210; Maio: 610.500; Junho: 1.221.000; Julho: 2.507.150 Total: 4.582.860
Sergipe	25351.913406/2021-38	Ofício nº 002/2021/NATS/PGE/SE	29/04/2021	Abril: 21.310; Maio: 53.290; Junho: 106.570; Julho: 218.830 Total: 400.000
Ceará	25351.913405/2021-93	Of. 1.712/ 2021 – GABSEC/SESA	07/05/2021	Abril: 385.158; Maio: 962.896; Junho: 1.925.792; Julho: 2.307.764 Total:

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				5.581.610
Pernambuco	25351.914307/2021-73	Ofício nº 41/2021 - GAB/SES	14/05/2021	Abril: 213.150; Maio: 532.850; Junho: 1.065.710; Julho: 2.188.290 Total: 4.000.000
Piauí	25351.916101/2021-88	Ofício Nº: 337/2021/PGE-PI/GAB/AP1	01/06/2021	Abril: 115.820; Maio: 289.560; Junho: 579.110; Julho: 1.189.120 Total: 2.173.610

Importa esclarecer que a Anvisa já deliberou sobre pedidos anteriores de importação excepcional da vacina Sputnik V por ocasião da 7ª Reunião Extraordinária Pública de 26 de abril de 2021. Naquela oportunidade, o relatório técnico de avaliação da autoridade sanitária internacional requerido pela Lei nº 14.124/21 não foi apresentado e os aspectos técnicos lacunosos não foram supridos, conforme extensamente demonstrado naquela oportunidade. Diante disso, a Diretoria Colegiada decidiu, por unanimidade, não autorizar os pedidos de autorização excepcional e temporária para importação e distribuição da vacina Sputnik V.

Após a deliberação ocorrida em 26/04, os estados da Bahia, Maranhão, Sergipe, Ceará, Pernambuco e Piauí apresentaram os Ofícios nº PGE/PA nº 160/2021, nº 121/2021-GAB/PGE, nº 002/2021/NATS/PGE/SE, Of. 1.712/ 2021 – GABSEC/SESA, Ofício nº 41/2021 - GAB/SES e Ofício Nº 337/2021/PGE-PI/GAB/AP1, respectivamente, enviados com o objetivo de oferecer esclarecimentos técnicos e documentação comprobatória da eficácia, qualidade e segurança da vacina Sputnik V, além de requerer novo pronunciamento sobre o assunto.

Ato contínuo, o estado da Bahia enviou o Ofício nº PGE/PA n. 168/2021 e o estado do Maranhão enviou o Ofício n.º 001/2021-ASS-ESPECIAL/PGE, com requerimento de juntada de dois novos documentos, visando subsidiar a reapreciação do pleito de autorização de importação excepcional da vacina Sputnik V.

Dessa forma, em atenção ao princípio da eficiência administrativa, os pedidos de reapreciação dos pleitos de autorização de importação excepcional da vacina Sputnik V foram recepcionados pela Anvisa como novos pedidos de importação, o que ensejou a abertura dos processos administrativos ora em deliberação. Tais processos tiveram como marco inicial para atendimento aos prazos da Lei nº 14.124/2021 o dia do protocolo, conforme tabela acima.

No dia 07/05, foi enviado o Ofício nº 1084/2021/SEI/GADIP-CG/ANVISA ao estado da Bahia, o Ofício nº 1083/2021/SEI/GADIP-CG/ANVISA ao estado do Maranhão, o Ofício nº 1085/2021/SEI/GADIP-CG/ANVISA ao estado de Sergipe; no dia 11/05, o Ofício nº 1111/2021/SEI/GADIP-CG/ANVISA ao estado do Ceará; e, no dia 18/05, o Ofício nº 1180/2021/SEI/GADIP-CG/ANVISA ao estado de Pernambuco. Nos referidos Ofícios, a Agência informou que os documentos encaminhados no dia 29/04 não cumpriam o requisito referente à apresentação do relatório técnico de análise da autoridade sanitária estrangeira, disposto pelo § 3º do art. 16 da Lei nº 14.124/2021, nem traziam novos elementos que refutassem as razões que motivaram a não autorização dos pedidos de autorização excepcional e temporária para importação e distribuição da vacina Sputnik V por ocasião da 7ª Reunião Extraordinária Pública da Diretoria Colegiada da Anvisa. Ademais, as manifestações das áreas técnicas da Anvisa referentes aos documentos encaminhados foram enviadas aos estados (Nota Técnica nº 63/2021/SEI/COINS/GIMED/GGFIS/DIRE4/ANVISA; Nota Técnica nº 48/2021/SEI/GPBIO/GGMED/DIRE2/ANVISA; e Relatório de avaliação da resposta encaminhada pelo Instituto Gamaleya sobre os motivos que levaram à negativa de importação da vacina Sputnik V). Por fim, os Ofícios informaram que os processos se encontravam em diligência e que a deliberação da Anvisa ocorreria de acordo com o prazo estabelecido pela Lei nº 14.124/2021.

No dia 13/05, foi enviado o Ofício nº 1145/2021/SEI/GADIP-CG/ANVISA ao estado da Bahia e o Ofício nº 1139/2021/SEI/GADIP-CG/ANVISA ao estado do Maranhão. Tais documentos informaram aos estados que os novos documentos encaminhados por meio do Ofício nº PGE/PA n. 168/2021 e Ofício nº 001/2021-ASS-ESPECIAL/PGE, apresentados no dia 04/05, não cumpriam o requisito referente à apresentação do relatório técnico de análise da autoridade sanitária estrangeira, disposto pelo § 3º do

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art. 16 da Lei nº 14.124/2021, nem traziam novos elementos que refutassem as razões que motivaram a não autorização dos pedidos de autorização excepcional e temporária para importação e distribuição da vacina Sputnik V por ocasião da 7ª Reunião Extraordinária Pública da Diretoria Colegiada da Anvisa. Novamente, as manifestações das áreas técnicas foram enviadas aos estados (Nota Técnica nº 54/2021/SEI/GPBIO/GGMED/DIRE2/ANVISA e Despacho nº 77/2021/SEI/GFARM/GGMON/DIRE5/ANVISA). Por fim, os Ofícios da Anvisa ressaltaram, novamente, que os processos se encontravam em diligência e que a deliberação da Anvisa ocorreria de acordo com o prazo estabelecido pela Lei nº 14.124/2021.

No dia 21/05, a Anvisa recebeu o Ofício nº PGE/PA n. 201/2021 do estado da Bahia e o Ofício nº 146/2021-GAB/PGE do estado do Maranhão; no dia 24/05, o Ofício nº 003/2021/NATS/PGE/SE do estado de Sergipe; e no dia 25/05, o Ofício GABSEC/SESA nº 2009/2021 do estado do Ceará. Todos encaminharam o relatório técnico emitido pelo Ministério da Saúde da Rússia e exigido com base no §3º do art. 16 da Lei nº 14.124/2021, com vistas à comprovação do atendimento dos requisitos técnicos de eficácia, qualidade e segurança da vacina em análise.

No dia 25/05, o Consórcio Nordeste enviou o Ofício CIDSNE/PRESID nº 025/2021, o qual apresentava ponderações e proposições para contribuir com a tomada de decisão acerca do pedido de autorização excepcional da vacina Sputnik V protocolado pelos estados do Nordeste. Dessa forma, compreendendo que cabe às autoridades públicas compartilhar as responsabilidades, o Consórcio Nordeste reiterou o pedido de aprovação em caráter excepcional da vacina Sputnik V e propôs a adoção, em caráter de excepcionalidade, das seguintes medidas de contingência que estariam sob a responsabilidade dos estados envolvidos:

1. Assinatura de um Termo de Compromisso onde estejam definidas tais responsabilidades;
2. Realização de um estudo de efetividade, a partir da importação e aplicação dos primeiros lotes da vacina, utilizando-se de um protocolo a ser desenhado de forma acordada com a Anvisa e executado segundo as normas de Boas Práticas Clínicas, por centros de pesquisa habilitados, incluindo aqueles ligados às Universidades presentes nos estados importadores;
3. Implementação de um Programa de Monitoramento de Eventos Adversos (Farmacovigilância) sob a responsabilidade conjunta das autoridades estaduais de vigilância, voltado ao permanente registro e investigação de eventos adversos relacionados com a utilização da vacina e a devida comunicação à Anvisa;
4. Submissão de todos os lotes da vacina aos devidos testes de controle de qualidade em laboratórios credenciados e aceitos pela Anvisa, incluindo o INCQS/Fiocruz.

No dia 31/05, a Anvisa enviou os Ofícios nºs: 1294/2021/SEI/GADIP-CG/ANVISA à Bahia; 1293/2021/SEI/GADIP-CG/ANVISA ao Maranhão; 1292/2021/SEI/GADIP-CG/ANVISA à Sergipe; 1291/2021/SEI/GADIP-CG/ANVISA ao Ceará. Os referidos Ofícios contextualizaram o histórico dos processos administrativos na Agência e informaram que, considerando-se a quantidade de novos documentos e informações juntados aos autos pelos estados, incluindo-se a apresentação do relatório técnico de avaliação emitido pelo Ministério da Saúde da Federação da Rússia, além da formalização pelo Consórcio Nordeste do seu compromisso de executar medidas de contingência para resguardar a segurança, qualidade e eficácia da vacina Sputnik V, a Anvisa entende indispensável que seja efetuada análise técnica complementar a fim de decidir de forma exauriente sobre os pedidos dos Estados. Dessa forma, resguarda-se que não ocorram prejuízos nem aos requerentes e nem à população brasileira com uma decisão que não seja conclusiva ou que não tenha considerado todos os elementos técnicos juntados ao processo sobre a importação e a distribuição da vacina Sputnik V em nosso país, matéria de grande relevância nacional, motivo pelo qual, nos termos do art. 45 da Lei nº 9.784/99, com base no poder geral de cautela na seara administrativa, a deliberação final da Anvisa sobre os requerimentos administrativos ocorreria até o dia 08/06/21 (terça-feira).

Portanto, restando demonstrado o histórico dos processos administrativos no âmbito da Anvisa e os novos elementos acostados aos autos, esclareço que os pleitos ora em deliberação foram

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instruídos com os documentos apresentados nos novos pedidos e com toda a documentação que instruiu os processos iniciais. Dessa forma, foram apresentados pelos solicitantes os seguintes documentos que compõem os processos:

- Ofícios contendo o cronograma de importação;

- Declaração atestando o descumprimento do Plano Nacional de Operacionalização da Vacinação contra a Covid-19;

- Declaração atestando a adoção das estratégias de monitoramento e cumprimento das diretrizes de farmacovigilância;

- Certificado do registro do produto na Rússia, país onde o produto é fabricado;

- Relatório técnico de avaliação da vacina emitido pelo Ministério da Saúde da Rússia.

Assim, toda a documentação requerida pela Lei nº 14.124/21 e pela RDC nº 476/21 foi apresentada pelos requerentes nos processos ora em deliberação. Além de ter sido apresentado o relatório de avaliação emitido pela autoridade sanitária responsável pela aprovação do registro da vacina, conforme requerido pela citada Lei e cuja ausência também motivou a negativa do pedido anterior de importação, o Consórcio Nordeste enviou Ofício que traz medidas de contingência importantes para o caso de aprovação dos pleitos de importação, sinalizando a preocupação dos gestores dos estados no monitoramento do uso da vacina no Brasil e nas medidas de proteção à saúde da população.

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Conforme ressaltei no início do meu voto, o olhar capital da minha análise se deterá em observar em que medida as lacunas de informação relatadas por mim, no dia 26/04, e que ensejaram o indeferimento, unânime, da autorização de importação, foram superadas a partir dos documentos apresentados nesse novo pedido.

Nesse sentido, cumpre destacar que consta desses novos pedidos de importação um documento de enorme relevância para o processo de deliberação, inexistente na avaliação anterior, e que funciona como requisito legal e balizador de referência para as avaliações técnicas da agência.

Faço menção a apresentação, nessa nova análise, do **relatório técnico de avaliação da vacina emitido pela autoridade sanitária estrangeira**, no caso, da Rússia, em atendimento ao § 3º, do art. 16, da Lei nº 14.124.

Além do referido relatório, merece realce o envio de um ofício, subscrito pelo Consórcio Nordeste, contendo ponderações e proposições para contribuir com a tomada de decisão acerca dos pedidos de autorização excepcional da vacina Sputnik V protocolados pelos estados do Nordeste, dentre as quais a adoção, como já mencionei, em caráter de excepcionalidade, de medidas de contingência que estariam sob sua responsabilidade especialmente a assinatura de Termo de Compromisso perante esta Agência, realização de estudos de efetividade, a partir da importação e aplicação dos primeiros lotes da vacina, implementação de programa de monitoramento de eventos adversos (farmacovigilância) e submissão de todos os lotes da vacina aos devidos testes de controle de qualidade em laboratórios públicos.

No julgamento anterior, diante da ausência do relatório técnico da vacina, a Anvisa buscou todos os elementos de avalição disponíveis para tentar identificar, por meio desses elementos, se seria possível aferir os aspectos de segurança, qualidade e eficácia mínimos e necessários à autorização da importação excepcional.

Nesse sentido, avaliamos, por exemplo, documentos de posse da agência por força da análise em curso em outro processo dentro da agência, o de uso emergencial. No mesmo propósito, promovemos inspeções em plantas fabris da Sputnik na Rússia e tentamos obter informações a respeito da vacina junto a dezenas de países e também por intermédio de outras instituições de regulação com as quais a Anvisa estabelece parceria institucional.

Naquela ocasião, por força da ausência do relatório técnico e diante das informações colhidas a partir desse conjunto de iniciativas, um número significativo de aspectos foram apontados pela Anvisa, os quais refletiam uma fotografia das condições da plataforma vacinal naquele instante; alguns

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desses aspectos, conforme pareceres das áreas técnicas, foram superados a partir de informação contida no relatório técnico apresentado, mas outros aspectos permanecem em debate, e devem ser sopesados, na minha opinião, à luz do atual cenário sanitário e epidemiológico de nosso país.

2.2 Da vacina Sputnik V

A Vacina Sputnik V (Gam-COVID-Vac) é fabricada na Rússia e está registrada perante o Ministério da Saúde da Rússia, Órgão Sanitário do mesmo país.

A vacina consiste em dois componentes:

• o componente 1 vem na forma de partículas virais recombinantes baseadas no adenovírus humano sorotipo 26 que carrega o gene da proteína do vírus SARS-CoV-2;

• o componente 2 vem na forma de partículas virais recombinantes baseadas no adenovírus humano do sorotipo 5 que carrega o gene da proteína S do vírus SARS-CoV-2.

A vacinação é administrada em duas etapas: primeiro 0,5 mL do Componente I e, em seguida, três semanas depois, 0,5 mL do componente II. Após a administração da vacina, a equipe médica deve acompanhar o estado de saúde do paciente durante um período de 30 minutos.

Existem dois regimes aprovados para o armazenamento e transporte da vacina: i) a vacina congelada deve ser transportada e armazenada em local escuro a uma temperatura de -18°C ou menos. O prazo de validade dessa vacina é de 6 meses a partir da data de produção. O descongelamento leva de 3 a 5 minutos. Uma vez descongelada, essa vacina deve ser administrada dentro de 120 minutos; ii) a vacina na forma líquida (fabricada no site da Generium) deve ser transportada e armazenada em local escuro a uma temperatura de +2 a + 8°C. O prazo de validade dessa vacina é de 2 meses a partir da data de produção. Uma vez retirada da geladeira, tal vacina deve ser administrada dentro de 120 minutos.

A vacina Gam-COVID-Vac ou Sputnik é indicada para a imunização ativa de indivíduos ≥ 18 anos de idade para a prevenção da Covid-19.

2.3 Do relatório de avaliação emitido pela autoridade estrangeira

No caso da importação da vacina Sputnik, a apresentação do relatório técnico da vacina emitido pela autoridade de regulação estrangeira **é fato processual de relevo**; traduz-se em substancial mudança do quadro probatório, uma vez que a deliberação anterior, como já mencionado, seguiu e evoluiu sem se pautar pelas balizas de tal relatório técnico previsto em lei. Em síntese, esse documento inexistia, e ele agora foi apresentado à agência.

Merece registro que o legislador, por meio da Lei nº 14.124/21, estabeleceu a possibilidade de importação excepcional de vacina, sem registro na Anvisa, quando o pedido é lastreado em registro ou em uso emergencial de vacina ou medicamento obtido ou aprovado em autoridade regulatória estrangeira definida pela lei.

Para tanto, a norma dispõe que o pedido deve ser guarnecido com o próprio documento de registro ou com o certificado de uso emergencial alcançado na autoridade estrangeira, e ainda com o relatório técnico da avaliação da vacina, emitido ou publicado por aquela autoridade sanitária internacional, tendo que ser capaz de comprovar que a vacina atende aos padrões de qualidade, de eficácia e de segurança estabelecidos pela OMS ou pelo ICH e pelo PIC/S.

Assim, diante da apresentação do relatório técnico da vacina previsto na lei, cabe à Anvisa avaliar e decidir – já que lhe compete, nos termos da mesma lei, oferecer parecer sobre a importação – se o relatório apresentado atende aos requisitos de qualidade, de eficácia e de segurança estabelecidos na norma.

Pois bem. No dia 21/05, os requerentes encaminharam à Anvisa o relatório técnico de avaliação emitido pelo Ministério da Saúde da Federação Russa, em atendimento ao requerimento constante no § 3º do art. 16 da Lei nº 14.124/21.

A Assessoria de Assuntos Internacionais (AINTE), por meio do Despacho nº 97/2021/SEI/AINTE/GADIP/ANVISA, informou ter confirmado a autenticidade do documento Technical

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report final RUS Final, o qual foi igualmente transmitido à AINTE após reiteração ao Ministério da Saúde da Federação Russa.

O referido Relatório Técnico descreve a análise realizada pelo Ministério da Saúde da Federação Russa para o registro da vacina Gam-COVID-Vac (marca registrada - Sputnik V), desenvolvido por N.F. Gamaleya National Research Center of Epidemiology and Microbiology.

Descrevo, a seguir, os principais aspectos do Relatório, especialmente no que se refere aos aspectos apontados pela Anvisa em deliberação anterior sobre os pedidos de importação da vacina Sputnik V.

O documento informa que o registro da vacina Gam-COVID-Vac foi realizado de acordo com os requisitos regulatórios adotados na Federação Russa, bem como de acordo com práticas internacionais. A prática regulatória da Federação Russa para o registro de vacinas cumpre integralmente os requisitos recomendados pela OMS e ICH, em particular as “Diretrizes sobre avaliação clínica de vacinas: expectativas regulatórias”.

