

SUMMARY PROTOCOL FOR PRODUCTION AND TESTING OF MUMPS VACCINE (LIVE)

The following protocol is intended *for guidance*, and indicates the information that should be provided as a minimum.

The section concerning the final product must be accompanied by a sample of the label, a copy of the leaflet that accompanies the vaccine container and a certificate from the national control authority of the country in which the vaccine was produced stating that the product meets national requirements as well as the requirements published by WHO.

Source materials (A.4.1)

Strain of mumps virus (A.4.1.1) _____

Cell cultures (A.4.1.2)

Provide information on the source and method of preparation of the cell cultures.

Avian embryos and cell cultures (A.4.1.3)

Provide information on the source of the closed, specific-pathogen free healthy flock.

Types of test for infections _____ Results _____

Certified satisfactory _____ Date _____

Signature of head of laboratory _____

Human diploid cells (A.4.1.4)

Provide information on the source of the manufacturer's working cell bank (MWCB).

Serum used in cell-culture medium (A.4.1.5)

Sterility tests

	<i>bacteria</i>	<i>fungi</i>	<i>mycoplasmas</i>
Date of inoculation	_____	_____	_____
Results	_____	_____	_____

Tests for adventitious agents

Methods _____

Date of inoculation _____

Results _____

*Trypsin used for preparing cell cultures (A.4.1.6)**Sterility tests*

	<i>bacteria</i>	<i>mycoplasmas</i>
Date of inoculation	_____	_____
Results	_____	_____

Tests for adventitious agents (including porcine parvoviruses)

Methods _____

Date of inoculation _____

Results _____

Production of the working seed lot (A.4.2)***Summary information***

Name and address of manufacturer _____

Virus strain _____

Reference no. of virus seed to prepare
manufacturer's original mumps vaccine
that was safe and immunogenic in humans _____

Reference no. of master seed lot _____

No. of passages between the two above
seeds _____

Working seed lot

Date of preparation _____

No. of containers prepared _____

Reference no. _____

Conditions of storage _____

History of vaccine strain

Provide a brief account, indicating how the vaccine strain was acquired, outlining its history up to production of the master seed lot, and specifying the criteria on which acceptability for virus production is based.

Certification of working seed lot

Name (typed) and signature of head of
production laboratory _____

Certification by the head of the control laboratory of the manufacturer taking overall responsibility for production and control of the working seed lot :

I certify that the working seed lot of mumps vaccine virus no. _____ satisfies Part A, sections 2 to 4.4.5, of the Requirements for Mumps Vaccine in Requirements for Biological Substances No. 47 (Requirements for Measles Mumps and Rubella Vaccines and Combined Vaccine (Live)).

Signature _____

Name (typed) _____

Date _____

Control cell cultures (A.4.3)

Provide information on the control cell cultures corresponding to each single harvest, using extra pages if necessary.

Cell substrate used for production of virus _____

Reference no. of control cell cultures _____

Quantity of cell cultures used as control
cultures _____

Period of observation of control cells _____

Test for haemadsorbing viruses (A.4.3.1)

Type of red blood cells _____

Date of test _____

Results _____

Tests for non-haemadsorbing extraneous agents (A.4.3.2)

Cell substrate used for virus growth

Type of cells _____

Date of inoculation _____

Results _____

Simian cells

Type of cells _____

Date of inoculation _____

Results _____

Human cells

Type of cells _____

Date of inoculation _____

Results _____

Additional tests if avian-embryo cell cultures are used for production (A.4.3.3)

Test for avian adenoviruses

Method _____

Date _____

Results _____

Test for avian leukosis virus

Method _____

Date _____

Results _____

Additional tests if human diploid cells are used for production (A.4.3.4)

Identity test

Method _____

Date _____

Results _____

Embryonated eggs (A.4.3.5)

Provide details of test methods and results.

Production and harvest of vaccine virus (A.4.4)**Cells used for vaccine production (A.4.4.1)**

Observation of cell cultures before
inoculation

Methods _____

Results _____

Antibiotics added (if used) _____

Concentration _____

Single harvests (A.4.4.2)

Report the results of tests on each single harvest, using extra pages if necessary.

