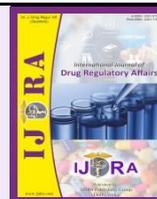


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## Review Article

**Regulatory aspects for vaccines in India and US**

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**Abstract**

Vaccines are the most significant health medication. A vaccine is a biological preparation that builds resistance to a particular disease. The improvement of a vaccine is a perplexing and repetitive procedure. Throughout the development of a vaccine for its authorization, a strict administrative procedure must be made for determining the safety, efficacy, and quality. Center for Biologics Evaluation and Research (CBER) under the USFDA regulates the vaccines in the USA. Similarly, in India, the Indian National Regulatory Authority (CDSCO) is the regulatory body who is liable for the assembling and import of vaccines. To the clinical field, biotechnology gives inventive solutions with more than 200 biologic medications and vaccines. For registration of vaccines, Biologics License Application (BLA) in the USA, and in India, an application is made to the Drug Controller General of India (DCGI) on form 44 along with CMC reports and accessible pre-clinical and clinical examinations. After the enlistments of an immunization, post-marketing surveillance framework, i.e. Vaccine adverse event reporting system (VAERS) is made in the USA.

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E-mail address: [dravvk@gmail.com](mailto:dravvk@gmail.com) (Vivek Kumar Bihania).**1. Introduction**

Immunization or vaccination is one of the most significant health medications; it protects a huge number of individuals from ailments, disability, and death each year. The term vaccine was explained by Edward Jenner's in 1796 utilization of cowpox (Latin variola vaccinia taken from the Latin vaccin-us, from vacca, cow), to vaccinate people and giving the insurance against chickenpox. A vaccine meets the meaning of both medication and a biological product. A vaccine is biological designing that builds the immunity to a particular disease causing micro-organisms. It is made from weakened or killed forms of the microbes, its toxins or one of its surface proteins. This agent triggers the body's immune system to acknowledge the agent as foreign, destroy it, and keep a record of it, with the goal that the safe framework can easily recognize and destroy any of these micro-organisms that later experiences. Immunization may be therapeutic or prophylactic. (1)

Each year new, protected and successful vaccines are presented and approved in the market, so it is essential to assimilate them into the official inoculation plan. To incorporate vaccine into vaccination plan USA follows rules according to United States Food and Drugs

Administrations (USFDA) requirements and India follows rules as per the Central Drugs Standard Control Organizations (CDSCO) and the department of biotechnology (DBT). (1)

**2. Regulatory aspects of vaccines in India**

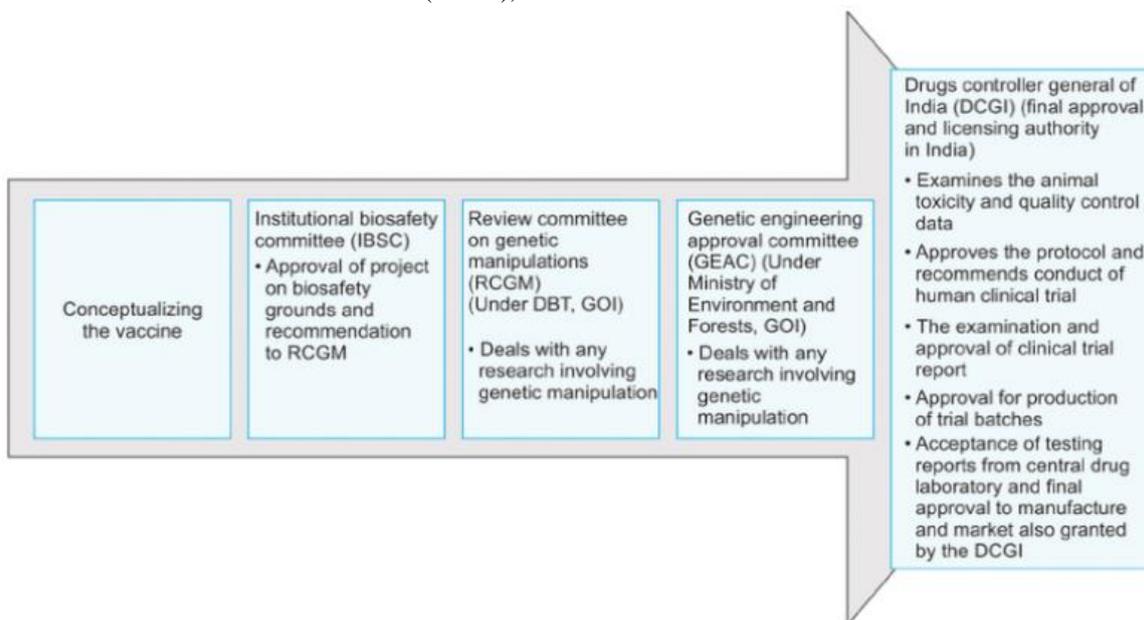
In India, The Central Drugs Standard Control Organizations (CDSCO) is the National Administrative expert that assesses the safety, efficacy, and quality of medications in the nation. The DBT through the Review Committee on Genetic Manipulation (RCGM) is accountable for surprising the development and pre-clinical evaluation of recombinant Biologics. Presently, in India various organizations are effectively engaged in marketing and manufacturing of vaccines. So for, these biologics product were affirmed by RCGM and CDSCO utilizing an abbreviated version of the avenue material to new drugs dependent upon the case. Since, in India there are various such products under development, both regulatory bodies assessed the requirements to framework the regulatory pathway defining the needs to guarantee comparable safety, efficacy, and quality of a product's. (2)