Na Federação Russa, o Ministério da Indústria e Comércio é responsável pela emissão dos certificados de Boas Práticas de Fabricação (BPF). A inspeção da planta Generium pela comissão do Ministério da Indústria e Comércio foi realizada em 14 de agosto de 2020 e 9 de fevereiro de 2021. A inspeção do site Pharmstandart-UfaVita foi realizada em 26 de março de 2021 e a inspeção da unidade de produção de Medgamal foi realizada em 25 de maio de 2018 e 15 de março de 2021. Todas as inspeções foram concluídas sem comentários e confirmaram a possibilidade de liberação da vacina em cada um dos locais de produção designados.

A produção da vacina em um volume de biorreator de 5L e escalonamento adicional de produção usando biorreatores maiores, de até 1000L, foram acompanhados pelo controle de qualidade do produto acabado e de produtos intermediários, bem como um relatório de comparabilidade para a escala de 5L a 100L e um relatório separado para a escala de 100L a 1000L, de acordo com as regras do Ministério da Saúde da Federação Russa. O controle de produtos intermediários foi realizado de acordo com os pontos de controle da produção, o que foi confirmado pelo documento “Descrição de controle de etapas críticas da produção e de produtos intermediários", que está incluído no dossiê de registro. Todas as séries liberadas passaram no controle de qualidade no laboratório do Instituto Gamaleya e no laboratório estadual de Roszdravnadzor, Serviço Federal de Vigilância em Saúde, e mostraram conformidade com os parâmetros de qualidade especificados em todas as etapas de escalonamento do processo de produção para cada um dos sites produtivos.

Sobre as impurezas, o documento relata que o produto fabricado não contém impurezas comuns para vacinas vivas ou inativadas. As principais impurezas a serem controladas no medicamento incluem DNA residual e proteínas de células hospedeiras. Essas impurezas são controladas de acordo com as especificações de qualidade na etapa de controle em processo ou na etapa de produto acabado.

Quanto ao controle de qualidade, o Instituto Gamaleya apresentou especificações, controle de qualidade de intermediários na etapa de controle em processo e para liberação de controle de qualidade do produto acabado. As especificações e métodos de controle de qualidade foram baseados na Farmacopeia da Federação Russa ou em métodos de análise internos.

O duplo controle de qualidade realizado pelo Instituto Gamaleya e pelo Laboratório Roszdravnadzor não detectou qualquer RCA na vacina Sputnik V. O controle para RCA é realizado não apenas para o produto acabado, mas também em diferentes estágios de produção, incluindo a semente viral e concentrado da vacina. A ausência de RCA é confirmada por protocolos de controle de qualidade emitidos pelo Gamaleya e pelo Laboratório Roszdravnadzor.

Ainda de acordo com o relatório, as normas existentes para determinar as quantidades de RCA na vacina Sputnik V estão de acordo com as recomendações do FDA. Conforme os regulamentos da FDA existentes, de 33 RCA (com base em uma dose intratumoral de 1012 partículas) a 1000 RCA (com base em uma dose intravenosa máxima de 3x1013 partículas) podem entrar no corpo humano.

Sobre os estudos pré-clínicos, o documento informa que o perfil de segurança de várias vacinas baseadas em adenovírus recombinantes, desenvolvidas pelo Instituto Gamaleya, é comparável e

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não difere significativamente entre as vacinas desenvolvidas e em relação a medicamentos semelhantes (de acordo com dados da literatura).

O programa de estudo incluiu estudos de atividade imunológica e segurança (toxicidade), incluindo avaliação de toxicidade para administração única e repetida, e para administração consecutiva do Componente I e do Componente II da vacina, avaliação da toxicidade reprodutiva e de desenvolvimento, imunogenicidade e alergenicidade.

Os estudos de toxicidade reprodutiva ainda estão em andamento. Os efeitos farmacocinéticos (biodistribuição) e farmacodinâmicos foram estudados.

Os resultados demonstraram, segundo o relatório, a não toxicidade da vacina em diferentes animais de laboratório em uma ampla gama de doses. O nível de segurança demonstrado por estudos pré-clínicos permitiu estudos clínicos em voluntários saudáveis.

A segurança, imunogenicidade e eficácia da vacina Gam-COVID-Vac foram avaliadas durante os estudos clínicos.

Os dados dos estudos de fases I e II confirmaram que a administração da vacina desenvolvida induz a formação de forte resposta imune ao vírus SARS-CoV-2 e envolve imunidade humoral e celular.

Para os estudos de fase I, tem-se as seguintes conclusões:

- Tanto uma imunização de dose única com o componente I ou II da vacina, quanto uma imunização de dose dupla, pode levar à formação de anticorpos IgG específicos em 100% dos voluntários no dia 21 após a imunização. No caso da dose dupla, os títulos máximos de anticorpos foram atingidos no dia 42 após o início da imunização;

- A imunização de dose dupla resultou em valores estatisticamente mais altos para os títulos de anticorpos IgG específicos em comparação com a imunização de dose única com o componente I ou II, que demonstra as vantagens da imunização de reforço e fornece a justificativa para recomendá-la para prática clínica futura;

- Quando os títulos de anticorpos IgG específicos foram comparados entre os voluntários vacinados no dia 28 após o início da vacinação com os títulos de anticorpos IgG em convalescentes após Covid-19, foi demonstrado que, no caso de uma administração de dose única, os títulos são comparáveis e, no caso de vacinação primária-reforço, os títulos dos voluntários vacinados excedem os títulos dos convalescentes;

- No soro sanguíneo de voluntários vacinados com ambos os componentes da vacina, no dia 28 após o início da vacinação, a taxa de soroconversão foi de 95%. No dia 42 após o início da vacinação, a taxa de soroconversão foi de 100%;

- Tanto a imunização de dose única com o componente I ou II quanto a imunização de dose dupla pode resultar no desenvolvimento de resposta mediada por células específica ao antígeno, o que foi confirmado pelo alto grau de confiabilidade estatística para os parâmetros medidos antes e após a imunização;

- Tanto a imunização de dose única quanto a imunização de dose dupla foram capazes de induzir linfócitos T CD4 + e CD8 +;

- Os resultados do estudo mostraram que a pré-imunidade aos componentes dos vetores da vacina não afeta a eficácia da vacinação;

- A análise de segurança sobre os resultados do estudo (até o dia 180 do período de observação) mostrou que a maioria dos eventos adversos (AEs) detectada foi leve e resultou em recuperação. Não foram registrados AEs graves.

Outros dois estudos de fases II e III da vacina Gam-COVID-Vac estão sendo realizados: “Um estudo clínico randomizado, duplo-cego, controlado por placebo, multicêntrico sobre a eficácia, imunogenicidade e segurança da vacina de vetor combinado Gam-COVID-Vac para ajudar a prevenir a infecção por coronavírus induzida pelo vírus SARS-CoV-2, de acordo com o protocolo nº 04-GamCOVID-

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Vac-2020 em 40.000 voluntários acima de 18 anos" e "Um estudo aberto sobre a segurança, tolerabilidade e imunogenicidade do medicamento 'GamCOVID-Vac ', uma solução para injeção intramuscular, em voluntários saudáveis com mais de 60 anos de acordo com o protocolo nº 05-Gam-COVID-Vac-2020 em 110 voluntários".

As seguintes conclusões foram obtidas para o estudo 04-Gam-COVID-Vac-2020:

- A vacina em estudo tem um bom perfil de segurança, em particular, nenhuma reação alérgica grave induzida pela vacina foi registrada;

- O grupo de pacientes com mais de 60 anos não diferiu da população geral em termos do perfil de segurança;

- Não houve eventos adversos sérios inesperados relatados durante o estudo;

- 100% dos voluntários do grupo de vacinação com Sputnik V apresentaram resposta imune estável;

- A vacinação de reforço levou a uma morbidade estatisticamente menor no grupo de tratamento do que no grupo placebo;

- A eficácia observada para a vacina em estudo foi de 91,6%;

- A vacinação primária-reforço levou à uma severidade reduzida nos casos de doenças, com 100% de proteção contra casos graves de Covid-19;

- Idade, sexo e comorbidades não tiveram uma correlação estatisticamente significativa com o risco de infecção;

- Uma imunização de dose única com o Componente I mostrou uma diferença estatisticamente significativa em eficácia observada no período de 14 a 21 dias. De acordo com os dados obtidos, foi observada uma eficácia > 70% na redução do risco da doença do dia 14 ao dia 20 após o Componente I ter sido administrado. Consequentemente, uma imunização de componente único é capaz de reduzir significativamente o risco de doença, mesmo em um estágio inicial após a vacinação;

- Os dados obtidos parecem confirmar a hipótese do estudo de que a administração da vacina desenvolvida é segura e induz a formação de uma resposta imune protetora ao vírus SARS-CoV-2.

- A utilização de dois vetores diferentes com base nos sorotipos Ad26 e Ad5 de adenovírus humano em duas injeções separadas permite que a vacina forneça proteção mais eficaz contra o coronavírus, em comparação com as vacinas que usam o mesmo vetor para ambas as injeções, porque o sistema imunológico inicia mecanismos de proteção contra o produto após a segunda injeção. Usando dois vetores diferentes, a vacina Gam-COVID-Vac permite evitar possível efeito neutralizante e faz com que a resposta imune seja estável e durável;

- Até o momento da divulgação do relatório, 33.760 voluntários estavam randomizados para o estudo. Destes, 25.320 voluntários receberam a vacina e 8.440 voluntários receberam o placebo;

- Em comparação com outros protocolos, o estudo 04-Gam-COVID-Vac-2020 alcançou o seu objetivo em confirmar os resultados de eficácia e segurança da Sputnik V.

Para o estudo 05-Gam-COVID-Vac-2020, obtiveram-se as seguintes conclusões:

- Uma única imunização com o Componente I da vacina pode levar à formação de anticorpos IgG específicos em 53,2% dos voluntários com mais de 60 anos no 21º dia após a imunização;

- A imunização de voluntários com mais de 60 anos pode levar à formação de anticorpos IgG específicos em 98,1% dos voluntários no 28º dia após a imunização;

- Ao imunizar voluntários com mais de 60 anos de idade, os títulos de anticorpos continuaram a aumentar até 42 dias após a imunização (o que foi demonstrado para uma subpopulação de voluntários);

- A imunização dupla dos voluntários resultou na formação de linfócitos T CD4+ e CD8 + específicos no 28º dia após administração do Componente I da vacina. Os resultados indicaram a indução de imunidade celular como parte da imunidade nos voluntários após a imunização;

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- A vacinação dupla pode levar ao desenvolvimento de imunidade mediada por células em voluntários com mais de 60 anos (com base nos dados de resposta linfoproliferativa e secreção de interferon gama), que foi confirmada por um alto grau de significância estatística dos parâmetros medidos antes e depois da imunização;

- A vacinação dupla pode causar a formação de linfócitos T CD4 + e T CD8 + específicos;

- A análise de segurança dos resultados do estudo mostrou que algum tipo de AE foi registrado em 17 voluntários (15,60%). Um SAE registrado (fibrilação atrial que exigiu hospitalização) foi considerado não relacionado à vacina em estudo;

- Nenhum EA grave foi registrado. A maioria dos AEs resultou em recuperação. Os EAs detectados durante o estudo são característicos da maioria das vacinas.

No que se refere ao uso pediátrico, estudos sobre a avaliação da segurança do uso da vacina em crianças não foram realizados. Nas instruções de uso para a vacina, a categoria de menores de 18 anos está incluída na seção "Contraindicações" (devido à falta de dados sobre a sua eficácia e segurança).

Sobre a imunização de mulheres grávidas, na data do relatório, a gravidez e a amamentação foram incluídas na lista de contraindicações para uso da vacina.

Sobre o uso em idosos, no momento, um estudo clínico está em andamento em 110 voluntários, “Um estudo aberto sobre a segurança, tolerabilidade e imunogenicidade do medicamento Gam-COVID-Vac, uma solução para uso por injeção intramuscular, em voluntários saudáveis com mais de 60 anos”. Foram realizadas alterações nas informações do paciente do texto de bula a fim de permitir o uso da vacina em pacientes idosos.

As seguintes condições foram definidas pelo Ministério da Saúde para autorização da vacina, de acordo com o regulamento do Governo da Rússia para situações de emergência:

a) imposição de restrições para seu uso seguro: a vacina pode ser usada apenas em organizações de saúde autorizadas a vacinar a população de acordo com o procedimento previsto na lei;

b) relatar cada fato do uso da vacina ao Serviço Federal de Vigilância em Saúde;

c) necessidade de realização de estudos clínicos pós-comercialização, cujos resultados servirão de base para avaliar a relação benefício / risco esperada da vacina ao confirmar seu registro;

d) a necessidade de testes de amostras de lote de qualidade da vacina de acordo com a legislação da Federação Russa.

O registro foi concedido de acordo com os requisitos regulamentares gerais adotados na Federação Russa, bem como de acordo com as práticas internacionalmente aceitas. A prática regulatória da Federação Russa para o registro de vacinas está em total conformidade com os requisitos recomendados pela OMS e ICH.

A Indicação Terapêutica Aprovada é: a vacina Gam-COVID-Vac é indicada para a imunização ativa de indivíduos ≥ 18 anos de idade para a prevenção de COVID-19.

A posologia aprovada é: o esquema de vacinação com a vacina Gam-COVID-Vac consiste em um esquema de duas doses de 0,5 mL cada. A segunda dose deve ser administrada 21 dias após a primeira dose.

O Ministério da Saúde da Federação Russa concedeu o registro, em uma base condicional, para a vacina Gam-COVID-Vac desenvolvida pelo Instituto Gamaleya.

Além dos aspectos técnicos constantes no relatório emitido pela autoridade Russa, foi possível verificar correspondência entre o conteúdo do referido documento com o constante em relatórios emitidos por outras autoridades sanitárias de referência, como os da OMS, FDA, Canadá e da própria Anvisa. Não apenas há um grau de concordância entre os itens constantes nos documentos, como em relação à profundidade da discussão sobre os documentos avaliados e que levaram à decisão pela Autoridade.

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Ao avaliar o relatório, a Gerência Geral de Inspeção e Fiscalização Sanitária (GGFIS), por meio da Nota Técnica nº 80/2021/SEI/COINS/GIMED/GGFIS/DIRE4/ANVISA, informou que, no documento de aprovação do FDA de vacinas para Covid-19, também não há maiores detalhes sobre os resultados das inspeções, tais como compromissos, achados e medidas de mitigação adotadas, porém estas ficam descritas nos relatórios de inspeção. No caso do EMA, o documento de aprovação não indica os detalhes dos eventuais achados, compromissos e planos de mitigação adotados, que permanecem disponíveis integralmente nos relatórios de inspeção. Por sua vez, a autoridade Russa realizou inspeções nas empresas fabricantes da Sputnik V e possui os relatórios integrais em seus arquivos. No relatório de aprovação, também não há detalhes sobre os compromissos, achados e medidas de mitigação adotadas, sendo relatado que as inspeções foram concluídas sem nenhum comentário.

Importante distinguir que o relatório técnico apresentado visa cumprir os termos da Lei nº 14.124/21 e não superar as lacunas de informação para uma autorização de uso emergencial ou mesmo registro sanitário na Anvisa.

Portanto, trata-se de relatório autêntico, emitido pelo Ministério da Saúde da Rússia, o qual está contemplado entre as autoridades sanitárias definidas no caput do art. 16 da Lei nº 14.124/21 e que declara que a vacina Sputnik V foi aprovada seguindo os critérios adotados pela OMS e ICH.

Apesar das caraterísticas apontadas no documento, a Anvisa não pode, mesmo de posse do relatório exigido em lei, deixar de avaliar aspectos técnicos que vieram ao seu conhecimento e que subsidiaram a decisão anterior desta Diretoria Colegiada, já que a própria norma exige que a agência emita parecer sobre o processo de importação. Tal previsão, coloca a agência diante da obrigação de exercer sua própria missão institucional, também prevista em lei diversa, a Lei nº 9782, que é a de proteger a saúde da população.

Por isso, passarei, a seguir, a apresentar as considerações das áreas técnicas sobre o relatório e a vacina, delas retirando fundamentos para a minha decisão.

2.4 Das considerações das áreas técnicas da Anvisa

Trago aqui a síntese da Nota Técnica nº 66/2021/SEI/GPBIO/GGMED/DIRE2/ANVISA, emitida pela Gerência Geral de Medicamentos e Produtos Biológicos (GGMED), a qual está consubstanciada na apresentação realizada pelo Gerente Geral de Medicamentos e Produtos Biológicos em relação ao relatório técnico emitido pelo Ministério da Saúde da Rússia e que contempla aspectos presentes no referido relatório em confronto com as manifestações técnicas anteriores.

A GGMED reforçou não se tratar de uma avaliação de qualidade, segurança e eficácia de dados da vacina, mas sim quanto aos dados avaliados até o momento e considerando o Relatório Técnico da Rússia.

Sobre os adenovírus replicantes, a área informou que, no relatório da autoridade russa, a especificação do teste de Segurança Específica, responsável por determinar a presença de adenovírus replicantes (RCA) no produto foi alterada de “Não mais que 1000 RCA por dose” para “Não mais que 50 RCA por dose”. O documento informa, ainda, que as normas que determinam a quantidade de adenovírus replicante na vacina Sputnik V estão em total concordância com as recomendações da US-FDA.

Apesar de o relatório fazer menção a recomendações do US-FDA de que 33 RCA a 1000 RCA poderiam ser injetadas no corpo humano, nenhuma referência foi fornecida para estes valores e não foi encontrado guia do US-FDA com tal recomendação. Portanto, não fica claro o racional utilizado pela autoridade russa para aprovar as especificações propostas para a vacina e como a segurança, de tais limites, foi determinada.

O relatório descreve que o produto foi desenvolvido com base em mais de 20 anos de experiência de trabalho com vetores adenovirais e que o desenvolvimento foi baseado em dados obtidos a partir de outras vacinas de adenovírus. No entanto, o relatório não aborda questões críticas do desenvolvimento, como: caracterização de parâmetros de qualidade, impacto das diferenças entre os processos produtivos; avaliação da comparabilidade, mudanças nas metodologias analíticas, mudanças nas especificações e seus respectivos limites, entre outros.

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No que se refere à comparabilidade no processo de fabricação, o relatório descreve superficialmente o processo de fabricação e menciona que o escalonamento de biorreatores de 5L até 1.000L foi acompanhado de controle de qualidade do produto acabado e de produtos intermediários. Também menciona a existência de relatório de comparabilidade entre os processos de 5L e 100L e um relatório separado para a escala de 100L e 1000L.

No entanto, o relatório não descreve os parâmetros e critérios utilizados para estabelecer a comparabilidade, não informa quais os lotes avaliados e se seriam da substância ativa, do produto acabado ou ambos e apresenta dados insuficientes de caracterização do produto quanto ao número de lotes, assim como quanto aos parâmetros avaliados pela autoridade Russa.

