



EN ESTE NÚMERO

VacCiencia es una publicación dirigida a investigadores y especialistas dedicados a la vacunología y temas afines, con el objetivo de serle útil. Usted puede realizar sugerencias sobre los contenidos y de esta forma crear una retroalimentación que nos permita acercarnos más a sus necesidades de información.

- Resumen de la información publicada por la OMS sobre candidatos vacunales en desarrollo contra la COVID-19 a nivel mundial.
- Noticias más recientes en la Web sobre vacunas.
- Artículos científicos más recientes de Medline sobre vacunas.
- Patentes más recientes en Patentscope sobre vacunas.

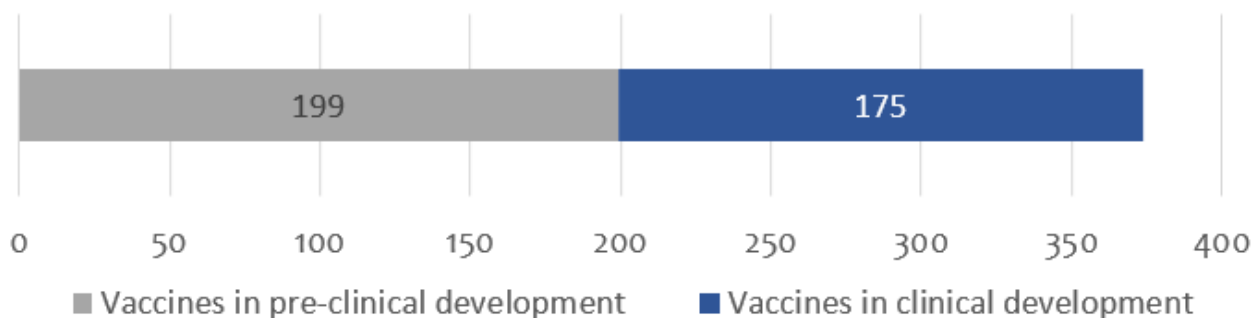
Resumen de la información publicada por la OMS sobre los candidatos vacunales contra la COVID-19 en desarrollo a nivel mundial

Última actualización por la OMS: 13 de diciembre de 2022.

Fuente de información utilizada:



175 Vacunas en evaluación clínica y 199 en evaluación preclínica



Candidatos vacunales en evaluación clínica por plataforma

Platform	Candidate vaccines (no. and %)
PS	Protein subunit 56 32%
VVnr	Viral Vector (non-replicating) 23 13%
DNA	DNA 16 9%
IV	Inactivated Virus 22 13%
RNA	RNA 41 24%
VVr	Viral Vector (replicating) 4 2%
VLP	Virus Like Particle 7 4%
VVr + APC	VVr + Antigen Presenting Cell 2 1%
LAV	Live Attenuated Virus 2 1%
VVnr + APC	VVnr + Antigen Presenting Cell 1 1%
BacAg-SpV	Bacterial antigen-spore expression vector 1 1%

175

Candidatos vacunales por vía de administración

Route of administration			
Oral		5	3%
Injectable		158	90%
SC	Sub cutaneous	5	3%
ID	Intra dermal	9	5%
IM	Intra muscular	144	82%
IN	Intra nasal	14	8%
AE	Aerosol	1	1%
IH	Inhaled	2	1%
TBD / No Data (ND)		12	7%

Número de dosis de los candidatos vacunales en evaluación clínica

Number of doses & schedule	Candidate vaccines (no. and %)	
1 dose	42	24%
Day 0	42	
2 doses	98	56%
Day 0 + 14	8	
Day 0 + 21	35	
Day 0 + 28	55	
3 doses	2	1%
Day 0 + 28 + 56	2	
TBD / No Data (ND)	33	19%