There are various regulatory policies for vaccine registration. They are (3):

1. Ministry of Health and Family Welfare,
2. National Technical Advisory Group on Immunization (NTAGI),
3. Indian Council for Medical Research (ICMR),

4. Central Drugs Standard Control Organization (CDSCO),
5. Central Licensing Approval Authority (CLAA)

**Conceptualizing the vaccines (4):**



**Figure 1.** The Schematic representation of conceptualizing the vaccines

**Table 1** Showing stages, agency, application and approval of vaccines in India

STAGE	AGENCY	APPLICATION	APPROVAL
License for test, manufacture, analysis	State authority/ CDSCO	Form 30	Form 29
Preclinical permission	RCGM	Form C3	Form C4
Submission of preclinical report	RCGM	Form C5	Form C6
Clinical trials	CDSCO	Form 44	Permission letter
Manufacturing and marketing	CDSCO	Form 44	Form 46
Manufacturing license	State authority	Form 27D	Form 28D
Registration and import	CDSCO	Form 8	Form 10

**Quality Assessment**

There are 4 parameters for the quality assessments. They are (2):

*Analytical Methods*

- Selected method as per critical quality attributes of the products.
- Multiple methods can be used for a assessing a single attribute.

*Product Characterizations*

- Includes physiochemical, biological activity, immunological properties, functional analysis, purity, contamination, and strength tests.