No. of passages from the primary seed _____

Reference no. of single harvest _____

Sterility tests *bacteria* *fungi* *mycoplasmas*

Date of inoculation _____ _____ _____

Results _____ _____ _____

Virus titration

Cells used for titration _____

Date of inoculation _____

Results _____

Virus pool (A.4.4.3)

Reference no. of virus pool _____

If any test had to be repeated or any abnormal result was observed. this must be specified.

Tests for neurovirulence (A.4.2.1)

No. of monkeys in test _____

Species _____

Volume injected _____

No. of monkeys surviving without specific symptoms

Results of serological tests

Results of histopathological examination
(specify findings)

Sterility tests

bacteria

fungi

mycoplasmas

Date of inoculation

Results

Virus titration

Cells used for titration

Date of inoculation

Results

Tests of neutralized virus pool in cell cultures

Species in which neutralizing serum was prepared
and cell substrate in which immunogen was
produced

Cells used for virus growth

Type of cells

Date of inoculation

Results

Simian cells

Type of cells

Date of inoculation

Results

Human cells

Type of cells

Date of inoculation

Results

Additional tests if avian eggs or cell cultures are used for production

Test in embryonated eggs inoculated

by allantoic route

No. and age of eggs inoculated _____

Date _____

Results _____

Test in embryonated eggs inoculated

by yolk-sac route

No. and age of eggs inoculated _____

Date _____

Results _____

Clarification of the virus pool (A.4.4.4)

Date of clarification _____

Results of clarification _____

Virus titration

Cells used for titration _____

Date of inoculation _____

Results _____

Sterility tests

	<i>bacteria</i>	<i>fungi</i>	<i>mycoplasmas</i>
Date of inoculation	_____	_____	_____
Results	_____	_____	_____

Final bulk (A.4.4.5)

Reference no. of final bulk _____

Total volume of final bulk _____

Added substances (diluent, stabilizer)
and final concentration _____

Residual animal serum proteins

Date _____

Method _____

Results (indicate amount and nature of serum protein (s) present per human dose) _____

Sterility tests

	<i>bacteria</i>	<i>fungi</i>	<i>mycoplasmas</i>
Date of inoculation	_____	_____	_____
Results	_____	_____	_____

Filling and containers (A.5)Name and address of manufacturer _____

Proprietary name of vaccine _____

Reference no. of final lot _____

Expiry date _____

No. of containers in the lot _____

No. of doses per container _____

Lot no. of final bulk _____

Date of filling of final containers _____

Control tests on final product (A.6)*Identity test (A.6.1)*

Date _____

Method _____

Results _____

Sterility tests (A.6.2)

	<i>bacteria</i>	<i>fungi</i>	<i>mycoplasmas</i>
Date of inoculation	_____	_____	_____
Results	_____	_____	_____

Virus concentration and thermostability (A.6.3)

Date inoculation _____

Type of cell cultures _____

<i>Control</i>			<i>Samples</i>		
<i>(unheated)</i>			<i>incubated at</i>		
<i>samples</i>			<i>37°c for 7 days</i>		
<i>1</i>	<i>2</i>	<i>3</i>	<i>1</i>	<i>2</i>	<i>3</i>

Virus concentration in each container
(in PFU or CCID₅₀) _____Mean virus titre per human dose.
with 95% fiducial limits _____Mean loss in titre due to heat exposure
(in log 10 units) _____

Reference preparation _____

Identification _____

Theoretical titre _____

Actual titre _____

General safety tests (A.6.4)*Test in mice*

Date of inoculation _____

No. of mice tested _____

Volume and route of injection _____

Observation period _____

Results (give details of deaths) _____

Test in guinea-pigs

Date of inoculation _____

No. of guinea-pigs tested _____

Volume and route of injection _____

Observation period _____

Results (give details of deaths) _____

Residual moisture (A.6.5)

Date _____
Method _____
Size of sample _____
Moisture content (%) _____

Inspection of final containers (A.6.6)

Date and result _____

Submission addressed to national control authority for batch release

Name (typed) and signature of head of
production laboratory _____

Date _____

Certification by person taking overall responsibility for production and control of the vaccine:

I certify that lot no. _____ of mumps vaccine (live) satisfies national requirements and or Part A of the Requirements for Mumps Vaccine in Requirements for Biological Substances No. 47 (Requirements for Measles, Mumps and Rubella Vaccines and Combined Vaccine (Live)).

Signature _____

Name (typed) _____

Date _____