A GGMED também destacou que o relatório informa que o produto não contém impurezas comuns para vacinas vivas ou atenuadas e que as principais impurezas são controladas no produto, de acordo com as especificações de qualidade na etapa de controle em processo ou no produto acabado. Mas, o relatório não fornece informações sobre remoção ou controle de componentes utilizados no processo de fabricação, além de não apresentar uma avaliação de risco para estabelecer quais seriam os limites tolerados para as impurezas e não demonstrar a eficiência do processo em remover as impurezas.

O relatório da autoridade russa apresentou as especificações do produto acabado e informou a existência de controle de qualidade duplo (realizado pelo Gamaleya e pelo Laboratório Roszdravnadzor Federal Service for Surveillance in Healthcare).

As especificações e controles de qualidade foram baseados na Farmacopeia Russa ou em métodos analíticos internos e, de acordo com o relatório, os parâmetros de qualidade são confirmados por dados de estabilidade e dados de lotes de estudos pré-clínicos e clínicos do medicamento.

Entretanto, o relatório da autoridade russa não descreve se foram apresentadas validações para todas as metodologias internas e se estas estavam de acordo com guias reconhecidos internacionalmente, além de não ficar claro no relatório se testes críticos para determinar a atividade do produto não são realizados (infectividade e avaliação da expressão do transgene de forma direta).

Segundo a autoridade, o perfil de segurança de várias vacinas baseadas em adenovírus recombinantes, desenvolvidas pelo Gamaleya, é comparável. A GGMED informou que o relatório descreve estudos não clínicos conduzidos para avaliação de atividade imunológica e segurança (toxicidade). De acordo com o relatório, foram conduzidos estudos de toxicidade reprodutiva e de biodistribuição.

Não foram apresentadas descrições e análises sobre qual o grau de similaridade que as vacinas descritas em literatura possuem com a Sputnik V para justificar o perfil de segurança. As informações apresentadas sobre os estudos de segurança e toxicidade foram limitadas. Ademais, no relatório não são apresentados dados que demonstrem qual o perfil de biodistribuição e persistência in vivo das partículas virais da vacina Sputnik.

O relatório relata avaliações de quatro estudos clínicos conduzidos com a vacina Sputnik V:

- Estudo fase 1, 02-Gam-COVID-Vac-2020, um estudo aberto para avaliação de segurança, tolerabilidade e imunogenicidade da vacina Gam-COVID-Vac.

- Estudo fase 1, 03-Gam-COVID-Vac Lyo-2020, um estudo aberto para avaliação da segurança e imunogenicidade da vacina liofilizada.

- Estudo fase 2, 05-Gam-COVID-Vac-2020, um estudo aberto para avaliação da segurança, tolerabilidade e imunogenicidade ***em participantes com mais de 60 anos****.*

- Estudo fase 3, 04-Gam-COVID-Vac-2020, um estudo clínico randomizado, duplo-cego, controlado por placebo, multicêntrico em grupos paralelos para avaliação da eficácia, imunogenicidade e segurança da vacina de vetor combinada Gam-COVID-Vac na prevenção da infecção por coronavírus causada pelo vírus SARS-CoV-2.

De acordo com a GGMED, o relatório conclui que 100% dos voluntários do grupo de vacinação com Sputnik V apresentaram resposta imune estável. Também conclui que a vacina tem eficácia de 91,6% para casos sintomáticos e 100% para prevenção de casos graves. Por fim, conclui que a

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vacina em estudo tem um bom perfil de segurança, em particular, sem reações alérgicas graves induzidas pela vacina.

Sobre a imunogenicidade clínica, apenas um subgrupo foi testado e não apresenta o tempo máximo de resultados disponíveis após o esquema de vacinação completo. Também não existe descrição sobre ensaios utilizados para avaliação de respostas imunes e como foram realizadas as validações desses ensaios e não há considerações sobre o poder estatístico aplicado para os resultados do estudo.

O relatório não apresentou a frequência das reações adversas relatadas (raras, incomuns, comuns, muito comuns e não descreveu a metodologia para obtenção dos dados de segurança. Quanto ao estudo de fase 3, estão ausentes informações sobre o desenho, padronização e avaliação dos desfechos de eficácia e segurança, condução do estudo e desvios de protocolo que ocorreram.

Por fim, a GGMED considera que, para atendimento à Lei 14.124/21, para proteção da saúde pública e cumprimento da missão da Anvisa, considerando-se as incertezas técnicas ainda presentes e o cenário da pandemia, a área recomenda a adoção de condicionantes na eventual autorização da importação excepcional, para fins de distribuição e uso em condições controladas pelos estados solicitantes da importação da vacina Sputnik V.

Dessa forma, apresento a seguir os condicionantes propostos pela área técnica:

- Distribuir e utilizar a vacina em condições controladas com condução de estudo de efetividade, com delineamento acordado com a Anvisa e executado conforme Boas Práticas Clínicas, conforme sugerido pelo Ofício CIDSNE/PRESID n. 25/2021 de 25/05/2021;

- Os lotes a serem destinados ao Brasil devem ser provenientes, das plantas produtivas inspecionadas pela Anvisa;

- Lotes importados devem ser aprovados pelo INCQS por meio de análise laboratorial que demonstre a ausência de adenovírus replicante, controle de agentes adventícios, a potência da vacina e também assegure a sua qualidade. É fundamental que sejam disponibilizados os Procedimentos Operacionais Padrão, materiais de referência, protocolos e insumos específicos;

- Contra-Indicação/Restrição de Uso: a vacina não deverá ser utilizada por pessoas com hipersensibilidade a qualquer dos componentes da fórmula, gravidez, lactantes, menores de 18 anos, mulheres em idade fértil que desejam engravidar nos próximos 12 meses, enfermidades graves ou não controladas (cardiovascular, respiratória, gastrointestinal, neurológica, insuficiência hepática, insuficiência renal, patologias endócrinas) e antecedentes de anafilaxia;

- Contra-Indicação/Restrição de Uso: não poderão receber essa vacina pessoas que tenham recebido outra vacina contra Covid-19, febre, HIV, hepatite B ou C, que tenham se vacinado nas 4 semanas anteriores, tenham recebido imunoglobulinas ou hemoderivados 3 meses antes, tenham recebido tratamentos com imunossupressores, citotóxicos, quimioterapia ou radiação há 36 meses antes da potencial vacinação, tenham recebido terapias com biológicos incluindo anticorpos anticitocinas e outros anticorpos;

- Os estados deverão disponibilizar às unidades de saúde as informações de rótulos e bulas, que sejam importantes para o uso correto do produto, no idioma português;

- Os estados deverão estabelecer as ações necessárias para evitar os erros de trocas entre os dois componentes da vacina, devendo haver monitorização e ações contínuas para minimizar o risco e os danos;

- Os estados deverão suspender a importação, distribuição e uso, caso a Anvisa ou a OMS reprovem o uso emergencial da vacina Sputnik V;

- Os estados deverão comunicar amplamente à sociedade que a vacina Sputnik V importada não possui avaliação da Anvisa quanto aos critérios de qualidade, eficácia e segurança.

Por sua vez, a Gerência Geral de Inspeção e Fiscalização Sanitária (GGFIS) emitiu a Nota Técnica nº 80/2021/SEI/COINS/GIMED/GGFIS/DIRE4/ANVISA, a qual também foi consubstanciada na apresentação realizada pela Gerente Geral da área e cujos aspectos principais abordarei a seguir.

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A GGFIS destacou que a análise atual teve por base o relatório técnico de aprovação emitido pela Autoridade Russa, o Ofício CIDSNE/PRESID nº 025/2021 enviado pelo Governador do Estado do Piauí e Presidente do Consórcio Nordeste, José Wellington Barroso de Araújo Dias em que apresenta proposições de contingência e Plano de Ação Declaratório.

O relatório técnico de aprovação emitido pela Autoridade Russa afirma que a atuação Regulatória Russa para o registro de vacina atende integralmente os requerimentos recomendados pela OMS e ICH e que o Ministério de Indústria e Comércio Russo é responsável pela emissão dos Certificados de Boas Práticas de Fabricação.

Relatam Inspeção nas plantas: Generium em 14 de Agosto de 2020 e em 09 Fevereiro de 2021; Pharmstandart-UfaVita em 26 de Março de 2021; Medgamal em 25 de Maio de 2018 e 15 Março de 2021, concluindo que as plantas estão autorizadas a fabricar a vacina em seus sites fabris.

Sobre as medidas de contingência propostas no Ofício CIDSNE/PRESID nº 025/2021 – Consórcio do Nordeste, "Submissão de todos os lotes da vacina aos devidos testes de controle de qualidade em laboratórios credenciados e aceitos pela Anvisa, incluindo o Instituto Nacional de Controle de Qualidade em Saúde da Fundação Osvaldo Cruz – INCQS/Fiocruz." e "Submissão de todos os lotes da vacina aos devidos testes de controle de qualidade em laboratórios credenciados e aceitos pela Anvisa, incluindo o Instituto Nacional de Controle de Qualidade em Saúde da Fundação Osvaldo Cruz – INCQS/Fiocruz.", a GGFIS relatou que, apesar de ser uma medida adicional de controle, ela sozinha não atende integralmente às necessidades identificadas pela área quando da inspeção sanitária (validação da filtração esterilizante) realizada nas empresas fabricantes da vacina, no caso a Generium S.A. e Pharmstandard UfaVita. A garantia da esterilidade é uma abordagem holística.

A área também relatou os achados da inspeção realizada pela Anvisa, por equipe composta por 5 inspetores que realizaram inspeção in loco no período de 19 a 23 de Abril de 2021 nas seguintes plantas: Generium e Pharmstandart-UfaVita, identificando Não Conformidades Críticas com impacto no produto acabado.

Nesse cenário, a GGFIS propôs a adoção de ações de mitigação de risco e condicionantes referentes aos achados de inspeção não abordados no Relatório de Técnico da Autoridade Russa para atendimento aos Guias da OMS (WHO good manufacturing practices for biological products e WHO good manufacturing practices for sterile pharmaceutical products):

- Adequação das práticas asséptica para garantir a esterilidade do produto e atendimento do item 7.2 do guia da OMS. A comprovação de adequação pode ser enviada à Anvisa ou Autoridade Russa (declaração de cumprimento);

- Apresentação da conclusão da validação da filtração esterilizante, como um dos componentes do sistema de garantia da esterilidade do Produto, item 5.4 do Guia da OMS ou medida adicional de mitigação de risco;

- Conclusão da Validação de Processo do IFA para atendimento do item 15.1 do Guia da OMS. A comprovação pode ser enviada à Anvisa ou Autoridade Russa (declaração de cumprimento);

- Apresentação do relatório de validação da metodologia analítica de controle de qualidade juntamente à documentação a ser enviada ao INCQS.

Como conclusão, a área informa que a Autoridade Sanitária Russa declara que "segue os requisitos da OMS e ICH" e que "as empresas foram inspecionadas sem observações e confirmaram a possibilidade de liberação da vacina pelas plantas fabris" ao encontro do requisito legal de que os produtos importados devem ter qualidade, segurança e eficácia atestadas por meio da comprovação do registro pelas autoridades sanitárias internacionais definidas na Lei 14.124/2021.

As plantas fabris foram também inspecionadas pela Anvisa com observações confirmando a necessidade de correções para o adequado atendimento aos padrões de qualidade da OMS ou do PIC/S e, neste momento, não é possível concluir pelo atendimento pleno dos requisitos de qualidade preconizados pela OMS. Dessa forma, apresentou sugestões de medidas condicionantes de mitigação de risco que poderiam ser aplicadas no contexto de uma importação excepcional em condições controladas,

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considerando o cenário pandêmico no Brasil, onde se verifica escassez de vacinas e insumos; as projeções de evolução da pandemia e a capacidade do sistema de saúde brasileiro.

A Gerência Geral de Monitoramento de Produtos Sujeitos à Vigilância Sanitária (GGMON) emitiu o Despacho nº 77/2021/SEI/GFARM/GGMON/DIRE5/ANVISA, no qual tece as seguintes considerações:

Item 11: Conforme informado no documento, o produto está em uso em 40 países, porém dados de monitoramento pós-vacinação são escassos e indicam fragilidades no processo de farmacovigilância estabelecidos tanto pelo detentor de registro, visto que não foram apresentados dados do uso como resposta ao questionamento levantado. Dados do 10° *Informe de vigilancia de seguridad en vacunas* publicado em 2 de abril de 2021 pelo Ministério da Saúde da Argentina, apontam que a taxa de eventos adversos por 100.000 vacinados é maior para Sputnik V do que de outras vacinas usadas naquele país. Reforça-se que a relação dos países que estão vacinando com Sputnik V sem apresentação dos dados de monitoramento da segurança da vacina nos países listados, não agrega informação para análise pela Gerência Farmacovigilância.

Item 15: no documento russo consta que erros programáticos de trocas entre os dois componentes da vacina não ocorreram na Rússia. A área salienta que a própria organização Mundial de Saúde inclui os erros de vacinação como eventos adversos a serem monitorados pela farmacovigilância dos países signatários, visto que erros ocorrem em todo o mundo. A Argentina afirma, no *10° Informe de vigilancia de seguridad en vacunas* publicado em 2 de abril de 2021 pelo Ministério da Saúde argentino, que os erros programáticos de trocas entre os dois componentes da vacina Sputnik V estavam entre os principais erros naquele país. Os erros ocorrem e devem ser monitorados. O fato de poder acontecer erros não coloca em cheque a segurança do produto, mas deve haver monitorização e ações contínuas para minimizar o risco e os danos.

Item 30: o documento analisado informa que foram apresentados dados de mundo real sobre a vacina Sputnik V. Não foram apresentados, entretanto, dados consistentes de monitoramento da segurança da vacina nos países que utilizam o produto.

A GGMON também se manifestou sobre os aspectos de farmacovigilância e de monitoramento que poderiam ser utilizados para o acompanhamento do uso da vacina no Brasil por meio da Nota Técnica nº 22/2021/SEI/GFARM/GGMON/DIRE5/ANVISA. A área informa que, diante dos dados limitados de pós-mercado sobre a segurança e a efetividade da vacina Sputnik V, recomenda-se fortemente que sejam adotados integralmente os seguintes mecanismos de monitoramento e prevenção de eventos adversos pós-vacinais:

- Bula e orientações de uso, transporte e condições de armazenamento disponibilizadas em idioma português aos profissionais;

- Adoção de monitorização intensiva: os vacinados devem ser monitorados para verificação de desfechos de segurança e efetividade, tais como eventos adversos pós-vacinais, infecção pelo Sars-Cov-2 (incluindo análise de variante do coronavírus), internação por Covid-19, óbito por Covid-19 após a primeira e segunda doses. Deverão ser adotados mecanismos pela coordenação de imunizações, e por instituição independe com reconhecido saber, para rastreabilidade de vacinados e das vacinas aplicadas, incluindo o lote da vacina que foi aplicada em cada um deles, da primeira e da segunda doses, bem como avaliação e reporte dos resultados;

- Notificação de eventos adversos: os eventos adversos graves devem ser comunicados à Anvisa em até 72 horas por meio do sistema VigiMed. Os demais eventos adversos e as queixas técnicas devem ser notificados em até 5 (cinco) dias de seu conhecimento. As queixas técnicas devem ser notificadas pelo sistema Notivisa;

- Emissão de relatório de avaliação benefício-risco da vacina: o importador deverá encaminhar à Anvisa, mensalmente, relatório de avaliação benefício-risco da vacina, contendo resultados de segurança e efetividade (desfechos supramencionados) de cada lote importado, detalhado, segundo as boas práticas de farmacovigilância;

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- Monitorização de alertas sanitários internacionais: caberá ao importador acompanhar diariamente alertas internacionais de segurança da vacina Sputnik V emitidos pelos países que estão utilizando a vacina;

- Comunicação de alertas de segurança: a Anvisa deverá ser comunicada imediatamente de alertas de segurança emitidos por outras autorizadas sanitárias internacionais.

Por fim, a GGMON concluiu que, em caso de autorizada de forma excepcional e temporária, recomenda-se fortemente que as medidas de farmacovigilância mencionadas sejam integralmente adotadas pelos importadores, a fim de possibilitar o adequado monitoramento dos vacinados e a celeridade de medidas sanitárias que visem a segurança dos brasileiros.

A Gerência de Laboratórios de Saúde Pública (GELAS), por meio da Nota Técnica nº 26/2021/SEI/GELAS/DIRE4/ANVISA, ressalta que a RDC nº 476/2021 determina, dentre outros requisitos, que os lotes das vacinas importadas somente poderão ser destinadas ao uso após liberação pelo Instituto Nacional de Controle de Qualidade em Saúde (INCQS), nos termos da RDC nº 73/2008.

Por sua vez, a RDC nº 73/2008 determina que, imediatamente após internalização da carga no país, deve ser protocolado no INCQS (pelo detentor do registro ou importador) a seguinte documentação constante no Anexo II para avaliação pelo INCQS de forma a subsidiar a liberação dos lotes de vacinas:

"ANEXO II

PROTOCOLO RESUMIDO DE PRODUÇÃO E CONTROLE - Informações Gerais 1. Informações dos Ingredientes Biologicamente Ativos, Excipientes e Produtos Terminados (apresentação, composição, numero de doses produzidas, número de lote, rastreabilidade do produto deste o lote semente até o produto terminado, dentre outras pertinentes) e suas especificações e controles.

2. Todas as etapas dos processos de produção (tais como: cultivo, purificação, inativação e, etc.) e seus respectivos controles de qualidade, além do controle de qualidade do ingrediente biologicamente ativo e do produto terminado (lote final), bem como as especificações de liberação do fabricante, com base nas informações presentes no registro sanitário.

3. Extrato SISCOMEX comprovando a liberação de Importação dos lotes de produto pela ANVISA.

4. Certificado de Liberação do Lote pela Autoridade Sanitária do País de origem."

No entanto, cientes da relevância e urgência do interesse público na disponibilização de lotes de vacina contra a Covid-19, e considerando a competência regimental da GELAS em coordenar as ações de vigilância sanitária realizadas pelos laboratórios que compõem a Rede Nacional de Laboratórios de Vigilância Sanitária, a área informou que tem realizado reuniões entre as empresas detentoras/importadoras das vacinas e o INCQS e solicitado o envio ao INCQS, no tempo mais breve possível, da documentação referente ao PROTOCOLO RESUMIDO DE PRODUÇÃO E CONTROLE DE QUALIDADE (PRPCQ) e, se possível, do estudo de estabilidade da vacina, de forma a adiantar a análise, para que, no momento oportuno, essa etapa de análise para a liberação dos lotes da vacina seja superada sem dificuldades.

Por fim, a GELAS informou que, caso as importações sejam aprovadas, a Anvisa encaminhará ofício às Secretarias de Saúde dos Estados de forma a promover o envio imediato da documentação técnica pelo importador ao INCQS. Destacou, ainda, a necessidade do envio pelo importador, no tempo mais breve possível, da documentação, por meio eletrônico ao INCQS, para que, no momento oportuno, essa etapa de análise para a liberação dos lotes da vacina seja superada sem dificuldades. Para tanto, o INCQS designou dois pontos focais, que estão dentre os responsáveis pelas análises: Maria Aparecida Affonso Boller e Ozeias Leitão, para o envio dos documentos em formato eletrônico (incqs.ntpb@fiocruz.br) e para eventuais esclarecimentos.