Candidatos vacunales mucosales en evaluación clínica

Desarrollador de la vacuna/fabricante/país	Plataforma de la vacuna	Vía de administración	Fase
University of Oxford/Reino Unido	Vector viral no replicativo	Intranasal	1
CanSino Biological Inc./Beijing Institute of Biotechnology/China	Vector viral no replicativo	Inhalación	4
Vaxart/Estados Unidos	Vector viral no replicativo	Oral	2
Univ. Hong Kong, Xiamen Univ./Beiging Wantai Biol. Pharm./China	Vector viral replicativo	Intranasal	3
Symvivo/Canadá	ADN	Oral	1
ImmunityBio, Inc./Estados Unidos	Vector viral no replicativo	Oral y SL	1/2
Codagenix/Serum Institute of India	Virus vivo atenuado	Intranasal	3
Center for Genetic Engineering and Biotechnology (CIGB)/Cuba	Subunidad proteica	Intranasal	1/2
Razi Vaccine and Serum Research Institute/India	Subunidad proteica	Intranasal	3
Bharat Biotech International Limited/India	Vector viral no replicativo	Intranasal	3
Meissa Vaccines, Inc./Estados Unidos	Virus vivo atenuado	Intranasal	1
Laboratorio Avi-Mex/México	Virus inactivado	Intranasal	2/3
USSF + VaxForm/Estados Unidos	Subunidad proteica	Oral	1
CyanVac LLC/Estados Unidos	Vector viral no replicativo	Intranasal	1
DreamTec Research Limited/Hong Kong	BacAg-SpV	Oral	NA
Sean Liu, Icahn School of Medicine at Mount Sinai	Vector viral replicativo	Intranasal	2/3
Hannover Medical School/Alemania	Vector viral no replicativo	Inhalación	1
ACM Biolabs/Singapur	Subunidad proteica	Intranasal	1
Intravacc B.V./Holanda	Vector viral no replicativo	Subunidad proteica	1

Candidatos vacunales en fase 4 de evaluación clínica

Candidatos vacunales más avanzados/fabricante/país	Plataforma de la vacuna
Sinovac/China	Virus Inactivado
Sinopharm/Beijing Institute of Biological Products/China	Virus Inactivado
University of Oxford/AstraZeneca/Reino Unido	Vector viral no replicativo
CanSino Biological Inc./Beijing Institute Biotechnology/China (IM e IH)	Vector viral no replicativo
Janssen Pharmaceutical Companies/Estados Unidos	Vector viral no replicativo
Moderna/NIAID/Estados Unidos	ARN
Pfizer/BioNTech Fosun Pharma/Estados Unidos	ARN
Medigen Vaccine Biol./Dynavax/NIAID/Taiwán/EE.UU	Subunidad proteica