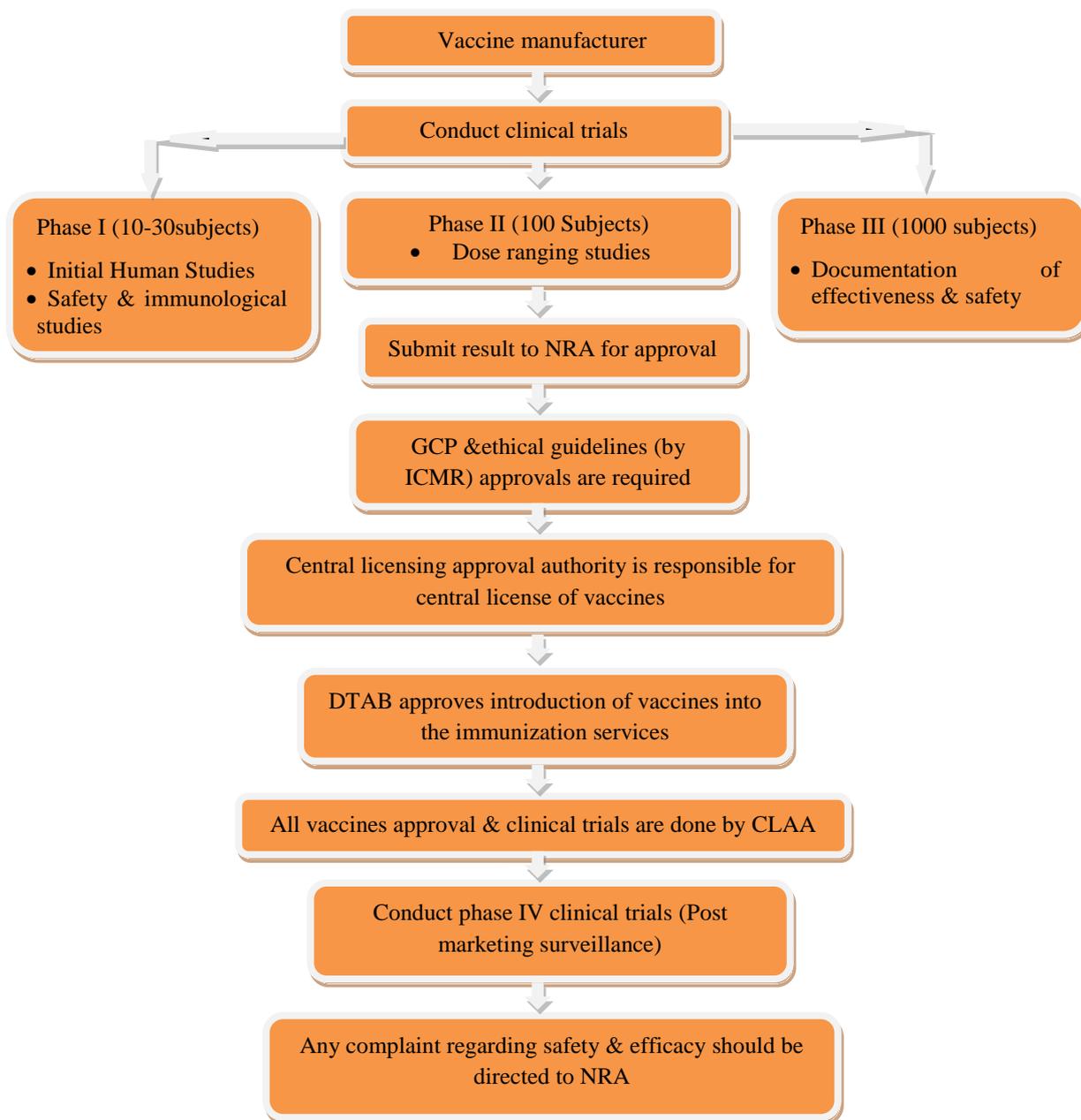
*Specifications:*

- Established around critical quality attributes of the products.
- Aim is to confirm the consistency in product quality and comparability to reference biologics.

*Stability:*

- Shelf-life and storage condition tests for vaccines shall be conducted.
- Real life containers based studies shall be conducted.

### 3. Registration process of vaccines in India (3):



**Figure 2.** Regulatory process of vaccines in India

#### 4. Regulatory Aspects of Vaccines in USA

The Center for Biologics Evaluation and Research (CBER) is the regulatory body responsible for vaccines in USA. In section 351 of the Public Health Service Act and the Food, Drug, and Cosmetic Act, the current jurisdiction of CBER for guideline of vaccine product exists. The public health service act is accomplished by the Code of Federal Regulations (CFR) that includes the general rules issued in the Federal Register by the Federal Government Agencies. Title 21 CFR Parts 600-680 contains the laws specifically associated to biological including vaccine products. (1)

The regulatory guidelines for registration of vaccines in the USA are stated below. They are (5):

- Centre for Biologics Evaluation and Research (CBER)
- Biologics License Application (BLA)
- Vaccines and Related Biological Products Advisory Committee (VRBPAC)
- Vaccine adverse event reporting system (VAERS)

#### 5. Development of Vaccines in USA

Vaccine development might be a prolonged procedure, commonly lasts for 10-15 years. Vaccine undergoes extended and thorough method of research, before its authorization and its approval for marketing,

trailed by several years of testing. Approximately, the development is around 12-15 years. (1)

### Stages of Vaccine Development (5)

The general stages of vaccine development are given and explained below:

1. Pre-clinical stage
2. Clinical development
3. Regulatory review and approval process

#### Pre-clinical stage

Pre-clinical examinations utilize tissue culture or cell-culture frameworks and animal testing to evaluate the assurance of the applicant vaccine and its immunogenicity, or capacity to stir an immunological reaction. Animal subjects may include monkeys and mice. These investigations offer researchers a interpretation of the cell reactions they may expect in humans. They suggest a safe beginning dose for an

ensuing segment of research and safe way of directing the vaccine. Additionally, they may consider a challenge studies with the animals and afterward they vaccinate the animals and then attempt to infect the animals with the target infective agent. Various vaccines never pass this stage so they fail to give the necessary immune response. Generally, the pre-clinical stage lasts for 1-2 years and often includes researchers in private organizations.

#### Investigational New Drug Application

An Investigational New Drug Application (IND) should be submitted to the Food and Drug Administration (FDA) by a sponsor before the commencement of clinical trials with vaccines. The IND contains the explanation of a vaccine, its manufacturing strategies, quality control tests, its safety data, its ability to deliver an appropriate and defensive immune response (immunogenicity) and future clinical trial protocol in human studies. FDA takes 30 days for approval of an application. After endorsement vaccine is subjected to 3 phases of clinical trial. (6)

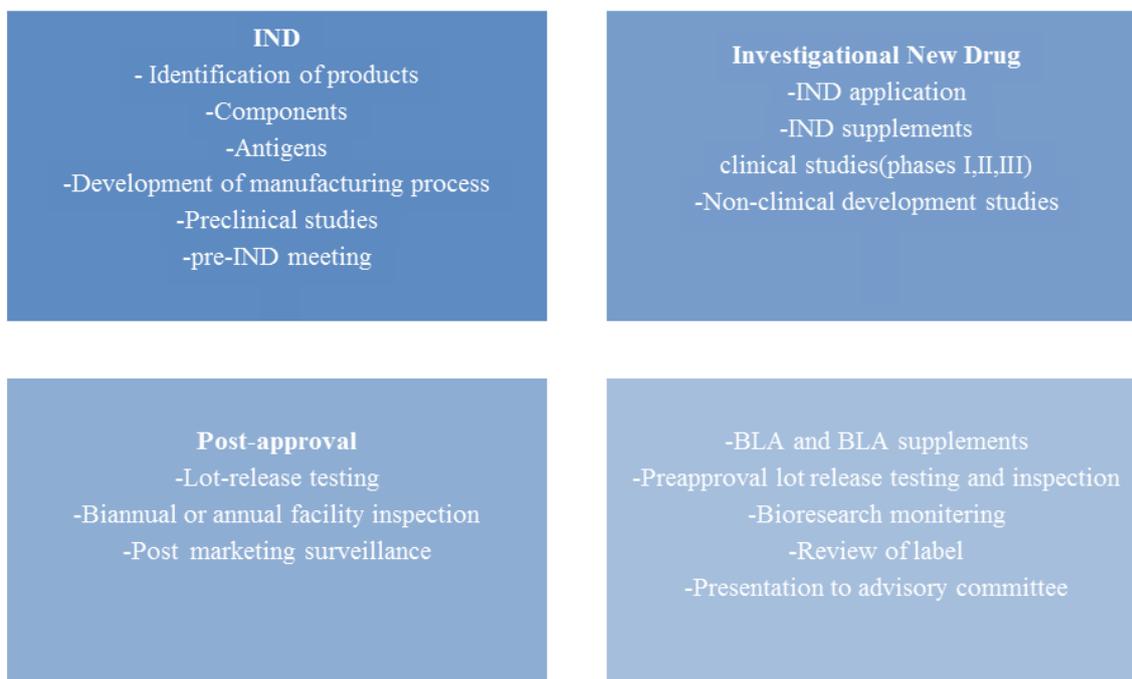


Figure 3. Regulatory review process (7)

### Clinical development (5)

There are 3 phases for Clinical development process. They are:

#### Phase I Vaccine Trials

Phase I vaccines involve a small group of adults, usually between 20-80 subjects. If the vaccine is designed for children, researchers will first evaluate the adults, and then gradually reduce the years of trial studies until they reach their intended goal. These tests may be blinded (i.e., placebo can be used). The purpose of phase I testing is to evaluate the safety of the injection

and to determine the type and extent of the vaccine response being enforced.