A GGMON também se manifestou em relação ao Ofício CIDSNE/PRESID nº 025/2021, enviado pelo Consórcio Nordeste, por meio do Despacho nº 102/2021/SEI/GFARM/GGMON/DIRE5/ANVISA. A área entende que, além das medidas de monitoramento sugeridas pelo Consórcio, faz-se necessária a apresentação do mapa de distribuição de

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cada lote aprovado pelo laboratório oficial. Desta forma, a GGMON compreende que houve o compromisso do Consórcio com as medidas de Farmacovigilância sugeridas pela área técnica. Ainda, sugeriu que haja compromisso do importador em estimular o registro imediato de eventos adversos por parte de profissionais de saúde e cidadãos.

Por fim, a GGMON destacou que o sistema e-SUS Notifica do Ministério da Saúde apresenta elevada sensibilidade para a detecção de eventos adversos pós vacinais, enquanto o sistema VigiMed da Anvisa é mais específico, o que possibilita a atuação sanitária oportuna.

A partir de todo o exposto pelas áreas técnicas desta Agência, minha avaliação será conduzida a fim de considerar todas as observações apontadas e respectivas medidas mitigatórias necessárias. Ademais, acrescentarei à minha análise aspectos de saúde pública que apresentarei adiante.

2.5 Do cenário internacional

A vacina possui registro e/ou autorização de uso emergencial concedido por três das autoridades sanitárias listadas no caput do art. 16 da Lei: Ministry of Health of the Russian Federation, da Federação da Rússia; Central Drugs Standard Control Organization (CDSCO), da República da Índia; e Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT), da República Argentina.

A vacina Sputnik V está autorizada em 68 países, os quais, em sua maioria, se tratam de países sem tradição de maturidade e robustez regulatórias.

A fim de obter informações sobre o uso da vacina em outros países, a assessoria internacional da Agência enviou o Ofício nº 54/2021/SEI/AINTE/GADIP/ANVISA ao Ministério das Relações Exteriores (MRE). Como resposta, foi recebido o Ofício nº 09116.000921/2021-82 do MRE com as atualizações quanto ao status internacional de imunização com a Sputnik V.

Percebe-se que o cenário global sobre a utilização da Sputnik V não alterou significativamente, desde a última deliberação da Anvisa. Destaco o reporte da autoridade sanitária da Índia, CDSCO; a entidade informou que a segurança, eficácia, imunogenicidade e reatogenicidade da vacina foram avaliados pelo CDSCO juntamente com o comitê de especialistas. O CDSCO avaliou os dados de estudos clínicos submetidos pelo solicitante, incluindo os dados publicados no “The Lancet” e estudos ponte de fase II e fase III conduzidos na Índia com 1.600 participantes. Os dados interinos de segurança e imunogenicidade do dia 42 foram comparáveis com os dados gerados no estudo clínico na Rússia. Com base nos dados submetidos, a autorização para uso restrito em situação de emergência foi concedida.

Na Sérvia, os dados de vacinação com a Sputnik V demonstraram um perfil de segurança elevado, sem registro de eventos adversos sérios, sem relatos de mortes relacionadas à vacinação e sem casos de trombose venosa cerebral observados.

Um outro estudo conduzido pela Universidade Nacional de Córdoba na Argentina (https://static.poder360.com.br/2021/05/Estudo-Argentina.pdf) mostrou uma boa resposta na produção de anticorpos IgG contra SARS-CoV-2 na coorte de 285 pessoas imunizadas com a vacina Sputnik V. No dia 14, após a primeira dose da vacina, 85,5% da coorte apresentava anticorpos contra o vírus e no dia 42, após receber a segunda dose, 99,65% apresentavam anticorpos.

Os resultados demonstram a importância de se administrar a segunda dose da vacina para aqueles que não tiveram exposição prévia ao vírus, visto que não apenas a proporção de indivíduos com anticorpos IgG anti S total é maior, mas também o título de anticorpos neutralizantes (AcNT) aumenta significativamente neste grupo no dia 42 pós-vacinação.

O estudo também demonstrou que a vacina Sputnik V tem eficácia de proteção contra a variante P.1 do coronavírus a partir da análise de plasma de 157 pessoas (entre as quais há amostras de indivíduos recuperados de infecção natural por SARS-CoV-2 cepa de tipo selvagem B.1 e de pessoas vacinadas com Sputnik V que tiveram ou não exposição anterior ao vírus). Em todas as categorias avaliadas, observou-se neutralização da variante P.1.

Por fim, destaco ainda que a Anvisa recebeu documento com posicionamento da Comissão Nacional de Segurança em Vacinas (CoNaSeVa) sobre a segurança de vacinas contra a Covid-19. O

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documento informa que, desde o início da Campanha Nacional de Vacinação contra a Covid-19 na Argentina, foram notificados, até 9 de abril de 2021, ao Sistema Integrado de Informação em Saúde da Argentina (SIISA), 29.232 eventos supostamente atribuíveis à vacinação e imunização (ESAVI) após a aplicação de 5.493.153 doses das vacinas: Sputnik V 3.414.158 (62%); Covishield 587.816 (10%), Sinopharm 1.295.940 (23,5%) e Oxford University / AstraZeneca 195.239 (3,5%).

O documento reporta que, dos eventos relatados, 99,05% (28.952) foram leves e moderados e 280 (0,95%) foram hospitalizados para avaliação. A vacinação com a Sputnik V foi a primeira a ser implantada na Argentina, dando início à Campanha Nacional em 29 de dezembro de 2020 e é o imunizante mais utilizado até hoje. Houve 25.426 eventos relacionados à vacina Sputnik V (taxa = 744 / 100.000 doses) que consistiam em: febre, dor de cabeça, mialgia, artralgia, reações locais, diarreia, vômito, náusea e alergia. Anafilaxia (0,02%) foi registrada em pessoas com histórico de alergia grave que não tenha sido referido no ato da vacinação. Embora a taxa de eventos após a aplicação da vacina Sputnik V seja alta, a maioria dos eventos foi leve ou moderado e ocorreu nas primeiras 72 horas da aplicação da vacina com recuperação integral, o que representa um perfil de segurança adequado para seu uso.

3. DA IMPORTAÇÃO DA VACINA COVAXIN

3.1 Relatório

Analisa-se o pedido de autorização para importação excepcional da vacina Covaxin, nos termos da Lei nº 14.124, de 10 de março de 2021, pelo Ministério da Saúde.

O pedido excepcional de importação está ancorado no Contrato 29/2021 celebrado entre o Ministério da Saúde (MS) e a empresa BHARAT BIOTECH LIMITED INTERNATIONAL, representada pela empresa PRECISA COMERCIALIZAÇÃO DE MEDICAMENTOS LTDA, CNPJ: 03.394.819/0005-00, para aquisição de 20.000.000 (vinte milhões) de doses da Vacina COVAXIN/BBV152, divididas em 05 (cinco) parcelas de 4.000.000 (quatro milhões) cada.

Conforme disposto no Ofício nº 129/2021/DLOG/SE/MS, a vacina fabricada pela BHARAT BIOTECH INTERNATIONAL LIMITED (BBIL), localizada na Índia, não possui registro sanitário junto a Agência Nacional de Vigilância Sanitária (ANVISA) e o pedido está apoiado na autorização de uso emergencial concedida pela Autoridade Sanitária da Índia.

O pleito ora em análise foi recebido no Sistema Eletrônico de Informações (SEI) da Anvisa no dia 24/05/2021. Aqui cabe destacar que a Anvisa já deliberou sobre pedido anterior do Ministério da Saúde para importação excepcional da vacina Covaxin, por ocasião da Reunião Extraordinária Pública – RExtra 5/2021, realizada no dia 31/3/2021. Na oportunidade, a Diretoria Colegiada decidiu, por unanimidade, negar a autorização excepcional e temporária para importação e distribuição da vacina COVAXIN/BBV152, solicitada pelo Ministério da Saúde, nos termos do voto do relator.

Ao avaliar o pleito anterior de importação da vacina Covaxin pelo Ministério da Saúde, diante da ausência do relatório técnico de avaliação emitido pela autoridade sanitária da Índia, a Anvisa precisou prospectar informações para subsidiar sua deliberação. Nesse sentido, a análise foi baseada nas informações provenientes de processos em curso na Agência, como os pedidos de certificação de Boas Práticas de Fabricação e de condução de estudos clínicos no Brasil. Todos esses dados foram levados em consideração para que a Anvisa pudesse emitir o parecer preconizado pela Lei nº 14.124/21.

Dessa forma, a Anvisa precisou considerar para sua decisão o fato de ter tido acesso à documentação técnica apresentada para análise do Dossiê de Desenvolvimento Clínico do Medicamento (DDCM), protocolado pela empresa Precisa, e a realização de inspeção de registro *in loco* na empresa Bharat Biotech, fabricante da vacina em sua totalidade (substância ativa e produto terminado).

A partir da análise dos dados de qualidade, segurança e eficácia constantes no DDCM, não foi possível, naquele momento, concluir quanto ao perfil de benefício-risco da vacina.

Sobre o cumprimento das Boas Práticas de Fabricação, a empresa fabricante Bharat Biotech International Limited, Índia, foi inspecionada pela Anvisa de 01/03/2021 a 05/03/2021 para a fabricação da Vacina Covaxin (vacina inativada e adsorvida contra SARS-CoV-2). Durante a inspeção, foram constatadas não conformidades e as medidas adotadas pela empresa até aquele momento não

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foram suficientes para mitigar os riscos associados às não conformidades apontadas na inspeção. Dessa forma, foi publicado o indeferimento do pedido de Certificação de Boas Práticas de Fabricação de Medicamentos da empresa fabricante Bharat Biotech, conforme Resolução RE nº 1.297, de 29 de março de 2021.

Diante dos fatos expostos, nos termos do Voto nº 99/2021/SEI/DIRE5/ANVISA, a Diretoria Colegiada da Anvisa decidiu, por unanimidade, negar a autorização excepcional e temporária para importação e distribuição da vacina COVAXIN/BBV152, solicitada pelo Ministério da Saúde, no dia 31/03.

Portanto, a decisão anterior foi tecida a partir da análise da documentação do DDCM e do resultado da inspeção de Boas Práticas de Fabricação (BPF) no fabricante da vacina.

Para o presente processo administrativo, foram apresentados os seguintes documentos:

- Ofício contendo solicitação de autorização excepcional para importação de 20.000.000 (vinte milhões) de doses da vacina Covaxin;

- Declaração atestando tratar-se de importação de vacina contra Covid-19 nos termos da Lei 14.124/21 e RDC/ANVISA 476, de 10 de março de 2021 artigo 12 inciso I;

- Comprovação da autorização de uso emergencial da vacina emitida pela autoridade sanitária da Índia;

- Declaração atestando a adoção das estratégias de monitoramento e cumprimento das diretrizes de Farmacovigilância nos termos da RDC/ANVISA 476, de 10 de março de 2021, artigo 12 inciso III e Anexo;

- Comprovação da autorização de uso emergencial da vacina emitida pela autoridade sanitária do México, Cofepris;

- Comprovação do peticionamento do pedido de certificação de Boas Práticas de Fabricação (BPF) referente ao fabricante do insumo farmacêutico ativo (IFA);

- Comprovação do peticionamento do pedido de certificação de Boas Práticas de Fabricação (BPF) referente ao produto acabado;

- Relatório referente ao Plano de Ações corretivas e preventivas necessárias à adequação às Boas Práticas de Fabricação (CAPA);

- Segundo relatório interino referente ao estudo clínico de fase III;

- Declaração da empresa Precisa Medicamentos atestando que todas as doses a serem enviadas ao Brasil estarão em concordância com todas as ações aplicadas ao relatório CAPA, sendo todas produzidas após 15 de abril de 2021 e com validade em acordo com produção, promovendo tempo razoável para aplicação pelo programa PNI do Ministério da Saúde;

- Documentação técnica requerida pelo Guia nº 42/2020.

* * *

Depreende-se que, dos documentos apresentados no novo pedido de importação, não consta o relatório técnico da vacina preconizado pela Lei nº 14.124/21 e pela RDC nº 476/21, da Anvisa.

No entanto, um conjunto robusto de documentos foram apresentados à agência, como contrapartida da ausência do relatório técnico da vacina. Por sua vez, o desenvolvedor realizou sucessivas reuniões de trabalho com as áreas técnicas da Anvisa a fim de tentar sanar as lacunas provenientes da inexistência de tal relatório.

Nesse sentido, o nosso exame inicial se volta a identificar em que medida as lacunas de informação relatadas por mim no dia 31/03 foram superadas. Para melhor compreensão desse caminho, considero ser importante, de forma bastante geral e resumida, apresentar quais os aspectos novos apresentados pelo desenvolvedor da vacina.

Após a decisão da Agência, o Ministério da Saúde e a empresa Precisa Medicamentos permaneceram em tratativas com a Anvisa, realizando reuniões com as Diretorias e áreas técnicas, a fim de superar os motivos que levaram à não anuência da importação no pedido anterior.

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Com a Quinta Diretoria, foram realizadas duas reuniões institucionais nos dias 09/04 e 15/04 e três reuniões de pré-submissão, nos dias 16/04, 19/05 e 24/05. Nessas reuniões, tanto aspectos da instrução do processo para autorização de importação, como documentos técnicos novos foram extensivamente debatidos, numa demonstração de boa fé e de esforço técnico do requerente, buscando as adequações necessárias para uma nova submissão.

Ademais, as seguintes reuniões foram realizadas com outras áreas da Anvisa: 07/04/2021 – Reunião ANVISA (DIRE5 e DIRE4) – Pauta: Autorização Excepcional; 19/04/2021 – Reunião GGFIS – Pauta: Nova proposta de CBPF; 29/04/2021 – Reunião GGMED – Pauta: DDCM e DEEC; e 30/04/2021 – Reunião ANVISA – Autorização Excepcional.

Após as discussões nas referidas reuniões e diante da ausência do relatório técnico de avaliação emitido pela autoridade sanitária da Índia, a empresa submeteu, por meio dos expedientes nºs 1214929212 e 1219797211 (DDCM) e 1809912212, 1812880217 e 181255429 (Submissão Contínua), a documentação técnica requerida pelo Guia nº 42/2020, que dispõe sobre os requisitos mínimos para submissão de solicitação de autorização temporária de uso emergencial, em caráter experimental, de vacinas Covid-19. A empresa submeteu, também, novos protocolos para certificação de Boas Práticas de Fabricação: para a linha de produtos estéreis, efetuado por meio do expediente nº 1998936/21-0 em 24/05/21, e para o insumo farmacêutico ativo (IFA), efetuado por meio do expediente nº 2014094/21-7 em 25/05/21.

Portanto, no que se refere à certificação de Boas Práticas de Fabricação (CBPF), a empresa realizou as adequações necessárias, as quais culminaram nos novos pedidos de certificação, conforme será descrito adiante.

Ademais, as adequações promovidas pela empresa em relação ao pedido de condução de estudo clínico no Brasil resultaram na anuência do Dossiê de Desenvolvimento Clínico de Medicamento (DDCM) e na anuência em Processo de Pesquisa Clínica de ORPC's para a vacina BBV152, as quais foram publicadas pela Anvisa por meio da Resolução RE nº 1.938, de 13 de maio de 2021. Dessa forma, será possível a Anvisa acompanhar de forma bastante próxima o uso da vacina no Brasil no âmbito do estudo clínico, adotando as medidas sanitárias cabíveis caso necessário.

A solicitação do estudo clínico foi realizada pela empresa Precisa Farmacêutica. A fabricante da vacina é o laboratório Bharat Biotech. O estudo autorizado é de fase 3, randomizado, duplo-cego, controlado por placebo, multicêntrico, para avaliar a eficácia, a segurança, a imunogenicidade e a consistência entre lotes de BBV152, uma vacina de vírion inteiro inativado contra Sars-CoV-2, em adultos com idade igual ou superior a 18 anos de idade.

Ficará a cargo da Sociedade Beneficente Israelita Brasileira Hospital Albert Einstein a responsabilidade por conduzir o estudo clínico no Brasil.

O estudo prevê a aplicação de duas doses, com 28 dias de intervalo. A previsão é de que 4.500 voluntários sejam envolvidos no Brasil, em oito centros de ensaio clínico, incluindo 625 participantes do próprio centro do Hospital Albert Einstein.

Para esta autorização, a área técnica analisou os dados das etapas anteriores de desenvolvimento da vacina, incluindo estudos não clínicos in vitro e em animais, bem como dados preliminares de estudos clínicos em andamento. Os resultados obtidos até o momento demonstraram um perfil de segurança aceitável da vacina.

Também cabe destacar que a empresa já iniciou as tratativas junto ao Instituto Nacional de Controle de Qualidade em Saúde (INCQS) a fim de apresentar toda a documentação requerida pela RDC nº 73/2008 para liberação dos lotes da vacina a serem utilizados no Brasil.

Portanto, pode-se concluir que a desenvolvedora acatou de forma substancial as recomendações e orientações da Anvisa, além de demonstrar avanços de forma ativa durante as tratativas com a Agência.

Diante, contudo, da inexistência de relatório técnico emitido pela autoridade estrangeiro, remanescem aspectos a serem considerados nesta avaliação.

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Como já antecipei no caso da Sputnik, as incertezas ainda existentes nesta avaliação devem ser sopesadas a partir de outras variáveis, em especial o cenário sanitário e epidemiológico do país na atualidade.

3.2 Da vacina Covaxin

A vacina Covaxin foi desenvolvida pela empresa farmacêutica indiana Bharat Biotech em colaboração com o Conselho Indiano de Pesquisa Médica, um instituto de pesquisa biomédica financiado pelo governo, e sua subsidiária, o Instituto Nacional de Virologia.

A Bharat Biotech produz outras 14 vacinas, incluindo para rotavírus, hepatite B, zika vírus e Chikungunya. Quatro das vacinas fabricadas pela empresa (vacina contra poliomielite oral trivalente, vacina contra poliomielite oral bivalente, vacina rotavírus e vacina contra febre tifóide) são pré-qualificadas pela Organização Mundial da Saúde (OMS).

A Covaxin foi aprovada pela primeira vez em 12 de janeiro de 2021 para uso restrito em emergência no modo ensaio clínico. Posteriormente, o modo de ensaio clínico foi dispensado em 11 de março de 2021 e a Covaxin foi aprovada para "uso restrito em situação de emergência de interesse público".