Candidatos vacunales mucosales en evaluación clínica fase 3

Candidatos vacunales más avanzados/fabricante/país	Plataforma de la vacuna
Gamaleya Research Institute/Rusia	Vector viral no replicativo
Novavax/Estados Unidos	Subunidad proteica
Anhui Zhifei Longcom Biopharmac./Inst. Microbiol, Chin Acad Sci/China	Subunidad proteica
CureVac AG/Alemania	ARN
Institute of Medical Biology/Chinese Academy of Medical Sciences	Virus inactivado
Research Institute for Biological Safety Problems, Kazakhstan	Virus inactivado
Inovio Pharmac. + Intern. Vacc Inst. + Advaccine Biopharm Co., Ltd	ADN
Zydus Cadila Healthcare Ltd./India	ADN
Bharat Biotech International Limited/India	Virus Inactivado
Sanofi Pasteur + GSK/Francia/Gran Bretaña	Subunidad proteica
Shenzhen Kangtai Biological Products Co., Ltd./China	Virus Inactivado
Clover Biopharmaceuticals Inc./GSK/Dynavax/China/Reino Unido/EE.UU	Subunidad proteica
Vaxine Pty Ltd. + CinnaGen Co./Australia, Irán	Subunidad proteica
Instituto Finlay de Vacunas/Cuba	Subunidad proteica
Federal Budget Res Inst State Res Cent Virol Biotechnol "Vector"/Rusia	Subunidad proteica
West China Hospital + Sichuan University/China	Subunidad proteica
Vaxxinity/EE.UU	Subunidad proteica
Univ. Hong Kong, Xiamen Univ. & Beijing Wantai Biological Pharm./China	Vector viral replicativo
Acad Milit Sci (AMS) Walvax Biotechnol, Suzhou Abogen Biosci/China	ARN
Medicago Inc./Canadá	Partícula similar a virus
Codagenix/Serum Institute of India	Virus vivo atenuado
Center for Genetic Engineering and Biotechnology (CIGB)/Cuba	Subunidad proteica
Valneva, National Institute for Health Research, Reino Unido	Virus inactivado
Biological E. Limited/India	Subunidad proteica
Nanogen Pharmaceutical Biotechnology/Vietnam	Subunidad proteica
Shionogi/Japón	Subunidad proteica
Erciyes University/Turquía	Virus inactivado
SK Bioscience Co., Ltd./CEPI/Corea del Sur/Noruega	Subunidad proteica
Razi Vaccine and Serum Research Institute/Irán, India	Subunidad proteica
Bharat Biotech International Limited/India	Vector viral no replicativo (IN)
Providence Therapeutics/Canadá	ARN
POP Biotechnologies and EuBiologics Co.,Ltd/EEUU, Corea del Sur	Subunidad proteica
Jiangsu Rec-Biotechnology/China	Subunidad proteica
Radboud University/Holanda	Partícula similar a virus
Arcturus Therapeutics, Inc./Estados Unidos	ARN
Livzon Pharmaceutical/China	Subunidad proteica
National Vaccine and Serum Institute, China; Beijing Zhong Sheng Heng Yi	Subunidad proteica
KM Biologics Co., Ltd./Japón	Virus inactivado
Shanghai East Hospital and Stemirna Therapeutics/China	ARN
Bagheiat-allah University of Medical Sciences/AmitisGen/Irán	Subunidad proteica
Laboratorios Hipra, S.A./España	Subunidad proteica
Sinocelltech Ltd./China	Subunidad proteica
Chumakov Federal Scientific Center for Research/Rusia	Virus Inactivado
Airlangga University/Indonesia	Virus Inactivado
PT Bio Farma/Indonesia	Subunidad proteica
AIM Vaccine and Liverna Therapeutics/China	ARN
Cansino Biologics Inc.	Vector viral no replicativo
Moderna TX	ARN
China National Biotec Group Company Limited	Virus inactivado

Noticias en la Web

National study suggests new vaccine is needed to prevent childhood pneumonia

Dec 1. Vaccine-resistant pneumonia has increased since a vaccine targeting 13 serotypes of the *Streptococcus pneumoniae* bacteria was introduced into the Australian routine childhood immunization program.

The current vaccine against bacterial pneumonia is not providing optimal protection to Australian children, a national study by medical researchers from UNSW Sydney and multiple leading research institutions has found.

Using three years of prospectively collected data from all children hospitalized with pneumonia across 11 tertiary pediatric hospitals across Australia between 2015 and 2018, the researchers found that the majority of 779 children admitted to hospitals with pneumonia had been fully vaccinated against *Streptococcus pneumoniae*, the most common bacteria associated with severe cases of pneumonia.



The study looked into the effectiveness of the vaccine in preventing severe forms of pneumonia. Credit: Shutterstock

"Our study looked into the effectiveness of the vaccine in preventing severe forms of pneumonia," says Dr. Nusrat Homaira with UNSW's School of Pediatrics and Child Health.

"The vaccine currently available in Australia should provide protection against 13 serotypes—or 13 different variations—of the *Streptococcus pneumoniae* bacteria. But our study shows that the vaccine is not providing optimal protection against invasive pneumococcal pneumonia or severe pneumonia caused specifically by serotypes 3 and 19A, both of which should be covered by the vaccine."

Dr. Homaira says there are two main reasons why the current vaccine—called 13vPCV—isn't effective in preventing children from developing serious pneumonia illnesses.

The first is that the vaccine is less immunogenic—meaning it doesn't produce much of an immune response—against serotype 3, which is due to the biochemical property of the capsule of this serotype.

The second possible reason why the 13vPCV vaccine may not be as effective as intended is because the timeframe it is administered in doesn't cause lasting immunity.

"The dose schedule in Australia in the years that we looked at was to administer to children in three stages, at two months, four months and six months of age," Dr. Homaira says.

"But in many countries the dosing was at four months, six months and 12 months. Having the final dose at 12 months provides more lasting protection than having the last dose at six months, which may not provide coverage beyond one year of age."