#### Phase II Vaccine Trials

A phase II vaccine trial, involve several hundred attendants to test the fitness of the injection and to provide the first measurement in the normal negative events. Sponsors are encouraged to meet with CBER for a phase II meeting to discuss their proposed phase III study. The objectives of the phase II trial are to study vaccine safety, vaccination, dose derivatives, vaccine planning, and delivery method.

**Phase III Vaccine Trials**

After successfully completing the Phase II goals the routes are undergoing extensive testing, involving thousands to thousands of people. These Phase III trials are randomized and double-blind and include a test drug that is tested against placebo (placebo can be a saline solution, another vaccine, or something else). The goal of Phase 3 is to determine the safety of vaccination in a large group of people. Certain abnormal side effects can be seen in the small groups of studies examined in previous sections. For example, that adverse event is related vaccination can happen to 1 in every 10,000

people. To detect the significant difference of the lowest event, the test would have to include 60,000 subjects; half of them are on hand, or there is no Vaccine (placebo) group.

**Phase IV Trials**

Phase IV trials are optional courses for drug companies after the release of the vaccine. The manufacturer can expand to evaluate the Vaccine for safety, efficiency, and possible use of variants.

**Regulatory registration of vaccines in USA**

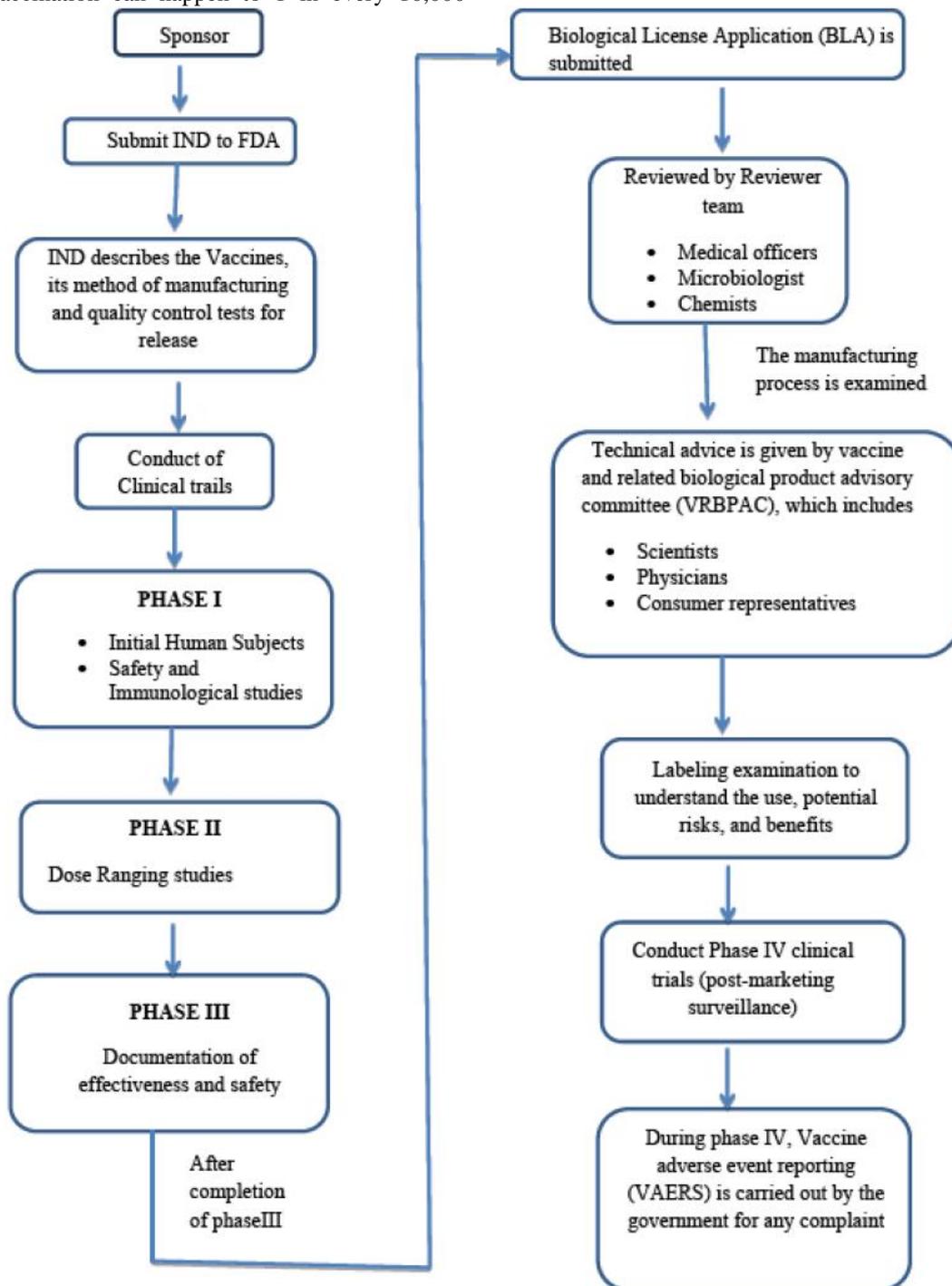


Figure 4. Regulatory registration process of vaccines in USA (5)

**Approval and Licensure**

After a successful phase III clinical trial, the vaccine developer can submit an application for a Biologics

License (BLA) to the Food and Drug Administration. The Food and Drug Administration will then inspect the industry wherever vaccines are developed and authorize the vaccine. After the license, the Food and Drug Administration will expand to monitor the production of the vaccine, as well as the testing and review sites of the manufacturers of multiple vaccines for potency, safety, and purity. Food and drug regulators have the power to self-diagnose manufacturers. (8,9)

### Post-Licensure Monitoring of Vaccines

Various types monitor vaccines after they are approved. They included Phase IV clinical trials, the Vaccine Adverse Reporting System (VAERS), and the Vaccine Safety Data link. (5)