A plataforma de vacina de vírus inteiro inativada **é a plataforma de fabricação mais bem estabelecida para a produção de vacinas**. A Covaxin utiliza essa plataforma clássica para produzir imunidade contra a Covid-19, a partir de partícula viral do SARS-CoV-2 infecciosa completa que consiste em RNA envolto por uma casca de proteína, mas modificada para que não possa se replicar. Isso significa que o coronavírus é “morto”, removendo dele sua capacidade de se replicar no corpo, mas ainda é reconhecido pelo organismo, que pode criar defesas em uma situação segura e preparar-se contra uma infecção real.

A Covaxin se apresenta como um líquido translúcido branco livre de material particulado contendo 6 mcg de Antígeno do Coronavírus Inativado (cepa NIV-2020-770).

A vacina Covaxin é indicada para a imunização ativa para prevenir a COVID-19 causada pelo vírus SARS-CoV-2, em indivíduos com 18 anos ou mais. O uso da vacina deve estar de acordo com as recomendações oficiais.

A vacina deve ser administrada em duas doses no Dia 0 e Dia 28 por via de administração intramuscular (IM).

As contraindicações consistem em: hipersensibilidade a qualquer um dos constituintes da vacina; mães grávidas e lactantes; durante a febre ou infecção grave; e indivíduos menores de 18 anos.

Por sua vez, as seguintes advertências e precauções especiais de utilização devem ser observadas: não administrar por via intravenosa, intradérmica ou subcutânea; como todas as outras vacinas, supervisão e tratamento médico apropriado devem estar sempre disponíveis para tratar quaisquer reações anafiláticas após a imunização; e o vacinado deve permanecer sob supervisão médica por pelo menos 30 minutos após a vacinação.

Antes do uso, a vacina deve ser bem agitada para se obter uma suspensão translúcida esbranquiçada e uniforme. O frasco deve ser verificado visualmente quanto à presença de partículas ou outra coloração, se houver, antes de sua administração.

A vacina deve ser armazenada de 2-8ºC e não deve ser congelada. O prazo de validade da vacina é de 6 meses a partir da data de fabricação.

A vacina pode ser apresentada como dose única (0,5 mL) ou como multidose (5 mL e 10 mL). Após abertura do frasco, a vacina deve ser utilizada o quanto antes e dentro de, no máximo, 6 horas quando armazenada de 2-8ºC.

3.3 Das considerações das áreas técnicas da Anvisa

A Gerência Geral de Medicamentos e Produtos Biológicos (GGMED) se manifestou por meio da Nota Técnica nº 62/2021/SEI/GPBIO/GGMED/DIRE2/ANVISA, na qual informou que não há estudo de fase 3 concluído para a referida vacina. Foram apresentados para a Anvisa, nos dois processos

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de solicitação de importação excepcional pelo Ministério da Saúde, relatórios interinos de estudo de fase 3 conduzido na Índia, referentes a duas análises interinas, que ainda não permitem a conclusão de forma definitiva sobre a eficácia e segurança da vacina sob a perspectiva daquela gerência. Também existem estudos clínicos de fases 1 e 2 concluídos, cujos resultados foram publicados.

Informou que a documentação apresentada inclui documento emitido pela Organização Central de Controle de Padrões de Medicamentos/ Diretoria-Geral de Serviços de Saúde do governo da Índia, referente à permissão para fabricar Vacina SARS-CoV-2 Inativada com Vírion Inteiro (BBV152) para uso restrito em situação de emergência, com descrição de aprovação inicial em 03/01/2021 e alterações da permissão em 11/03/2021. Foi também apresentada documentação emitida pela Comissão Federal de Proteção contra Riscos Sanitários, COFEPRIS, do governo do México, de 06/04/2021, referente à autorização emergencial provisória da vacina Covaxin.

A GGMED informou que houve solicitação de realização de ensaio clínico por meio da submissão do DDCM (processo: 25351.259546/2021-59) protocolizado em 30/03/2021 pela empresa Precisa Comercialização de Medicamento LTDA. O DDCM foi anuído, conforme publicação no DOU nº, 89-A, RE nº 1.938, de 13/05/2021. Porém, para inicialização do estudo, foi emitido um Termo de Compromisso (enviado à empresa por meio do ofício: 1853158210).

O estudo clínico a ser realizado no Brasil é uma continuidade do estudo da Índia. Trata-se de um estudo clínico Fase 3, denominado “Estudo orientado por eventos, de fase 3, randomizado, duplo-cego, controlado por placebo, multicêntrico, para avaliar a eficácia, segurança, imunogenicidade e consistência entre lotes de BBV152, uma vacina de vírion inteiro inativado contra SARS-CoV-2, em adultos ≥18 anos de idade”. O estudo tem como objetivo primário avaliar a eficácia de BBV152B versus placebo para prevenir COVID-19 sintomática. O desfecho será por meio da primeira ocorrência de casos de COVID-19 sintomática confirmados virologicamente (RT-PCR positivo). No dia 20/05/2021, foi realizada reunião com a empresa para discussão das condicionantes do Termo de Compromisso relacionadas à parte clínica. De acordo com a empresa, seria realizada a revisão de casos graves e assintomáticos tanto no Brasil quanto na Índia, de modo a categorizá-los também pelos critérios OMS e FDA, com uma posterior análise de sensibilidade.

Não houve solicitação para aprovação de uso emergencial ou registro para a vacina Covaxin até o momento. Dados sobre a vacina Covaxin estão em análise pelo procedimento de submissão contínua.

A GGMED informou não ter conhecimento de alerta referente à qualidade, eficácia e segurança da vacina emitido até o momento.

A apresentação, que há pouco assistimos, sintetiza os principais aspectos apontados pela área técnica, os quais destaco abaixo.

A gerência afirma: que o exame realizado não é uma avaliação de qualidade, segurança e eficácia de dados da vacina; que a vacina possui um adjuvante novo, imidazoquinolina, ou IMDG, não utilizado ainda comercialmente em nenhuma vacina aprovada no mundo. Esse adjuvante é um agonista do receptor Toll-like (TLR) 7/8 e tem potencial relação com desenvolvimento de doença autoimune; que o tempo de acompanhamento médio declarado era de cerca de 45 dias. Esse tempo é insuficiente uma vez que é consenso internacional um acompanhamento mínimo dos participantes de pelo menos 2 meses para comprovação de perfil de segurança e eficácia; que foram apresentados dados de estudo de estabilidade de longa duração (2-8°C) de até 5 meses para 1 lote de desenvolvimento e de até 3 meses para lotes comerciais. Segundo os documentos apresentados, os testes relacionados ao 6º mês de armazenamento dos lotes comerciais devem ser executados em 05/2021; que há ainda pendência nos estudos clínicos, quanto à disponibilização de resultados-chave para o estabelecimento da relação benefício-risco da vacina Covaxin, especificamente, quanto à avaliação de imunogenicidade e o relatório interino de segurança.

Nesse sentido, a gerência, considerando elemento de proteção à saúde pública e cumprimento da missão da Anvisa, considerando as incertezas técnicas ainda presentes e o cenário da pandemia, recomenda a adoção de condicionantes na eventual autorização da importação excepcional,

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para fins de distribuição e uso em CONDIÇÕES CONTROLADAS PELO MINISTÉRIO DA SAÚDE da vacina Covaxin.

Para tanto, sugere: que devem ser apresentados os resultados de imunogenicidade e relatório clínico de segurança, conforme datas declaradas pela representante no Brasil; que os lotes a serem destinados ao Brasil devem ser provenientes das plantas produtivas inspecionadas pela Anvisa; que os lotes importados devem ser aprovados pelo INCQS por meio de análise laboratorial que demonstrem a potência da vacina, o conteúdo antigênico e também assegurem a sua qualidade - é fundamental, ainda, que sejam disponibilizados os Procedimentos Operacionais Padrão, materiais de referência, protocolos e insumos específicos; que se imponha contra-indicação ou restrição de uso - a vacina não deverá ser utilizada por pessoas com hipersensibilidade a qualquer dos componentes da fórmula, gravidez, lactantes, menores de 18 anos, mulheres em idade fértil que desejam engravidar nos próximos 12 meses, enfermidades graves ou não controladas (cardiovascular, respiratória, gastrointestinal, neurológica, insuficiência hepática, insuficiência renal, patologias endócrinas) e antecedentes de anafilaxia; não poderão receber essa vacina pessoas que tenham recebido outra vacina contra Covid-19, que tenham febre, HIV, hepatite B ou C, que tenham se vacinado nas 4 semanas anteriores, tenham recebido imunoglobulinas ou hemoderivados 3 meses antes, tenham recebido tratamentos com imunossupressores, citotóxicos, quimioterapia ou radiação 36 meses antes, tenham recebido terapias com biológicos incluindo anticorpos anticitocinas e outros anticorpos (em resumo, só adultos saudáveis estariam aptos a receber a vacina).

A área condiciona ainda que o Ministério da Saúde: disponibilize às unidades de saúde as informações de rótulos e bulas, que sejam importantes para o uso correto do produto, no idioma português; suspenda a importação, distribuição e uso, caso a Anvisa ou a OMS reprovem o uso emergencial da vacina Covaxin; comunique amplamente à sociedade que a vacina Covaxin importada não possui avaliação da Anvisa quanto aos critérios de qualidade, eficácia e segurança.

A Gerência Geral de Inspeção e Fiscalização Sanitária (GGFIS) se manifestou por meio da Nota Técnica nº 85/2021/SEI/COINS/GIMED/GGFIS/DIRE4/ANVISA, na qual informou ter recebido novos pedidos de certificação para a empresa Bharat Biotech International Limited (Hyderabad/Índia), protocolados através dos expedientes 1998936210 (Linha Estéril), em 24/05/2021, e 2014094217 (IFA), em 25/05/2021. A área também analisou os últimos documentos enviados em 31/05/2021, referentes às não conformidades (NC) restantes detectadas na inspeção de 01-05/03/2021, NC maior nº 1 e NC maior nº 10.

As informações da referida Nota Técnica também foram manifestadas durante a apresentação da Gerente Geral da área e eu apresentarei, a seguir, os principais aspectos.

Para a análise atual, foram considerados os dois novos pedidos de certificação para o IFA Biológico e Vacina, nos quais a empresa apresentou novas evidências relativas às não conformidades que ensejaram a emissão do relatório com resultado Ação Oficial Determinada (AOD) e subsidiaram a decisão anterior da Diretoria Colegiada.

A área destacou que a empresa corrigiu a maioria das não conformidades apontadas pela equipe técnica e apresentou evidências dessas correções, incluindo os itens que ensejaram a negativa anterior, ressaltando que tais itens foram cumpridos integralmente quanto aos requisitos de BPF:

- Inclusão de Teste de Potência específico e controle para impurezas no produto acabado;

- Validação da Inativação Viral no IFA biológico;

- Ajustes na validação da Filtração Esterilizante.

A GGFIS informou que os expedientes 1998936/21-0 e 2014094/21-7 receberam exigências técnicas e foram apresentados dados adicionais referentes aos ajustes sobre a validação da vida útil da resina e controles ao longo de seu reuso. Tal item foi cumprido integralmente quanto aos requisitos de BPF.

Os protocolos e relatórios de validação dos métodos analíticos para quantificação de antígeno (proteína S) para o IFA e determinação da potência (imunogenicidade em camundongos) para a

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vacina (produto terminado) foram apresentados. A GGFIS informou que os parâmetros de testes estão conforme a regulamentação. A empresa demonstrou capacidade em executar o programa de validação, dentro dos requisitos de BPF. Os resultados detalhados dos estudos são analisados pela área de registro quando da aprovação. Portanto, esse item foi cumprido integralmente quanto aos requisitos de BPF.

Por fim, a GGFIS conclui que a Bharat Biotech cumpriu com todos os itens pendentes relacionados às Boas Práticas de Fabricação que ensejaram a negativa do pedido de importação excepcional anterior, permitindo que a área sugira a Autorização da Importação Excepcional. Adicionalmente, a Bharat Biotech apresentou plano de ação adequado e cumpriu com todas as pendências relacionadas ao pedido de certificação de Boas Práticas de Fabricação.

Adicionalmente, a Bharat Biotech apresentou plano de ação adequado e cumpriu com todas as pendências relacionadas ao pedido de certificação de Boas Práticas de Fabricação.

A Gerência Geral de Monitoramento de Produtos Sujeitos à Vigilância Sanitária (GGMON) se manifestou sobre a vacina por meio do Despacho nº 310/2021/SEI/GGMON/DIRE5/ANVISA, no qual relatou que as informações sobre reações adversas com a vacina Covaxin foram descritas em bula aprovada pela autoridade sanitária indiana. Não há, nesta bula, reações adversas que destoem do perfil das demais vacinas. Entretanto, salientou que não foram obtidos dados de pós-mercado para analisar resultados de segurança após uso na vida real.

A área também informou que não foram encontrados alertas de segurança emitidos por organismos internacionais e que não foram encontrados registros junto à base de dados mundial VigiLyze para a vacina Covaxin.

Por fim, a GGMON ressaltou que o momento epidemiológico nacional reforça a necessidade do estabelecimento de estratégias robustas para promover rastreio de casos assintomáticos pela testagem, engajamento da população quanto às medidas não farmacológicas e a disponibilidade de vacinas para a imunização em massa da população brasileira, a fim de reduzir o impacto da doença sobre a saúde coletiva, sobretudo em relação às populações mais vulneráveis.

Apesar da escassez de dados relacionados ao pós uso em outros países e da ausência de registros de eventos adversos na base internacional, a área considera importante mencionar que **a vacina utiliza uma plataforma clássica para produzir imunidade contra a Covid-19**, utilizando vírus inativado para provocar o sistema imunológico do vacinado para a produção de anticorpos e células T contra o Sars-Cov-2. Tal plataforma tende a ser mais segura.

De acordo com a GGMON, esse conjunto de fatos e informações pode contribuir para a tomada de decisão da diretoria colegiada da Anvisa quanto aos benefícios e riscos e, se autorizada, a área recomenda fortemente que sejam adotados integralmente os seguintes os mecanismos de monitoramento e prevenção de eventos adversos pós-vacinais por parte do Ministério da Saúde, abaixo relacionados:

- Bula e orientações de uso, transporte e condições de armazenamento disponibilizadas em idioma português aos profissionais de saúde;

- Adoção de monitorização intensiva: os vacinados devem ser acompanhados para verificação de desfechos de segurança e efetividade, tais como eventos adversos pós-vacinais, infecção pelo Sars-Cov-2 (incluindo análise de variante do coronavírus), internação por Covid-19, óbito por Covid-19 após a primeira e segunda doses. Deverão ser adotados mecanismos pela coordenação de imunizações, e por instituição independe com reconhecido saber, para rastreabilidade de vacinados e das vacinas aplicadas, incluindo o lote da vacina que foi aplicada em cada um deles, da primeira e da segunda doses, bem como avaliação e reporte dos resultados;

- Notificação de eventos adversos: os eventos adversos graves devem ser comunicados à Anvisa em até 72 horas por meio do sistema VigiMed. Os demais eventos adversos e as queixas técnicas devem ser notificados em até 5 (cinco) dias de seu conhecimento. As queixas técnicas devem ser notificadas pelo sistema Notivisa;

- Emissão de relatório de avaliação benefício-risco da vacina: o importador deverá encaminhar à Anvisa, mensalmente, relatório de avaliação benefício-risco da vacina, contendo resultados

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de segurança e efetividade (desfechos supramencionados) de cada lote importado, detalhando, segundo as boas práticas de farmacovigilância;

- Monitorização de alertas sanitários internacionais: caberá ao importador acompanhar diariamente alertas internacionais de segurança da vacina Covaxin emitidos pelos países que estão utilizando a vacina;

- Comunicação de alertas de segurança: a Anvisa deverá ser comunicada imediatamente de alertas de segurança emitidos por outras autorizadas sanitárias internacionais;

- Compartilhamento imediato do mapa de distribuição dos lotes e respectivos resultados de controle de qualidade com as áreas ligadas ao pós mercado, a fim de agilizar as medidas de suspensão do uso frente a eventuais riscos identificados.

Por fim, a GGMON informou que a Anvisa e o Ministério da Saúde têm trabalhado em estreita colaboração no monitoramento dos eventos adversos pós vacinais, favorecendo a adoção conjunta de medidas sanitárias de forma imediata, quando necessário.

A Gerência de Laboratórios de Saúde Pública (GELAS) se manifestou por meio do Despacho nº 157/2021/SEI/GELAS/DIRE4/ANVISA, no qual informa que a RDC nº 476/21, dentre outros requisitos, determina no Art. 9º que os lotes das vacinas importadas somente poderão ser destinados ao uso após liberação pelo Instituto Nacional de Controle de Qualidade em Saúde (INCQS), conforme a RDC nº 73/2008. E ainda, que cabe ao importador apresentar a documentação ao INCQS para esta liberação.

Por sua vez, a RDC nº 73/2008 determina que, imediatamente após internalização da carga no país, deve ser protocolado no INCQS (pela COADI/MS, detentor do registro ou importador) o PROTOCOLO RESUMIDO DE PRODUÇÃO E CONTROLE (anexo II da RDC) para avaliação pelo INCQS de forma a subsidiar a liberação dos lotes de vacinas.

Assim, cientes da relevância e urgência do interesse público na disponibilização de lotes de vacina contra a COVID-19, a GELAS tem realizado reuniões entre as empresas detentoras/importadoras das vacinas e o INCQS e solicitado o envio ao INCQS, no tempo mais breve possível, da documentação referente ao PROTOCOLO RESUMIDO DE PRODUÇÃO E CONTROLE DE QUALIDADE (PRPCQ) e, se possível, do estudo de estabilidade da vacina, de forma a adiantar a análise.

Em relação à vacina Covaxin, a GELAS realizou reuniões com o INCQS e representantes da empresa Precisa Medicamentos para esta solicitação, nos dias 31/03/21 e 05/05/21.

Diante do exposto, a área esclareceu que, caso a importação em caráter excepcional da vacina Covaxin seja aprovada, os lotes importados devem ser liberados pelo INCQS para o uso no Brasil, conforme determinado nas RDCs nº 73/2008 e nº 476/2021. A empresa Precisa Medicamentos está ciente desta necessidade e conforme reuniões realizadas, a empresa apresentou informações sobre a documentação que atende ao exigido para a análise documental pelo INCQS, referente ao PROTOCOLO RESUMIDO DE PRODUÇÃO E CONTROLE, de forma a adiantar a análise, para que, no momento oportuno, essa etapa de análise para a liberação dos lotes da vacina seja superada sem dificuldades.

Por fim, a GELAS destacou que a empresa tem ainda pendente a apresentação junto ao INCQS do documento sobre a metodologia para a determinação da Potência ou Conteúdo antigênico da vacina. A empresa Precisa informou no dia 25/05 que está encerrando a validação dos métodos de potência e antígeno, e até o dia 27/05 enviará o retorno a todos os questionamentos do INCQS.

A partir de todo o exposto pelas áreas técnicas desta Agência, minha avaliação será conduzida a fim de considerar todas as observações apontadas e respectivas ações mitigatórias necessárias. Ademais, acrescentarei à minha análise aspectos de saúde pública que apresentarei adiante.