Dr. Homaira says since 2018, Australia has since moved to the four, six and 12-month scheduling of doses, "so it will be important for us to see if that has an effect on the numbers of children succumbing to invasive pneumococcal pneumonia."

New formulations of the pneumococcal vaccine are becoming available which appear to promote better immune responses to serotype 3.

Looking ahead, Dr. Homaira says, "We need enhanced surveillance which will allow for routine molecular testing of lung fluid to monitor pneumococcal pneumonia and newer formulation of vaccines that will render better protection."

The research appeared recently in *Vaccine*.

Fuente: Medical Xpress. Disponible en <https://bit.ly/3FY9jvr>

Dos ensayos con Soberana 01 y Soberana Plus demostraron buenos resultados en Cienfuegos

1 dic. A propósito de la cercanía del Día de la Medicina Latinoamericana, el Instituto Finlay de Vacunas (IFV) reconoce, por estos días, a todas las instituciones y el personal humano que propició la realización exitosa, en Cienfuegos, de los ensayos clínicos Soberana Centro y Soberana Plus Pediatría, en un taller de cierre de resultados que tiene lugar en la central provincia.

La doctora en Ciencias Dagmar García Rivera, directora de Investigaciones del IFV, declaró a Granma que, en el caso de Soberana Centro, fue un ensayo con el candidato vacunal Soberana 01, que comenzó el 26 de julio de 2021 en los municipios de Palmira y Cruces, y que tuvo como objetivo demostrar la inmunogenicidad de Soberana 01 comparada con Soberana 02.

«En el momento que se hizo el ensayo ya Soberana 02 tenía autorizo de uso de emergencia, por lo que nos propusimos demostrar que la respuesta inmune que inducía Soberana 01 era similar a Soberana 02; en términos estadísticos, que era no inferior a Soberana 02», explicó la científica.

Los resultados del ensayo –destacó– demostraron que Soberana 01 no es inferior a Soberana 02 en términos de respuesta inmune, y eso es un elemento importante al cierre de todas las evidencias, tanto de seguridad como de inmunogenicidad, que se necesitan para el autorizo de Soberana 01, y de su potencial uso en la prevención de la COVID-19 o como dosis de refuerzo.

Precisó que ese ensayo transcurrió en el momento más crítico de la ola de Delta en Cienfuegos.

Soberana Plus Pediatría fue un ensayo en niños convalecientes de la pandemia, que comenzó el año pasado en dos hospitales pediátricos: el Juan Manuel Márquez, de La Habana, y el Paquito González Cueto, de Cienfuegos; y que ahora se encuentra en fase de cierre de resultados con el equipo de investigación en el territorio central.



Foto: perlavisión

«Buscaba demostrar en niños lo mismo que se había demostrado en adultos: que una sola dosis de refuerzo en los niños que ya habían padecido la COVID-19 era suficiente para reforzar su inmunidad, sin necesidad de aplicar el esquema heterólogo de tres dosis», detalló.

Significó García Rivera que los resultados satisfactorios de este estudio tributaron al autorizo de Soberana Plus en las edades pediátricas convalecientes, entre dos y 18 años, por lo cual estos pudieron vacunarse con dosis de refuerzo.

Fuente: Granma. Disponible en <https://bit.ly/3FDxii6>

BWV-201 Vaccine

Dec 2. BWV-201 Vaccine Description

Blue Water Vaccines (BWV) BWV-201 is a nasal vaccine candidate designed to provide protection against forms of non-invasive pneumococcal disease, including Acute Otitis Media (AOM) and Pneumonia Without Bacteremia. By administering the modified live bacteria intranasally, BWV-201 is designed to elicit a strong mucosal immune response, regardless of the capsular polysaccharide serotype.

Based on experiments at St. Jude Children's Research Hospital, data suggests that BWV-201 may also protect against pneumococcal pneumonia by limiting the ability of *Streptococcus pneumoniae* to infect the lungs. BWV's new development plan aims to assess the efficacy of BWV-201 in protecting individuals against non-invasive pneumococcal pneumonia.