### Vaccine Adverse Event Reporting System

The Center for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) launched the Vaccine Adverse Tribunal Reporting System (VAERS) in 1990. The aim of VAERS, together with the CDC, "is to find evidence of adverse events related to vaccines. About 30,000 serious cases are reported annually to VAERS. Between 10% - 15% of those reports describe major medical events that end up in the hospital, illness. VAERS is a voluntary program to find out if this really bad event was caused by the vaccine:

- Identify new, rare, or rare vaccine issues
- Monitors step up to popular events
- Identify potential risk factors for patients with certain types of adverse events
- Identify vaccine lots with duplicate numbers or types of reported cases
- Assess the safety of newly licensed vaccines

Not all adverse events reported to VAERS are actually caused by Immunization. Almost all of the adverse events that result from vaccination are not reported to VAERS. The CDC says more serious incidents such as swelling in the injection site are being reported. More serious events, accompanied by the CDC, are more likely to be reported than minor ones, especially if they appear immediately after vaccination. VAERS has identified a number of rare cases related to vaccination.

### Vaccine Safety Data link

The CDC launched the program in 1990. It is a collection of linked data that contains information from major medical groups and allows officials to gather information about vaccines among the vast majority of people working in medical groups. Investigators can access the information by starting studies at the CDC and being approved. VSD has some issues, for example, a few unprotected children listed in the database. Medical teams providing information on VSD are likely to have a large number of large non-representative patient's people in general. In addition, the information does not come from unlimited, controlled, and yet blind to actual behavior. Therefore, it will be difficult to manage and evaluate information. Rapid Circuit Update

is a VSD program, launched in 2005. It monitors real-time data to monitor adverse prices for newly vaccinated commodity prices among uninfected people. The program is being monitored to monitor new goals.(10)

### 6. Conclusions

The vaccine commercial place is worldwide. Therefore, manufacturers considering changes in well-being or potency tests to decrease refine, or supplant the utilization of animals must consider whether these progressions will be acceptable to regulatory bodies around the world. Regulatory offices can encourage the adoption of elective tests by working collaboratively to ensure that these elective techniques will have worldwide acknowledgement.