4. DO CENÁRIO EPIDEMIOLÓGICO E SANITÁRIO DO BRASIL

São incontroversos e notórios o recrudescimento das taxas de contaminação do coronavírus, o aumento do número de internações e de mortes em decorrência da pandemia da Covid-19.

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O momento atual vem se mostrando ainda mais dramático diante das evidências científicas de novas cepas, mutações e variantes do Coronavírus.

Em recentes decisões, o Supremo Tribunal Federal tem afirmado, diante do quadro pandêmico, que não é constitucionalmente aceitável qualquer retrocesso nas políticas públicas de saúde (ADI N. 6341, Rel. Min. Marco Aurélio, redator p/acórdão Min. Edson Fachin, Plenário).

A Anvisa, como agente regulador, se coloca nesse contexto, também como agente indutor de políticas. A finalidade institucional de promover a proteção da saúde da população alcança perspectivas diversas de atuação.

Além das atividades típicas de regulação, a atuação da Anvisa reflete diretamente na condição de saúde da população, pois estamos tratando, na ponta da linha, do adoecimento ou não das pessoas, do seu bem-estar e, sobretudo, da preservação de suas vidas.

O contexto sanitário que o nosso país atravessa nos põe diante da necessidade de viabilizar o maior número de vacinas e medicamentos. Todo esforço se volta ao propósito de amenizar o sofrimento da população, abrandar a angústia dos gestores públicos e combater o esgotamento dos nossos profissionais de saúde.

De acordo com dados disponibilizados pelo Ministério da Saúde em 22/05/21 (https://susanalitico.saude.gov.br/extensions/covid-19_html/covid-19_html.html), o Brasil registra 15.970.949 casos de Covid-19 acumulados (7.600 por 100 mil hab), sendo 76.855 casos novos registrados nas últimas 24 horas. Quanto a óbitos, o Brasil registra 446.309 mortes acumuladas desde o início da pandemia (212 por 100 mil hab) e 2.215 nas últimas 24 horas.

Conforme boletim epidemiológico da Organização Mundial da Saúde (OMS), publicado em 4 de maio de 2021, e o Painel da OMS, o número global de casos da Covid-19 permanece nos níveis mais altos desde o início da pandemia, com mais de 5,4 milhões de novos casos semanais, após nove semanas consecutivas de aumentos. Os novos óbitos nos últimos sete dias continuam em ascendência pela sétima semana consecutiva, totalizando mais de 89.000 mortes. Globalmente, a Índia é o país que apresenta o maior número de novos casos e novos óbitos, nos últimos sete dias. Em seguida à Índia, aparecem Brasil e Estados Unidos da América.

O Brasil, embora tenha 2,7% da população mundial, até 15 de maio respondeu por 9,6% dos casos e 12,9% dos óbitos mundiais por Covid-19. Tendo como referência os dados disponíveis no site *Our World in Data* (https://ourworldindata.org/coronavirus) até 15 de maio, dos países com pelo menos 100 mil óbitos acumulados, o Brasil encontrava-se em segundo lugar, com 439 mil mortos, sendo superado apenas pelos EUA, com 587 mil. Os seis países logo abaixo do Brasil eram Índia (283.248), México (220.746), Reino Unido (127.953), Itália (124.497), Rússia (114.619) e França (108.201). Dos novos óbitos por milhão de habitantes, de acordo com a média móvel nos últimos sete dias neste conjunto de países, o Brasil se encontrava em primeiro lugar, com 9,01, sendo seguido pela Índia (3,01), Itália (2,87), Rússia (2,5), França (2,34), EUA (1,81), México (1,58) e Reino Unido (0,13). Analisando os novos óbitos de acordo com a média móvel nos últimos sete dias é possível constatar que, com exceção da Índia, que começou a apresentar um crescimento exponencial de casos no início de abril, todos os outros países listados anteriormente apresentaram tendência de queda. O Brasil, que desde meados de fevereiro vinha apresentando tendência de crescimento de óbitos, e, no período entre 9 de março (1.572 óbitos) e 25 de abril (2.494 óbitos), esteve em primeiro lugar, apresenta, entretanto, um quadro preocupante.

De acordo com a OMS (https://covid19.who.int/), considerando-se o número de casos confirmados nos últimos sete dias, o Brasil, com 460.105 casos, aparece em 2º lugar no mundo, atrás apenas da Índia. O mesmo ocorre ao considerarmos os casos confirmados nas últimas 24 horas, em que o Brasil registrou a triste marca de 82.039 casos, também atrás apenas da Índia.

Em número de mortes, o cenário se repete. O Brasil aparece em 2º lugar, atrás da Índia, com cerca de 2.403 mortes diárias. Nos últimos sete dias, a Índia registrou 29.318 mortes por Covid-19, o Brasil registrou 13.677 mortes e os Estados Unidos, que aparecem em 3º lugar, registraram 3.969 mortes. Portanto, é gritante a diferença entre as vidas perdidas diariamente no Brasil e nos demais países do mundo.

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O momento pelo qual o Brasil atravessa é absolutamente crítico, com evolução negativa do contexto epidemiológico relacionado à pandemia de SARS-CoV-2, ocupando ainda lugar de destaque entre os países com maior número de casos e mortes cumulativos.

Apesar do esforço por medidas sanitárias em todo o País, com número significativo de cidades, especialmente, capitais, implementando restrições mais rígidas, percebe-se que a adesão da população às medidas eficazes ao controle da disseminação do vírus tem-se demostrado aquém do esforço necessário à superação do contexto epidemiológico atual.

Não há dúvida de que vivenciamos o pior momento da crise sanitária provocada pela Covid-19.

Os índices de novos casos da doença alcançam patamares muito elevados em todas as regiões, estados e municípios. Parece ter se tornado rotina assistirmos aos números da pandemia nos jornais, anunciando mais de 2.000 vidas perdidas a cada dia, que juntas já somam mais de 450 mil brasileiros e brasileiras levados por essa doença.

Mas não são apenas números, são vidas, famílias, histórias. Após 15 meses de pandemia no Brasil, posso afirmar que não há um cidadão sequer que não tenha sido afetado, seja pela dor, sofrimento, medo, ou mesmo pela séria crise econômica e social resultante dessa pandemia.

Para agravar esse cenário, a projeção de dados sugere que o Brasil poderá vivenciar a terceira onda epidemiológica da infecção pela Covid-19, entre junho e julho de 2021, com a circulação concomitante de outros vírus respiratórios - Síndrome Respiratória Aguda Grave - e de outras variantes, alcançando novo pico de mortes em 04 de julho, caso ocorra continuidade do relaxamento de medidas não farmacológicas e permaneça no mesmo ritmo a velocidade da vacinação no país. E a cada rodada estatística vamos para um nível ainda mais alto de contaminação e morte.

Segundo o Instituto de Métricas e Avaliação em Saúde, da Universidade de Washington, nos Estados Unidos, com base nos dados observados até 25 de abril, a projeção de óbitos tende a apresentar uma importante alteração no cenário nacional, entre o outono e o inverno. Estima-se que essa “terceira onda” seja agravada pelo esgotamento social das medidas não farmacológicas e a velocidade da vacinação, alcançando o pico de mortalidade entre os dias 09 de junho e 04 de julho de 2021. Adicionalmente, deve-se considerar a possibilidade de circulação da variante B.1.617 no Brasil, bem como a circulação de outros vírus respiratórios concomitantemente, nesse período. Cabe, ainda, ressaltar que o primeiro pico da pandemia no Brasil se deu justamente nos meses de inverno nas regiões Sul, Sudeste e Centro-Oeste. De acordo com a projeção, o Brasil deve alcançar 575.635 mortes devido à Covid-19 até o dia 1° de agosto de 2021. Alguns especialistas acham que esse número é ainda conservador.

De acordo com o Boletim do Observatório Covid-19 referente ao período de 2 a 15 de maio de 2021, divulgado pela Fiocruz (https://portal.fiocruz.br/sites/portal.fiocruz.br/files/documentos/boletim_covid_2021-semanas_18-19-red.pdf), as taxas de incidência, que refletem os casos novos de Covid-19, permanecem em um platô alto. Ao mesmo tempo, nas últimas semanas foi observada uma preocupante mudança nas tendências das notificações por Síndrome Respiratória Aguda Grave (SRAG), que são atualmente em grande parte devido a infecções por Sars-CoV-2. Muitos estados que tiveram redução de casos de SRAG nas semanas anteriores apresentam tendência de reversão ou mesmo um aumento no número de casos. Esse novo padrão epidemiológico pode ser resultado de uma conjunção de fatores como a vacinação de populações de maior risco, uma pequena redução da ocupação de leitos hospitalares, bem como o já sinalizado processo de rejuvenescimento da pandemia, de modo que, pela primeira vez para o Brasil, a mediana de idade do total de casos internados e também nas UTIs está abaixo dos 60 anos.

Esse novo cenário socioepidemiológico é preocupante, quando considerado o ritmo ainda lento de vacinação no país e com a introdução de novas variantes do vírus SarsCoV-2 no Brasil, como a B.1.617 identificada inicialmente na Índia. Além disso, a flexibilização de medidas não-farmacológicas pode intensificar a transmissão, com a geração de casos graves e óbitos nas próximas semanas, pressionando os serviços de saúde ainda sobrecarregados e com limitações para reposição de estoques

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de medicamentos e insumos. Nesse sentido, é premente a intensificação de ações de vigilância e prevenção em saúde.

De acordo com os números, o ano de 2021 apresenta uma dinâmica da pandemia de maior aceleração da incidência e mortalidade. Além disso, os dados de internação vêm, a cada semana, identificando o rejuvenescimento da pandemia, com deslocamento da curva em direção a faixas etárias mais jovens.

Vale reforçar que o rejuvenescimento, por um lado, pode ser uma expressão da eficácia da vacinação, ao notar uma retração na contribuição de idosos nos casos e óbitos nas semanas mais recentes. Adicionalmente, este diagnóstico significa que as gerações mais jovens, que passam a contribuir de forma mais importante para o cenário da pandemia, passarão a apresentar maior ocorrência de síndromes pós-COVID e situações de COVID longa, comprometendo assim de forma crônica sua qualidade de vida e sua capacidade para atividades cotidianas, incluindo o trabalho.

A mensagem é clara: é preciso olhar para os mais jovens, e incluí-los no plano de vacinação com a brevidade necessária.

O novo Boletim do Observatório Covid-19, divulgado no dia 26/05, alerta para o recrudescimento da pandemia nas próximas semanas. Mostra que houve um aumento das taxas de incidência de casos novos da covid-19 entre 16 e 22 de maio. O boletim ressalta que o aumento no número de internações, demonstrado pelo novo aumento das taxas de ocupação dos leitos de UTI é resultado desse novo quadro da pandemia no Brasil. Esse boletim mostra, também, que, entre os dias 17 e 24 de maio de 2021, as taxas de ocupação de leitos de unidade de terapia intensiva (UTI) de Covid-19 para adultos no Sistema Único de Saúde (SUS) aumentaram ou se mantiveram estáveis, em níveis elevados, em praticamente todo o Brasil. Isso reforçaria a avaliação de que a tendência de queda, que vinha sendo observada até por volta do dia 10 deste mês, se interrompeu.

Ratificando os dados do Boletim da Fiocruz, a análise de dados dos boletins epidemiológicos divulgados pelo governo de São Paulo indica uma aceleração no número de mortes por Covid-19 entre pessoas com 69 anos ou menos. Por outro lado, nas faixas etárias mais velhas as mortes continuam ocorrendo, porém, em uma velocidade menor. Essa inversão da pirâmide de mortes já havia sido detectada pela plataforma SP Covid-19 Info Tracker, ferramenta criada por pesquisadores da USP e da Unesp com apoio da Fapesp (Fundação de Amparo à Pesquisa no Estado de São Paulo) para acompanhar a evolução da pandemia no estado. Os fatores para a inversão podem estar relacionados ao efeito das variantes, especialmente a P1, que começa a provocar impactos mais sérios nas faixas mais jovens, e o avanço da vacinação na categoria dos mais idosos em detrimento dos mais jovens, o que reforça a importância da vacinação.

Sobre o surgimento de variantes, todos os vírus, incluindo o SARS-CoV-2, evoluem com o tempo. Quando um vírus se replica ou faz cópias de si mesmo, às vezes muda um pouco, o que é normal para um vírus. Essas mudanças são chamadas de "mutações". Um vírus com uma ou mais novas mutações é referido como uma "variante" do vírus original. E quando um vírus está amplamente circulando em uma população e causando muitas infecções, a probabilidade de o vírus sofrer mutação aumenta. Quanto mais oportunidades um vírus tem de se espalhar, mais ele se replica – e mais oportunidades ele tem de sofrer mudanças. Dependendo de onde as alterações estão localizadas no material genético do vírus, elas podem afetar as propriedades de um vírus, como a transmissão (por exemplo, pode se espalhar mais ou menos facilmente) ou gravidade (por exemplo, pode causar doenças mais ou menos graves).

Dessa forma, impedir a propagação do vírus é o objetivo que se impõe, a fim de prevenir mutações que possam afetar a dispersão e virulência do Sars-Cov-2. As medidas atuais para reduzir a transmissão – incluindo lavagem frequente das mãos, uso de máscara, distanciamento físico, boa ventilação e evitar locais lotados ou ambientes fechados – continuam trabalhando contra a disseminação de novas variantes, reduzindo a quantidade de transmissão viral e, portanto, também reduzindo oportunidades para o vírus sofrer mutação.

Contudo, ampliar a imunização é sem dúvida a maneira mais eficiente de não expor as pessoas ao vírus e ao risco de novas variantes. À medida que mais pessoas são vacinadas, espera-se que a

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circulação do vírus diminua, o que levará a menos mutações virais.

Atualmente, existem três principais variantes de atenção do SARS-CoV-2 sob vigilância nos países (WHO weekly epidemiological update on COVID-19 - 4 May 2021):

- VOC 202012/01 (B.1.1.7), comunicada em 14 de dezembro de 2020 por autoridades do Reino Unido, e já identificada em 142 países;

- VOC 501Y.V2 (B.1.35197), comunicada por autoridades da África do Sul em 18 de dezembro de 2020, e já identificada em 97 países;

- VOC P.1 (B.1.1.28.1), identificada inicialmente no Japão, em 9 de janeiro de 2021, em quatro viajantes procedentes do Brasil e que estiveram em Manaus/AM. Dias depois, pesquisadores brasileiros a identificaram em amostras de pacientes em Manaus/AM. Essa VOC já está disseminada em 56 países.

Ademais, em 10 de maio, a OMS declarou como variante de atenção global a linhagem B.1.617, relatada inicialmente na Índia em dezembro de 2020. A modelagem preliminar pela OMS sugere que a variante B.1.617 tem uma taxa de crescimento mais alta do que outras variantes circulantes na Índia, sugerindo um potencial aumento de transmissibilidade, com outras variantes co-circulantes também demonstrando maior transmissibilidade. Essa variante já foi identificada em 49 países nas seis regiões da OMS (WHO weekly epidemiological update on COVID-19 - 11 May 2021).

No Brasil, a epidemia de SARS-CoV-2 iniciou a partir de duas linhagens, a VOC B.1.1.28 (P1) e a variante B.1.1.33. Através da análise de 217 sequências completas do genoma SARS-CoV-2, no estudo *Genomic monitoring unveil the early detection of the SARS-CoV-2 B.1.351 lineage (20H/501Y.V2) in Brazil*, os pesquisadores observaram prevalência da variante de atenção P1 (Brasil) com 64,05%, seguida da variante B.1.1.28 com 25,34%. Nesse contexto, o aumento da transmissibilidade, que já foi associado às VOC, sugere um maior número de casos positivos, internações e mortalidade observados no Brasil.

O relaxamento das medidas de proteção e a circulação de novas cepas do vírus podem propiciar o agravamento da crise sanitária e social. O recrudescimento da epidemia em diversos estados leva, por sua vez, conforme temos assistido, ao colapso de seus sistemas de saúde. Infelizmente, a baixa cobertura vacinal e a lentidão na oferta de vacinas ainda não permitem que esse quadro possa ser revertido em curto prazo. O atual cenário da crise sanitária vivida pelo país agrava o estado de emergência nacional e exige medidas urgentes e adequadas para sua superação.

As vacinas constituem a ferramenta mais eficaz e barata na batalha contra a Covid-19, com benefícios claros e imediatos para a saúde pública e para preservação das vidas.

As vacinas em uso atualmente no Brasil são: Coronavac/Sinovac, autorizada para o Instituto Butantan, Covishield/Univ.Oxford/Astrazeneca, autorizada para a Fiocruz, e Comirnaty, autorizada para a Pfizer. No dia 31/03/2021, foi aprovada para uso emergencial a vacina da Janssen, mas esta ainda não está disponível para uso no Brasil.

Até o dia 15/05/21, estimava-se terem sido vacinadas 38.719.727 pessoas com a 1ª dose, cobrindo 24,19% da população brasileira a ser vacinada, e 19.153.355 com a 2ª, 11,97%, conforme o Instituto de Comunicação e Informação Científica e Tecnológica em Saúde – ICICT. A população vacinada ainda não impactou globalmente na pandemia no Brasil. Há registros de casos em todos os municípios, atingindo a taxa de 212 óbitos para cada 100 mil habitantes.

Para agravar esse cenário, nos últimos dias, a imprensa noticiou o atraso no fornecimento do insumo farmacêutico ativo (IFA) para fabricação das vacinas Coronavac e Covishield no Brasil, o que pode prejudicar ainda mais o avanço da campanha de imunização. O Instituto Butantan confirmou que atrasará o cumprimento do contrato para fornecimento de doses da Coronavac ao Ministério da Saúde devido aos atrasos no envio de insumo proveniente da China. A Fiocruz, por sua vez, também informou que precisaria suspender a produção do imunizante pela falta do IFA. A vacina da Pfizer, dadas as suas características de conservação, possui requerimentos específicos de distribuição e logística, o que dificulta seu uso por todas as regiões do país. Portanto, o que se vê ainda é um cenário de fragilidade no abastecimento de vacinas para imunização da população brasileira.

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Ademais, de acordo com a imprensa, o Ministério da Saúde reduziu para 43,8 milhões a previsão de doses de vacinas contra a Covid a serem distribuídas em junho. Anteriormente, a estimativa era de 52,2 milhões de doses. Essa mudança ocorreu, principalmente, devido a dificuldades na obtenção de insumos usados pela Fiocruz para a fabricação da vacina.

Outro ponto de preocupação reside em uma possível necessidade de incremento de 3ª dose de algumas vacinas contra a Covid-19, a fim de aumentar a eficácia do imunizante e ampliar a geração de anticorpos nos vacinados. A dose extra pode ser necessária, também, para aumentar proteção contra as novas variantes. Esse cenário demandaria um aumento expressivo na disponibilização dos já escassos imunizantes, reforçando a importância na ampliação das vacinas disponíveis à população.