Joseph Hernandez, Chairman and CEO of Blue Water Vaccines stated in a press release on December 1, 2022, "Although our primary targets of this vaccine remain AOM and pneumococcal pneumonia, data from the original publication for this vaccine suggests that BWV-201 may also protect against invasive pneumococcal disease. We look forward to sharing our strategy with all colleagues in attendance and further advancing this program into clinical trials."

Blue Water Vaccines is a biopharmaceutical company focused on developing transformational vaccines to address significant health challenges globally. BWV has licensed a novel norovirus S&P nanoparticle versatile virus-like particle vaccine platform to develop vaccines for multiple infectious diseases, including norovirus/rotavirus and malaria, among others. BWV is located at 201 E. Fifth Street, Cincinnati, OH, 45202.

BWV-201 Indication

While *Streptococcus pneumoniae* is commonly found in the nose and throat of healthy individuals, overgrowth and spread of the bacteria can result in pneumococcal disease. Non-invasive forms of pneumococcal disease include AOM, sinusitis, and pneumococcal pneumonia, while invasive forms include bacteremia, sepsis, and pneumococcal meningitis.

Pneumococci are common inhabitants of the respiratory tract. The bacteria may be isolated from the nasopharynx of 5–90% of healthy persons, says the U.S. CDC.

The American Academy of Pediatrics reports over 5 million cases of AOM in the U.S. annually, resulting in approximately 30 million medical care visits and over 10 million antibiotic prescriptions. In addition to antibiotic resistance, an estimated \$4.3 billion USD is spent on AOM treatment each year in the U.S., indicating a severe unmet need for vaccine intervention.

Fuente: Precision Vaccinations. Disponible en <https://bit.ly/3W6Yj4C>

La vacuna argentina anti COVID, en fase final: cuándo va a estar lista y cuál será su efectividad

2 dic. Con el alza en el número de casos positivos de COVID en la Argentina durante las últimas semanas, volvieron las colas en los pocos vacunatorios que siguen abiertos en la Ciudad de Buenos Aires y la Provincia de la mano de un renovado interés por completar los esquemas de con los refuerzos faltantes acorde al rango de edad. En ese contexto, la Argentina sigue adelante con su propio desarrollo de una vacuna nacional de bajo precio, alta efectividad y capacidad de adaptarse velozmente a nuevas variantes.



La vacuna argentina ARVAC Cecilia Grierson (ARVAC CG) consiste en un desarrollo público-privado del que forman parte el CONICET, la Universidad Nacional de San Martín (UNSAM), y el Laboratorio Cassará, con apoyo del Ministerio de Ciencia, Tecnología e Innovación. En octubre pasado se presentaron los datos provisorios en pleno desarrollo de la fase 1 de testeos y los resultados en materia de seguridad y de producción de anticuerpos neutralizantes son alentadores.

"Lo que se mide en la Fase 1 es el nivel de seguridad e inmunogenicidad de la vacuna en un conjunto de 80 personas voluntarias sanas, entre los 18 y los 60 años, que ya contaban con un esquema de dos dosis de otras vacunas y el resultado mostró que una dosis de refuerzo de ARVAC incrementaba más de 30 veces la cantidad de anticuerpos neutralizantes contra las variantes ancestral, gamma y lo que es más importante en este contexto epidemiológico contra Omicron", explica a El Cronista la investigadora a cargo del proyecto, Juliana Cassataro.

"Estos ensayos dan una medida de la capacidad de los anticuerpos de neutralizar la infección viral ensayada en el laboratorio y eso es una medida muy confiable de la inmunogenicidad de la vacuna, es decir te pronostica si la vacuna va a andar bien o no", añade la científica que se desempeña en el Instituto de Investigaciones Biotecnológicas Dr. Rodolfo Ugalde (IIB) dependiente de la Universidad de San Martín (UNSAM) y el CONICET.

De allí que desde el Ministerio de Ciencia y Tecnología catalogan la vacuna argentina como "segura y muy inmunogénica". Al aplicarse a las personas voluntarias de la Fase 1 dos dosis con un mes de diferencia para evaluar su nivel de seguridad, no se monitoreó todavía la duración de la inmunidad frente al coronavirus Sars-Cov-2. Eso recién se estudiará durante la fase 2 y 3 cuando el universo de personas se amplíe a 2 mil voluntarios y se incluya a los adultos mayores de más de 60 años.