Safety vaccines are essential to protect individuals and communities from death and injuries associated with many communicable diseases. Vaccines are developed, tested, and managed in the same way as other drugs. The number of human subjects involved in a vaccine clinic trial is also higher than other drugs. Strict regulatory requirements should be found in all vaccine development to include them in vaccination programs.

To incorporate the vaccine into the immunization guidelines USA follows the guidelines as required by the US FDA, and India follows rules as per the Central Drugs Standard Control Organizations (CDSCO) and the department of biotechnology (DBT). An application is made to the Drug Controller General of India (DCGI) on form 44 along with CMC reports and accessible pre-clinical and clinical examinations. Novel injections containing new drugs and the new drug delivery system pose new challenges for the regulatory bodies of various countries. In this way, it is imperative to distinguish and execute suitable strategies to demonstrate the safety and efficacy of the vaccine.

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### Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

### References

1. Dobariya J, Dedania R, Dedania Z, and Jain V. A comprehensive study of regulatory requirements for registration of vaccines in USA, Europe and Canada. Int. J. of. Rec. Sci. Res [Internet]. 2019 Apr [cited 2020 Jan 15]; Vol 10. Available from: <https://www.recentscientific.com/comprehensive-study-regulatory-requirements-registration-vaccines-usa-europe-and-canada>
2. CDSCO. Department of Biotechnology Ministry of Science and Technology. Guidelines on Similar Biologics: Regulatory requirements for marketing authorization in India [Internet]. CDSCO; 2012 [cited 2020 Jan 16]. Available from:

- <https://www.mondaq.com/india/Food-Drugs-Healthcare-Life-Sciences/523436/Revised-Guidelines-On-Similar-Biologics>
3. Shah A, Shah D, and Maheshwari D. A comprehensive study on comparison of registration process of vaccine in India and USA. JPSBR [Internet]. 2:2014 [cited 2020 Jan 20]; Vol.4. Available from: [http://www.jpsbr.org/index\\_html\\_files/JPSBR14RV2017.pdf](http://www.jpsbr.org/index_html_files/JPSBR14RV2017.pdf)
  4. Vashishtha V.M., National vaccine policy of India. Research gate [Internet]. 2014 Jan [cited 2020 Jan 20]. Available From: [https://www.researchgate.net/publication/275153455\\_National\\_Vaccine\\_Policy\\_of\\_India](https://www.researchgate.net/publication/275153455_National_Vaccine_Policy_of_India)
  5. Pashikanti S, A.N.V.L S, Durga V JS. Regulatory requirements for Vaccine registration in United States. Int J Drug Reg Affairs [Internet]. 2018 Jun 15 [cited 2020 Jan 24]; 6(2):85-1. Available from: <http://ijdra.com/index.php/journal/article/view/253>
  6. U.S. FDA. “21 CFR part 312 Investigational New Drug Application” [Internet]. FDA; 2018 [cited 2020 Jan 07]. Available from: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.23>
  7. Marshall V, Baylor NW. Food and Drug Administration regulation and evaluation of vaccines. Pubmed [Internet]. Pubmed; 2011 Apr 18 [cited 2020 Jan 17]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/21502242>
  8. Vaccine product approval process [Internet]. USFDA [cited 2020 Jan 8]. Available from: [http://www.fda.gov/Biologics\\_Blood\\_Vaccines/Development\\_Approval\\_Process/Biologics\\_License\\_Applications\\_BLA\\_Process/ucm133096.htm](http://www.fda.gov/Biologics_Blood_Vaccines/Development_Approval_Process/Biologics_License_Applications_BLA_Process/ucm133096.htm).
  9. Shah A, Maheshwari MD. A Comprehensive Study on Comparison of Registration Process of Vaccine in INDIA and USA. Journal of Pharmaceutical sciences and bioscientific research [Internet]. 2014 [cited 2020 Jan 08]; 4(2):163-71. Available from: [http://www.jpsbr.org/index\\_html\\_files/JPSBR14RV2017.pdf](http://www.jpsbr.org/index_html_files/JPSBR14RV2017.pdf)
  10. Epidemiology and prevention of vaccine- preventable diseases. Centers for Disease control & Prevention [Internet]. CDC; 2015 Sept 08 [cited 2020 Jan 15]. Available from: <https://www.cdc.gov/vaccines/basics/test-approve.html>