O agravamento da pandemia afeta negativamente, também, os serviços públicos brasileiros, em especial os de saúde, e outros setores importantes da economia brasileira.

O conjunto de dados apresentados revela que o Brasil se encontra ainda em um momento de grave crise no enfrentamento da pandemia.

Como sabemos, faltam vacinas, o que, claro, implica saturação do sistema de saúde, mais doentes e, infelizmente, o aumento do número de mortes.

O momento é de crise sanitária sem precedentes na história recente da humanidade e do país.

Tal cenário nos convoca a medidas ordinárias e extraordinárias no enfrentamento da pandemia. Além da cooperação institucional e convergência de esforços, é papel da Anvisa, nesse contexto, e no exercício de suas atribuições, ser agente provedor e indutor de todas as alternativas terapêuticas e soluções vacinais necessárias à contenção da disseminação do vírus e à defesa da saúde da população.

5. DAS CONSIDERAÇÕES FINAIS QUE ANTECEDEM O VOTO

De todo o exposto, percebe-se que estamos sim, diante de uma situação excepcional. Talvez, excepcionalíssima. E, nesses casos excepcionais, podem ser necessárias adequações no modelo tradicional de vigilância sanitária, com o consequente e proporcional fortalecimento dos mecanismos de controle pós-mercado.

Infelizmente, o cenário é de emergência de saúde pública epidemiológica, de caráter nacional, decretada pela Portaria nº 188, de 3 de fevereiro de 2020 pelo Senhor Ministro.

E, corroborando com tal fato, tivemos a edição da Lei nº 14.124, de 10 de março de 2021, que dispõe sobre as medidas excepcionais relativas à aquisição de vacinas e de insumos e à contratação de bens e serviços de logística, de tecnologia da informação e comunicação, de comunicação social e publicitária e de treinamentos destinados à vacinação contra a covid-19 e sobre o Plano Nacional de Operacionalização da Vacinação contra a Covid-19.

Como agentes públicos que somos, no pleno exercício de nossos mandatos nesta Agência, não podemos ignorar este fato superveniente.

Não podemos negar nem diminuir os instrumentos regulatórios vigentes e que foram solidamente construídos para garantir acesso à imunização em um momento de escassez de vacinas.

As informações sobre as incertezas das vacinas são todas públicas desde o dia 17 janeiro de 2021. Ali reconhecemos a importância ainda maior da transparência; ali reconhecemos a necessidade de compartilhar com o país as nossas dificuldades e fragilidades.

Seguiremos assim, em consonância com o que a Lei nº 9.782/99 nos determina: a Agência terá por finalidade institucional promover a proteção da saúde da população, por intermédio do controle sanitário da produção e da comercialização de produtos e serviços submetidos à vigilância sanitária. E entendo ser exatamente isso que estamos fazendo diante da importação excepcional para fins de distribuição e uso da vacina em condições controladas e bem definidas.

O cenário atual da Emergência de Saúde Pública e as projeções para os próximos meses, sobretudo frente ao agravamento da pandemia no nosso País, da manutenção dos altos índices de

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mortes diárias e da limitada disponibilidade de imunizantes no mundo, reforçam a urgência na disponibilização de vacinas, indo ao encontro do objetivo do legislador e do interesse público no acesso a vacinas, na preservação de vidas, na diminuição do sofrimento das pessoas e no combate ao vírus.

A vacinação é uma das intervenções de saúde pública mais custo-efetivas e seus benefícios são indiscutíveis, podendo ser exemplificados pela erradicação da varíola e da poliomielite na maioria dos países do mundo. O sucesso da vacinação contra a Covid-19, e sua necessária celeridade, estão intimamente relacionados com a disponibilidade de quantidades de vacinas suficientes para serem aplicadas a toda a população passível de imunização.

Os dados mostram que as chances de ser internado ou morrer com o SarsCoV-2 caem drasticamente depois da imunização completa. As novas variantes do SarsCoV-2, algumas mais transmissíveis, são outro fator de atenção. Ainda não se sabe com precisão se as vacinas disponíveis são capazes de combater todas as novas versões do patógeno. Importante lembrar que a vacinação não busca proteção individual, mas sim coletiva.

Uma vacina com pelo menos 50% de eficácia tem um impacto significativo sobre a doença, tanto em nível individual quanto social. As vacinas submetidas ao crivo da importação superam significativamente esse patamar de eficácia, conforme asseguram as autoridades estrangeiras.

Precisamos falar não apenas da eficácia da vacina, mas também da sua efetividade. A eficácia é um fenômeno individual, mas, em programas amplos de vacinação, os não imunizados são, também, protegidos pelos vacinados. Isso reflete a efetividade da vacina e trata-se de imunidade coletiva. Se a população for coberta pela vacina, ela estará protegida. Ressalto: nenhuma vacina é 100% eficaz, mas dada uma ampla cobertura do processo de vacinação, ela protege a população.

Em publicação científica recente, foi demonstrado que, depois que as pessoas são vacinadas contra a Covid-19, os níveis de anticorpos bloqueadores de infecção em seu sangue são um forte indicador de quanta proteção eles ganharam contra a doença, usando método de modelagem (Khoury, D. S. et al. Nature Med. https://doi.org/10.1038/s41591-021-01377-8 (2021). A pesquisa mostrou que mesmo a presença de pequenas quantidades desses potentes 'anticorpos neutralizantes' indica que uma vacina é eficaz na proteção contra a Covid-19.

A análise de dados de anticorpos neutralizantes a partir de testes com sete vacinas amplamente utilizadas (mRNA-1273, NVX-CoV2373, BNT162b2, rAd26-S+rAd5-S, ChAdOx1 nCoV-19, Ad26.COV2.S e CoronaVac) mostrou uma forte ligação entre os níveis de anticorpos dos participantes registrados em estudos em estágio inicial e os resultados de eficácia da vacina em estudos em estágio final. Os pesquisadores estimam que uma vacina tenha eficácia de 50%, mesmo que induza níveis de anticorpos 80% inferiores aos encontrados, em média, em uma pessoa que se recuperou da Covid-19.

Os pesquisadores preveem que, como os níveis de anticorpos diminuem com o tempo, as vacinas de reforço podem ser necessárias em cerca de um ano, mas a proteção contra doenças graves pode durar muitos anos, mesmo sem eles. Tais dados reforçam, ainda mais, a importância da imunidade induzida pelas vacinas na proteção da população.

No nosso contexto, o senso de urgência torna-se parâmetro relevante, pois sabemos que, a cada dia, são pelo menos 2.000 vidas perdidas. Nossas avaliações, portanto, refletem a preocupação com o drama da vida real. Estamos mobilizados e guiados por elevado espírito de preservação da vida. Nossos julgamentos estão contaminados pela lógica da sobrevivência humana em nosso país.

Queremos vacinas e medicamentos. Somos uma agência conhecida por viabilizar o acesso. E, no presente caso, precisamos dar cumprimento ao mandamento legal, que nos impôs os critérios a serem adotados para a autorização de importação de vacinas autorizadas em outros países. Não nos cabe questionar o preceito legal. Em situação de guerra, todas as armas visam combater o inimigo e, ao mesmo tempo, salvar vidas.

Sabemos que ainda existem lacunas de informação quanto aos aspectos de qualidade, segurança e eficácia das vacinas Sputnik V e Covaxin. Mas, mesmo diante das incertezas ainda presentes, preciso não apenas considerar o diploma legal que reflete o desejo do legislador em ampliar a

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disponibilidade de vacinas e medicamentos contra a Covid-19 no Brasil, como também enxergar o dramático quadro sanitário em que estamos inseridos.

As manifestações das áreas técnicas da Anvisa consideraram, por formação e condicionantes técnicas, a documentação submetida no âmbito de um processo de autorização de uso emergencial ou de registro. Portanto, nossos especialistas se ativeram aos limites de sua atuação ao realizarem uma avaliação robusta de qualidade, segurança e eficácia. No entanto, entendo que, nós diretores precisamos ter uma visão mais ampla desses pedidos de importação, precisamos sopesar na balança do risco-benefício o cenário sanitário e epidemiológico de nosso país, o cumprimento dos dispositivos legais, as ações mitigatórias propostas pelas áreas técnicas relacionadas às lacunas de informação, as responsabilidades do importador. Importante lembrar que, como última etapa no paradigma do risco, temos a avaliação das ações de controle de riscos realizadas, a fim de permitir a tomada de decisão do regulador.

Reforço que no presente Voto não estamos avaliando a autorização de uso emergencial. Também não estamos avaliando o registro sanitário da vacina. Tais avaliações contemplariam uma análise robusta de qualidade, segurança e eficácia. Aqui, estamos avaliando tão somente as circunstâncias para autorizar a importação em caráter excepcional das vacinas, de forma absolutamente controlada, à luz do cumprimento da Lei que trouxe esse instrumento regulatório como mais uma possibilidade no enfrentamento à pandemia.

E repito: o tripé da qualidade, segurança e eficácia que guia nossas decisões, que norteia nosso trabalho, neste caso foi atestado por meio da comprovação do registro ou uso emergencial pela autoridade sanitária internacional, conforme estabelecido pela RDC nº 476/2021.

Somos um país de muitas possibilidades e de riquezas naturais e humanas únicas. Isso, contudo, ainda não nos transformou numa nação rica e plenamente desenvolvida. As desigualdades são a melhor expressão das nossas deficiências. As limitações ainda são enormes.

O nosso gigantismo, a territorialidade continental, é uma variável perene e complexa. Prover medicamentos e vacinas, assegurar leitos, garantir o bem-estar das pessoas em todos os recônditos do país, é um desafio também gigante.

Esse binômio, limitação de recursos/gigantismo nos convoca à reflexão permanente. Tudo para nós acontece em grande escala.

Por sua vez, a verdade é que não conhecemos ainda os exatos rumos dessa pandemia, nem mesmo conhecemos a exata capacidade humana para lidar com todos os desdobramentos que ainda poderão sobrevir, e que devem ser suportados pela humanidade.

A solução farmacológica, heroica, conhecida é vacina. Múltiplas plataformas estão em desenvolvimento, com níveis de maturidade distintos. Plataformas que hoje são aparentemente estruturadas podem se enfraquecer ao longo da caminhada, ao soluço de algum tropeço não esperado.

Temos que lançar mão de alternativas. Não podemos desperdiçar opções vacinais, seja por que temos que considerar os sobressaltos da jornada, seja por que mais opções podem significar também estímulo à produção dessas plataformas em território nacional, como já acompanhamos por notícias recentes.

Essa não é uma decisão sobre vacinas apenas “do hoje”; estamos aqui pensando no amanhã. Pesa o receio de fulminar plataformas que podem vir a ser viáveis; não é inteligente descartá-las.

Nesse sentido, tenho por oportuno, observadas as condicionantes de controle apontadas pelas áreas técnicas, considerar uma utilização controlada, segura e inicial dessas vacinas no Brasil, desde que, dentre outras limitações, restrinja-se o público vacinado, limite-se a importação inicial a um volume pequeno e imponha-se teste laboratorial para certificação dos aspectos relevantes já suscitados neste voto. Nesse formato, ainda, que se estabeleça regime de vigilância capaz de interromper imediatamente a importação e a utilização da vacina.

6. **DO VOTO**

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6.1 – Processo de importação:

A Gerência Geral de Portos, Aeroportos, Fronteiras e Recintos Alfandegados (GGPAF) se manifestou por meio do Despacho nº 710/2021/SEI/GGPAF/DIRE5/ANVISA, no qual informou que, de acordo com a RDC nº 476/2021, a importação de vacinas que tenham recebido autorização de uso emergencial por uma das autoridades estrangeiras contempladas na Lei nº 14.124/2021 poderá ser realizada conforme definido em seu art. 16.

Sendo assim, em caso de aprovação da excepcionalidade pela Diretoria Colegiada, caberá ao importador providenciar:

I. Peticionamento eletrônico de importação, nos termos do Capítulo III, Seção I, da Resolução de Diretoria Colegiada - RDC nº 81, de 5 de novembro de 2008;

II. A descrição da mercadoria na licença de importação deve conter a inscrição "AUTORIZADA CONFORME A LEI nº 14.124, DE 2021";

III. Apresentação do comprovante de autorização excepcional e temporária de importação concedida pela Diretoria Colegiada da Anvisa;

IV. Certificado de liberação do lote, incluindo o laudo analítico de controle de qualidade do produto acabado e, quando existir, do diluente, emitido pelo fabricante;

V. Conhecimento de carga embarcada, podendo, na instrução processual inicial, ser apresentada versão preliminar desse documento; e

VI. Licenciamento de importação (LI) registrado no SISCOMEX

Para que se reduza o tempo de permanência das vacinas na área alfandegada, é recomendável que o processo de importação seja peticionado com antecedência à chegada da carga no Brasil, conforme disposto no art. 4º da Resolução RDC nº 476/2021. Para o peticionamento deverá ser utilizado o código de assunto 9611 - Fiscalização Sanitária para o Ministério da Saúde ou entidades vinculadas ao SUS, de mercadorias sob vigilância sanitária, destinado a programa de saúde pública.

Outras orientações sobre os procedimentos e etapas para o peticionamento do processo de importação podem ser obtidas na Cartilha do Peticionamento Eletrônico de Importação - PEI, que pode ser acessada no Portal da Anvisa no seguinte endereço: https://www.gov.br/anvisa/pt-br/centraisdeconteudo/publicacoes/portos-aeroportos-e-fronteiras/cartilha-pei-usuario-externo-versao-4.3/view.

Por fim, a área informou que a anuência na importação é concedida para a quantidade de doses descritas no licenciamento de importação (LI), portanto, em caso de importações fracionadas deverá ser realizado um peticionamento para cada LI registrada junto ao Siscomex.

6.2 – Obrigações dos requerentes:

De acordo com a RDC nº 476/2021, são obrigações do importador:

I - responsabilizar-se pela qualidade, eficácia e segurança da vacina a ser importada;

II - assegurar e monitorar as condições da cadeia de transporte;

III - assegurar que a vacina importada esteja com o prazo de validade vigente;

IV - estabelecer mecanismos para garantir condições gerais e manutenção da qualidade da vacina importada e o seu adequado armazenamento;

V - assegurar o monitoramento contínuo da temperatura de conservação e transporte, durante o trânsito internacional, desde o momento do embarque até a chegada ao local de armazenamento do importador e notificar à Anvisa, imediatamente, caso tenha ocorrido excursão de temperatura que possa comprometer a qualidade do produto;

VI - responsabilizar-se pela avaliação das excursões de temperatura que venham a ocorrer durante o transporte dos produtos importados;

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VII - prestar orientações aos serviços de saúde sobre uso e cuidados de conservação dos produtos importados, assim como aos pacientes sobre como notificar as queixas técnicas e eventos adversos a eles relacionados;

VIII - criar mecanismos para a realização do monitoramento pós-distribuição e pós-uso da vacina importada e para que os casos de queixas técnicas e eventos adversos identificados sejam informados à Anvisa, por meio dos sistemas de informação adotados;

IX - responsabilizar-se pelo recolhimento do produto importado quando determinado pela Anvisa ou quando houver indícios suficientes ou comprovação de desvio de qualidade, que possa representar risco à saúde;

X - informar aos pacientes de que a vacina para Covid-19 não possui registro e nem autorização temporária para uso emergencial, em caráter experimental, concedido pela ANVISA e que o referido produto apenas possui aprovação em agência regulatória sanitária estrangeira; e

XI - apresentar a documentação requerida ao Instituto Nacional de Controle de Qualidade em Saúde (INCQS), nos termos da Resolução de Diretoria Colegiada - RDC nº 73, de 21 de outubro de 2008.

6.3 – Condicionantes para importação da vacina Sputnik V:

I – Todos os lotes a serem destinados ao Brasil devem ser provenientes das plantas produtivas inspecionadas pela Anvisa: Generium e Pharmstandard UfaVita;

II – Todos os lotes a serem destinados ao Brasil devem vir acompanhados dos certificados de análise da etapa de concentrado da vacina e do produto acabado, demonstrando a ausência de RCA;

III – Todos os lotes a serem destinados ao Brasil devem vir acompanhados dos laudos de esterilidade microbiológica;

IV – A vacina deverá ser utilizada apenas na imunização de indivíduos adultos ≥ 18 anos e < 60 anos;

V – A vacina não deverá ser utilizada em gestantes, puérperas, lactantes e indivíduos com comorbidades;

VI – Os lotes das vacinas importados somente poderão ser destinados ao uso após análise laboratorial e liberação pelo INCQS;

VII – O requerente deverá registrar a execução de todas as obrigações previstas na RDC nº 476/2021 e reforçadas neste Voto. Tais registros deverão ser apresentados à Anvisa sempre que solicitado;

VIII – O requerente deverá considerar no plano de imunização as ações necessárias para evitar os erros programáticos de trocas entre os dois componentes da vacina, devendo haver monitorização e ações contínuas para minimizar o risco e os danos;

IX – O requerente deverá adotar ações de mitigação de risco considerando as diferenças de informações e formatos entre as embalagens, rótulos e bulas originais em comparação com as diretrizes regulatórias nacionais;

X – O requerente deverá disponibilizar às unidades de saúde as informações de rótulos e bulas, que sejam importantes para o uso correto do produto, no idioma português. Destaca-se que todas as indicações, contraindicações e restrições de uso constantes neste Voto deverão estar refletidas no documento a ser disponibilizado;

XI – Todos os lotes da vacina a ser fornecida devem atender às condições aprovadas pela autoridade sanitária internacional;

XII – O requerente deverá distribuir e utilizar a vacina em condições controladas com condução de estudo de efetividade, com delineamento acordado com a Anvisa e executado conforme Boas Práticas Clínicas, de acordo com o sugerido pelo Ofício CIDSNE/PRESID n. 25/2021 de 25/05/2021;

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XIII – Os eventos adversos graves devem ser comunicados à Anvisa em até 24 horas por meio do sistema VigiMed ou e-SUS Notifica. Os demais eventos adversos e as queixas técnicas devem ser notificados em até 5 (cinco) dias de seu conhecimento. As queixas técnicas devem ser notificadas pelo sistema Notivisa;

XIV – O requerente deverá encaminhar à Anvisa, mensalmente, relatório de avaliação benefício-risco da vacina, contendo resultados de segurança e efetividade de cada lote importado, detalhado, segundo as boas práticas de farmacovigilância;

XV – O requerente deverá acompanhar diariamente alertas internacionais de segurança da vacina Sputnik V emitidos pelos países que estão utilizando a vacina e comunicar imediatamente à Anvisa em caso de alertas de segurança emitidos por outras autorizadas sanitárias internacionais;

XVI – O requerente deverá compartilhar o mapa de distribuição dos lotes e respectivos resultados de controle de qualidade com as áreas da Anvisa ligadas ao pós mercado, a fim de agilizar as medidas de suspensão do uso frente a eventuais riscos identificados;

XVII – A vacina deverá ser distribuída apenas a centros de vacinação vinculados aos Centros de Referência de Imunobiológicos Especiais (CRIEs);

XVIII – As seguintes contraindicações deverão ser consideradas na imunização: hipersensibilidade a qualquer dos componentes da fórmula, gravidez, uso por lactantes, menores de 18 anos, mulheres em idade fértil que desejam engravidar nos próximos meses, ter recebido outra vacina contra Covid-19, febre, HIV, hepatite B ou C, antecedentes de qualquer vacinação nas 4 semanas anteriores à potencial data de vacinação, ter recebido imunoglobulinas ou hemoderivados há 3 meses antes da potencial vacinação, tratamentos com imunossupressores, citotóxicos, quimioterapia ou radiação há 36 meses antes da potencial vacinação, terapias com biológicos incluindo anticorpos anticitocinas e outros anticorpos, enfermidades graves ou não controladas (cardiovascular, respiratória, gastrointestinal, neurológica, insuficiência hepática, insuficiência renal, patologias endócrinas) e antecedentes de anafilaxia (segunda dose da vacina);

XIX – O requerente deverá requerer dos fabricantes Generium e UfaVita a avaliação do processo fabril e a proposição de alguma medida adicional de mitigação do risco decorrente da ausência da validação da etapa de filtração esterilizante. Esses documentos deverão ser apresentados à Anvisa previamente ao Licenciamento de Importação (LI) e deverão ser analisados e concluídos como adequados pela área técnica previamente ao deferimento do LI;

XX – O requerente deverá apresentar o relatório final de validação do processo de fabricação do Insumo Farmacêutico Ativo Biológico ou declaração da Autoridade Russa de que verificou e aprovou tal documento;

XXI – O requerente deverá apresentar, para adequação das Práticas Asséptica s e Teste de Esterilidade da UfaVita, os registros dos treinamentos dos operadores bem com vídeos demonstrando a execução das atividades críticas nas áreas limpas, indicando que os procedimentos de trabalho foram efetivamente corrigidos e não representam risco de contaminação ao produto. Tais documentos podem ser apresentados diretamente à Anvisa para análise e aprovação previamente ao deferimento do LI ou por meio de declaração da Autoridade Russa de que os verificou e aprovou;

XXII – O requerente deverá apresentar os relatórios de validação de métodos analíticos para os testes de RCA, PCR para identidade dos adenovírus e Elisa para imunogenicidade em camundongos. Tais relatórios podem ser apresentados conjuntamente com a documentação a ser enviada ao INCQS.