Ingeniería y know how local

Acorde a los cálculos del Gobierno, la Argentina podría contar con una vacuna contra la COVID a mediados

de 2023 con la particularidad de ser la única en desarrollo que incorporó la variante brasileña Gamma. Se tratará, además, de una versión que se comercializará en pesos en la Argentina, un dato no menor si se considera que las vacunas elaboradas en el extranjero de tipo monovalente hoy no bajan de los u\$s 10 y aquellas que protegen contra más de una variante se están comercializando en Estados Unidos entre los u\$s 26 (Moderna) y u\$s 30 (Pfizer) la dosis.

Desde los Laboratorios Cassará afirman que todavía no se puede poner un precio porque está en estudio su productividad pero que sin dudas el costo estará por debajo de ese precio para la variante bivalente -contra la variable Gamma y Omicron- del virus-, lo que permitirá no solo su desarrollo nacional y el ahorro de la inversión en dólares sino además contar con stock de rápida disponibilidad.

"Para nosotros es un sueño porque se pudo conectar diversas capacidades que existen en nuestro país, pero estaban desconectadas, como es la investigación clínica, el desarrollo científico y los laboratorios farmacéuticos. No solo eso: en tiempos en los que se habla tanto de la falta de dólares, sería una forma de contribuir también a reducir la inversión en dólares que significó la compra de vacunas en el exterior y hasta de generar divisas", destaca Cassataro.

"Lo que se mide en la Fase 1 es el nivel de seguridad e inmunogenicidad de la vacuna y el resultado mostró que una dosis de refuerzo de ARVAC incrementaba más de 30 veces la cantidad de anticuerpos neutralizantes."

Acorde a la información divulgada desde Ciencia, Tecnología e Innovación, la vacuna argentina ARVAC Cecilia Grierson se basa en la tecnología segura de proteína recombinante que se utiliza desde hace décadas para fabricar la vacuna contra Hepatitis B aplicable en niños recién nacidos, o contra el Virus del Papiloma humano (VPH) que se destina a adolescentes. En este caso, no obstante, solo luego que se completen las Fases 2 y 3 podrán iniciarse los testeos pediátricos.

La particularidad de contar también con una vacuna hecha en la Argentina es que se puede incorporar nuevas variantes de la COVID en un plazo de no más de cuatro meses a nivel del laboratorio. De esta manera, se podría adaptar su principio activo para hacer frente a nuevas olas con variantes que escapen a la respuesta inmunológica de las vacunas vigentes.

La vacuna argentina ARVAC Cecilia Grierson se basa en la tecnología segura de proteína recombinante que se utiliza desde hace décadas para la vacuna contra Hepatitis B para niños recién nacidos, o contra el Virus del Papiloma humano en adolescents.

Cuándo estará lista la vacuna argentina

"Acorde a nuestro plan de producción, en enero de 2023 estaremos entregando el dossier con toda la información técnicas y los análisis clínicos en animales y humanos de la Fase 1 para que las autoridades de la ANMAT puedan avanzar en su estudio. Y en abril tendremos listos los resultados de la Fase 2 y 3 por lo que en mayo podría estar listo todo según el plan de trabajo", explica a El Cronista Jorge Cassará, a cargo del laboratorio responsable de la industrialización de la vacuna.

Cassará presenta los laboratorios que llevan dos generaciones en su familia como "una pyme de perfil tecnológico" que hace tiempo se encuentra vinculada al sistema científico argentino y desde 1990 al campo de la biotecnología. De hecho, durante el pico de la pandemia, se ocupó de desarrollar los primeros test de diagnósticos simplificado en el país. Se utilizaron hasta 4 millones de ellos.

A fines de 2020, la Agencia de Promoción Científica y Tecnológica, bajo la órbita del ministerio que hoy comanda Filmus, los puso en contacto con la UNSAM. Allí, el equipo que lidera Cassataro trabajaba en un modelo de proteínas recombinantes similar a la tecnología que Cassará utiliza para sus vacunas. Fue el punto inicial de una sinergia que se tradujo en la primera vacuna de fabricación nacional, ARVAC Cecilia Grierson.

El financiamiento del desarrollo de la vacuna y su testeo en la Fase 1 estuvo a cargo de Cassará y rondó los u\$s 3,5 millones. Se trabajó a gran velocidad al punto que a fines de ese año ya estaban los primeros estudios en animales y para abril de 2022 se autorizaron los estudios de Fase 1 en personas que se monitorearán durante un año pese a que ya se avanzó a la siguiente etapa con los resultados ya en mano.

La segunda y tercera fases correrán por cuenta del Estado y podría triplicar el monto de inversión original en dólares. Luego cobrará regalías por cada vacuna vendida.

"Es un orgullo para la ciencia argentina disponer de una vacuna nacional diseñada por nuestras científicas y científicos y producida por una empresa privada, lo que significa llevar la investigación y el desarrollo al servicio de las personas", detalló el ministro Daniel Filmus. Desde el Gobierno se ilusionan también con exportar estas vacunas a diversos países con quienes ya se dialoga al respecto y se trabaja a diversas velocidades.

"Para nosotros es un sueño porque se pudo conectar diversas capacidades que existen en nuestro país, pero estaban desconectadas, como es la investigación clínica, el desarrollo científico y los laboratorios farmacéuticos."

México es el país con el que se avanzó más en el trabajo en conjunto al punto que se hará un testeo en paralelo de la Fase 2 y 3 que no formará parte del estudio en Argentina, pero cuyos datos servirán como contraste. En el futuro, se podrían estudiar desarrollos en conjunto de la vacuna, ya sea para el envasado o para la producción del antígeno puesto que el país posee capacidad instalada y know how para hacerlo.

También con Chile se avanza en esta dirección desde la época de Sebastián Piñera y luego del recambio presidencial y la llegada de Gabriel Boric a La Moneda se busca entablar nuevamente las conversaciones. En un segundo nivel aparecen Colombia -con un proyecto propio en marcha ya y a la espera de tener esos resultados para avanzar con Cassará- y Brasil, con una tecnología diferente.

Por último, a partir de las gestiones de Cancillería y una serie de misiones a Arabia Saudita, se inició un contacto con una empresa privada que operaría como nexo con el Reino. De concretarse, sería una gran oportunidad para acceder a toda la región a través de una eventual alianza ya que Riad tiene en carpeta la construcción de una planta de producción propia de vacunas desde la pandemia.

Fuente: Cronista. Disponible en <https://bit.ly/3FZvykP>

Subvariantes, vacunas, barbijos y testeos: todo lo que hay que saber para enfrentar la COVID-19 hoy

4 dic. Luego de casi tres años desde que inició la pandemia, el coronavirus vuelve a ser protagonista en las vidas de los argentinos. Esta semana el Ministerio de Salud informó 3323 nuevos casos activos en el país. Los números alertaron a los especialistas: se trata de un 51% más que el período anterior.

Ante este panorama, la preocupación en la población volvió a aparecer y la demanda en los centros de vacunación se incrementó notablemente. "La situación es para encender una alarma, por ahora solo para

que la población esté alerta y no deje de cuidarse. La inmunidad es posible, por eso es que hay que seguir las recomendaciones del Ministerio y darse todas las dosis de vacuna”, aseveró en diálogo con este medio el doctor Edgardo Bottaro, médico infectólogo y coordinador médico de Helios Salud.

En la misma línea, el médico infectólogo Pablo Bonvehí (MN 62648), sostuvo que “hay que tener precaución, observar muy de cerca lo que sucede, si los casos impactan en la hospitalización y en la mortalidad. Cabe hacer una vigilancia estrecha sobre todo en los casos graves. Muy probablemente tenga que ver con los sublinajes de la variante Ómicron. Se ha demostrado que las dosis de refuerzo protegen, por eso es importante que quienes no las hayan recibido se las apliquen en cuanto puedan”.

El pasado jueves, la ministra de Salud, Carla Vizzotti, afirmó que los casos de coronavirus vienen creciendo en los últimos tres semanas en el país aunque “no es predominante y no se está traduciendo en hospitalizaciones y muertes”, pero exhortó a la población a que concurra a aplicarse los refuerzos de la vacuna para seguir ampliando la inmunidad.