Os condicionantes e responsabilidades aqui destacados deverão constar em Termo de Compromisso a ser celebrado entre a Agência Nacional de Vigilância Sanitária – ANVISA, representada pelo Diretor Presidente e pelos Diretores titulares das diretorias que supervisionam as áreas de registro de medicamentos, fiscalização e monitoramento, e respectivos Governadores e Secretários de Saúde, como requisito para o deferimento do Licenciamento de Importação (LI) da vacina.

6.4 – Voto: vacina Sputnik V

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Antes de pronunciar meu voto, reforço que todas as responsabilidades e condicionantes vinculados a esta importação visam garantir, com o mínimo de segurança, o bem maior que aqui tutelamos, a saúde. Daí porque entendo ser IMPRESCINDÍVEL o cumprimento integral pelos requerentes de todos os aspectos aqui destacados.

O que entendo ser razoável e que não haveria quaisquer óbices à sua realização, tendo em vista que estou certo que, assim como nós, os Governadores e Secretários de Saúde estão, igualmente, preocupados com a proteção do cidadão.

Assim, convencido de que estamos dando cumprimento integral à Lei 9.782/99, ao estabelecer a adoção de responsabilidades e condicionantes para autorização da importação excepcional, para fins de distribuição e uso da vacina em condições controladas, ou seja, estamos promovendo a proteção da saúde da população, por intermédio do controle sanitário, além de estarmos cumprindo as disposições da Lei nº 14.124/21 e da RDC nº 476/21, **VOTO** pela aprovação dos pedidos sob exame de autorização para importação excepcional, para fins de distribuição e uso da vacina Sputnik V em condições controladas.

Não obstante, destaco que, para a presente importação, autorizada por força da Lei nº 14.124/21, os aspectos de qualidade, segurança e eficácia da vacina Sputnik V foram atestados por meio do registro concedido pela Autoridade Sanitária da Rússia. Portanto, não foram considerados os aspectos regulatórios ordinários aplicáveis pelas áreas técnicas desta Agência que asseguram a comprovação de qualidade, segurança e eficácia de vacinas para autorização de registro ou uso emergencial no Brasil.

Os requerentes deverão observar os aspectos técnicos contidos neste Voto, assim como as obrigações e os condicionantes destacados. Salienta-se que o descumprimento das disposições contidas na RDC nº 476/21 constitui infração sanitária, nos termos da Lei nº 6.437/77, sem prejuízo das responsabilidades civil, administrativa e penal cabíveis.

As áreas de fiscalização e monitoramento da Anvisa deverão monitorar o perfil de queixas técnicas e eventos adversos associados à vacina importada nos termos deste Voto e adotar as ações de controle, monitoramento e fiscalização sanitária pertinentes.

Destaca-se que, caso o pedido de uso emergencial em análise pela Anvisa ou pela OMS seja negado ou com base em informações provenientes do controle e do monitoramento do uso da vacina Sputnik V no Brasil, ou outras informações técnicas ou científicas que venham a ser de conhecimento desta Anvisa, a Agência poderá suspender a importação, distribuição e uso da vacina importada nos termos da RDC nº 476/21, além de outras medidas que entender cabíveis conforme legislação vigente.

Por fim, destaco que fica autorizada a importação excepcional e temporária dos seguintes quantitativos, correspondentes a doses para vacinação de 1% da população de cada estado, dentro dos cronogramas enviados para o mês de junho/2021: Bahia – 300.000 doses; Maranhão – 141.000 doses; Sergipe – 46.000 doses; Ceará – 183.000 doses; Pernambuco – 192.000 doses; Piauí – 66.000 doses. Justifica-se o referido percentual por se tratar de quantitativo reduzido de doses vacinais, o que, além de permitir o adequado monitoramento e ação imediata caso necessário, não inviabiliza o custo do processo de importação. Ademais, os dados obtidos a partir do uso desses quantitativos servirão de base para decisões vindouras da Agência frente a novas doses a serem importadas.

Após o uso do referido quantitativo, a Anvisa avaliará os dados de monitoramento do uso da vacina, a fim de subsidiar nova deliberação da Agência quanto aos próximos quantitativos a serem importados. Mantido o status probatório para análise de tais pedidos de importação da vacina Sputnik V, a Diretoria Colegiada da Anvisa deliberará sobre os próximos pedidos por meio de Circuito Deliberativo.

6.5 – Condicionantes para importação da vacina Covaxin:

I – Todos os lotes a serem destinados ao Brasil devem ter sido fabricados após as adequações de Boas Práticas de Fabricação (BPF) implementadas pelo fabricante Bharat Biotech, conforme relatório CAPA apresentado à Anvisa;

II – Todos os lotes a serem destinados ao Brasil devem vir acompanhados dos certificados de análise atestando a realização de teste de potência;

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III – Todos os lotes a serem destinados ao Brasil devem vir acompanhados dos laudos de esterilidade microbiológica;

IV – A vacina deverá ser utilizada apenas na imunização de indivíduos adultos ≥ 18 anos e < 60 anos;

V – A vacina não deverá ser utilizada em gestantes, puérperas, lactantes e indivíduos com comorbidades;

VI – Os lotes das vacinas importados somente poderão ser destinados ao uso após análise laboratorial e liberação pelo INCQS;

VII – O requerente deverá registrar a execução de todas as obrigações previstas na RDC nº 476/2021 e reforçadas neste Voto. Tais registros deverão ser apresentados à Anvisa sempre que solicitado;

VIII – O requerente deverá adotar ações de mitigação de risco considerando as diferenças de informações e formatos entre as embalagens, rótulos e bulas originais em comparação com as diretrizes regulatórias nacionais;

X – O requerente deverá disponibilizar às unidades de saúde as informações de rótulos e bulas, que sejam importantes para o uso correto do produto, no idioma português. Destaca-se que todas as indicações, contraindicações e restrições de uso constantes neste Voto deverão estar refletidas no documento a ser disponibilizado;

XI – Todos os lotes da vacina a serem fornecidos devem atender às condições aprovadas pela autoridade sanitária internacional;

XII – Os eventos adversos graves devem ser comunicados à Anvisa em até 24 horas por meio do sistema VigiMed ou e-SUS Notifica. Os demais eventos adversos e as queixas técnicas devem ser notificados em até 5 (cinco) dias de seu conhecimento. As queixas técnicas devem ser notificadas pelo sistema Notivisa;

XIII – O requerente deverá encaminhar à Anvisa, mensalmente, relatório de avaliação benefício-risco da vacina, contendo resultados provenientes do monitoramento ativo do uso da vacina, com conclusão sobre segurança e efetividade de cada lote importado, detalhado, segundo as boas práticas de farmacovigilância;

XIV – O requerente deverá acompanhar diariamente alertas internacionais de segurança da vacina Covaxin emitidos pelos países que estão utilizando a vacina e comunicar imediatamente à Anvisa em caso de alertas de segurança emitidos por outras autorizadas sanitárias internacionais;

XV – O requerente deverá compartilhar o mapa de distribuição dos lotes e respectivos resultados de controle de qualidade com as áreas da Anvisa ligadas ao pós mercado, a fim de agilizar as medidas de suspensão do uso frente a eventuais riscos identificados;

XVI – O requerente deverá apresentar periodicamente à Anvisa os dados de estabilidade da vacina na medida em que forem sendo obtidos;

XVII – O requerente deverá apresentar à Anvisa o relatório completo do estudo de fase 3 assim que disponível;

XIII – O requerente deverá monitorar ativamente os eventos adversos de interesse especial, principalmente aqueles com potencial de serem induzidos pelo uso do novo adjuvante, como reações autoimunes;

XIX – A vacina só poderá ser utilizada no Brasil após entrega e avaliação pela Anvisa dos dados referentes a dois meses de acompanhamento de segurança do estudo clínico de fase 3;

XX – A vacina deverá ser distribuída apenas a centros de vacinação vinculados aos Centros de Referência de Imunobiológicos Especiais (CRIEs);

XXI – As seguintes contraindicações deverão ser consideradas na imunização: hipersensibilidade a qualquer dos componentes da fórmula, gravidez, uso por lactantes, menores de 18

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anos, mulheres em idade fértil que desejam engravidar nos próximos meses, ter recebido outra vacina contra Covid-19, febre, HIV, hepatite B ou C, antecedentes de qualquer vacinação nas 4 semanas anteriores à potencial data de vacinação, ter recebido imunoglobulinas ou hemoderivados há 3 meses antes da potencial vacinação, tratamentos com imunossupressores, citotóxicos, quimioterapia ou radiação há 36 meses antes da potencial vacinação, terapias com biológicos incluindo anticorpos anticitocinas e outros anticorpos, enfermidades graves ou não controladas (cardiovascular, respiratória, gastrointestinal, neurológica, insuficiência hepática, insuficiência renal, patologias endócrinas), antecedentes de anafilaxia (segunda dose da vacina).

Os condicionantes e responsabilidades aqui destacados deverão constar em Termo de Compromisso a ser celebrado entre a Agência Nacional de Vigilância Sanitária – ANVISA, representada pelo Diretor Presidente e pelos Diretores titulares das diretorias que supervisionam as áreas de registro de medicamentos, fiscalização e monitoramento, e o Ministro da Saúde, como requisito para o deferimento do Licenciamento de Importação (LI) da vacina.

6.6 – Voto: vacina Covaxin

Antes de pronunciar meu voto, reforço que todas as responsabilidades e condicionantes vinculados a esta importação visam garantir, com o mínimo de segurança, o bem maior que aqui tutelamos, a saúde. Daí porque entendo ser IMPRESCINDÍVEL o cumprimento integral pelo importador de todos os aspectos aqui destacados.

O que entendo ser razoável e que não haveria quaisquer óbices à sua realização, tendo em vista que estou certo que, assim como nós, o Ministério da Saúde está, igualmente, preocupado com a proteção do cidadão.

Convencido de que estamos dando cumprimento integral à Lei 9.782/99, ao estabelecer a adoção de condicionantes para autorização da importação excepcional, para fins de distribuição e uso da vacina em condições controladas, ou seja, estamos promovendo a proteção da saúde da população, por intermédio do controle sanitário, além da superação dos aspectos que levaram ao indeferimento do pedido anterior de importação excepcional da vacina Covaxin pelo Ministério da Saúde, especialmente no que se refere à anuência para condução de estudo clínico no Brasil e à adequação dos aspectos das Boas Práticas de Fabricação, **VOTO** pela aprovação do pedido sob exame de autorização para importação excepcional, para fins de distribuição e uso da vacina Covaxin em condições controladas.

Não obstante, destaco que, para a presente importação, autorizada por força da Lei nº 14.124/2021, os aspectos de qualidade, segurança e eficácia da vacina Covaxin foram atestados por meio da autorização de uso emergencial concedida pela Autoridade Sanitária da Índia. Portanto, não foram considerados os aspectos regulatórios ordinários aplicáveis pelas áreas técnicas desta Agência que asseguram a comprovação de qualidade, segurança e eficácia de vacinas para autorização de registro ou uso emergencial no Brasil.

O deferimento da Licença de Importação (LI) ficará condicionado à avaliação pela Anvisa da validação do ensaio de quantificação de antígeno (proteína S) para o IFA e determinação da potência (imunogenicidade em camundongos) para a vacina (produto terminado).

O importador deverá observar os aspectos técnicos contidos neste Voto, assim como as obrigações e os condicionantes destacados. Salienta-se que o descumprimento das disposições contidas na RDC nº 476/21 constitui infração sanitária, nos termos da Lei n. 6.437, de 20 de agosto de 1977, sem prejuízo das responsabilidades civil, administrativa e penal cabíveis.

As áreas de fiscalização e monitoramento da Anvisa deverão monitorar o perfil de queixas técnicas e eventos adversos associados à vacina importada nos termos deste Voto e adotar as ações de controle, monitoramento e fiscalização sanitária pertinentes.

Destaca-se que, caso ocorra negativa quanto a eventual pedido de uso emergencial da vacina pela Anvisa ou pela OMS, ou com base em informações provenientes do controle e do monitoramento do uso da vacina Covaxin no Brasil, ou outras informações técnicas ou científicas que venham a ser de conhecimento desta Anvisa, a Agência poderá suspender a importação, distribuição e

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uso da vacina importada nos termos da RDC nº 476/21, além de outras medidas que entender cabíveis conforme legislação vigente.

Por fim, destaco que fica autorizada a importação excepcional e temporária do seguinte quantitativo, correspondente a doses para imunização de 1% da população nacional, dentro do cronograma enviado pelo Ministério da Saúde: 4.000.000 doses. Nesse sentido, o Ministério deverá avaliar a necessidade de reserva do quantitativo necessário para aplicação da 2ª dose da vacina. Justifica-se o referido percentual por se tratar de quantitativo reduzido de doses vacinais, o que, além de permitir o adequado monitoramento e ação imediata caso necessário, não inviabiliza o custo do processo de importação. Ademais, os dados obtidos a partir do uso desse quantitativo servirão de base para decisões vindouras da Agência frente a novas doses a serem importadas.

Após o uso do referido quantitativo, a Anvisa avaliará os dados de monitoramento do uso da vacina, a fim de subsidiar nova deliberação da Agência quanto aos próximos quantitativos a serem importados. Mantido o status probatório para análise de tais pedidos de importação da vacina Covaxin, a Diretoria Colegiada da Anvisa deliberará sobre os próximos pedidos por meio de Circuito Deliberativo.

Documento assinado eletronicamente por **Alex Machado Campos**, **Diretor**, em 04/06/2021, às 18:47, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm.

A autenticidade deste documento pode ser conferida no site https://sei.anvisa.gov.br/autenticidade, informando o código verificador **1477203** e o código CRC **1BEBC7A8**.

Referência: Processo nº 25351.913403/2021-02 SEI nº 1477203

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ANVISA
Agência Nacional de Vigilância Sanitária

Gabinete do Diretor-Presidente - Chefe de Gabinete

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Ofício nº 1385/2021/SEI/GADIP-CG/ANVISA

Ao Senhor
Rodrigo Cruz
Secretário-Executivo
Secretaria-Executiva do Ministério da Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
E-mail: apoio.se@saude.gov.br

Com cópia
Ao Senhor
Roberto Ferreira Dias
Diretor do Departamento de Logística em Saúde
Departamento de Logística em Saúde
Esplanada dos Ministérios, Bloco G - Bairro Zona Cívico-Administrativa
CEP: 70058-900 - Brasília/DF
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Assunto: **Solicitação de autorização para importação em caráter excepcional de doses da Vacina Covaxin.**

Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.915151/2021-48.

Senhor Secretário,

1. Cumprimentando-o cordialmente, em atenção ao Ofício nº 129/2021/DLOG/SE/MS, por meio do qual o Ministério da Saúde solicitou a importação em caráter excepcional de 20.000.000 (vinte milhões) de doses da vacina Covaxin / BBV152, com fulcro no disposto na Lei nº 14.124, de 10 de março de 2021, para uso na imunização contra a Covid-19, informo que a Diretoria Colegiada da Agência Nacional de Vigilância Sanitária decidiu, por maioria, vencida a Diretora Cristiane Jourdan, AUTORIZAR os pedidos, sob exame, de importação e distribuição, excepcional e temporária, das vacinas Covaxin e Sputnik V, com exigência de atendimento das obrigações e condicionantes dispostas nos termos do voto do relator – Voto nº 163/2021/SEI/DIRE5/Anvisa (SEI 1477657).

Anexos: I - Voto nº 163/2021/SEI/DIRE5/Anvisa

Atenciosamente,

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Documento assinado eletronicamente por **Karin Schuck Hemesath Mendes**, **Chefe de Gabinete**, em 14/06/2021, às 17:00, conforme horário oficial de Brasília, com fundamento no art. 6º, § 1º, do Decreto nº 8.539, de 8 de outubro de 2015 http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Decreto/D8539.htm.

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Referência: Caso responda este Ofício, indicar expressamente o Processo nº 25351.915151/2021-48 SEI nº 1488646

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William Amorim Santana

De: William Amorim Santana
Enviado em: terça-feira, 15 de junho de 2021 14:41
Para: Ariadne Gisele Muniz Bonvino; Fernanda de Souza Passos; Marcelo Calado
Cc: LISTA - DIVISÃO DE IMPORTAÇÃO
Assunto: VOTO COVAXIN
Anexos: Voto_1477657_SEI_ANVISA___1477203___Voto_163.pdf; SEI_ANVISA - 1488646 - Ofício.pdf

Prezadas(o), segue para conhecimento.

Atenciosamente,

William Amorim Santana
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