“Las últimas tres semanas comenzamos a ver un aumento, todavía es un aumento leve no una situación que predomine por sobre otros virus respiratorios. Este año tuvimos un pico muy precoz de gripe, ahora también estamos cursando un aumento de casos de gripe tipo B y circularon todos los demás virus todo el año”, añadió.

Frente al aumento de casos de coronavirus en el país, la ministra de Salud de la Nación, Carla Vizzotti, destacó la importancia de recibir los refuerzos de la vacuna y aseguró que el riesgo de desborde del sistema de salud “es muy lejano”.

En declaraciones a Radio 10, la ministra sostuvo que este incremento de contagios “no es predominante y no se está traduciendo en hospitalizaciones y muertes”, y lo vinculó al hecho de que “el 82% de la población tiene al menos dos dosis” de la vacuna contra el COVID-19, pero sostuvo que “la preocupación ahora es un poco sobre la falta de percepción de riesgo y el pensar que ya pasó” la pandemia.

“El desafío es transmitir que vamos a seguir así con la mayor cantidad de personas vacunadas. Independientemente que no tengamos riesgo de desborde del sistema de salud, lo que buscamos es tener el menor impacto posible, salvar la mayor cantidad de vidas posibles y eso es a través de las vacunas”, aseveró.

Para saber cómo actuar frente a este aumento significativo de casos de COVID-19, aquí un repaso por las dudas más frecuentes.

Qué nuevas subvariantes de Ómicron ya circulan en el país

El dato puede ser el punto de partida de una realidad preocupante de cara al futuro de la pandemia en la Argentina: ya circulan las subvariantes más contagiosas de Ómicron: la BQ.1.1 y la XBB.116.

Según información publicada en el último Boletín Epidemiológico Nacional (número 628), correspondiente a la semana número 46 o SE46 (13 al 19 de noviembre), ya circulan estas dos subvariantes de Ómicron. Llamativamente no se había hablado de esto en las semanas anteriores, pese a que hoy el último boletín precisa: "En SE41 se registra 1 caso de Ómicron BQ.1.1 y 1 caso de Ómicron XBB.116".



Es decir que estas dos subvariantes de preocupación ya circulaban en Argentina desde hace 5 semanas atrás, pero no habían aparecido en los Boletines Epidemiológicos anteriores de octubre y noviembre o, más precisamente, del 9 al 15 de octubre que es la semana 41.

Se trata de los linajes BQ.1.1 y XBB.116, identificados por su mayor transmisibilidad. Su presencia en el territorio nacional fue advertida en el último Boletín Epidemiológico Nacional, emitido por el Ministerio de Salud de la Nación (Getty Images).

En los boletines anteriores se detalló siempre la predominancia porcentual de las subvariantes de Ómicron BA.4 y BA.5 del coronavirus, pero nada se había dicho, pese al tiempo transcurrido, de B.Q.1.1 y XBB.1.

"El patrón de alta transmisión observado para Ómicron ha facilitado la aparición de mutaciones adicionales que definen diferentes sublinajes clasificados dentro la misma variante. A la fecha, se han reportado globalmente 5 diferentes linajes principales de Ómicron: BA.1, BA.2, BA.3, BA.4 y BA.5 y sus linajes descendientes (BA.1.1, BA.2.12.1, entre otros). En la actualidad, los linajes descendientes de BA.5 Ómicron continúan siendo dominantes a nivel mundial", afirma el último BEN 628.

Y completa: "En Argentina, la situación actual de variantes de SARS-CoV-2 se caracteriza por una circulación exclusiva de la variante Ómicron. En relación a los linajes de Ómicron, en SE37 la proporción de BA.4, BA.5 y Ómicron compatible con BA.4/BA.5 es de 35,37%, 39,02% y 10,98%, mientras que BA.2 se sitúa en 7,32% (todas las muestras registradas para SE37 cuentan con identificación de linaje). Adicionalmente, en SE41 se registra 1 caso de Ómicron BQ.1.1 y 1 caso de Ómicron XBB.116. En relación al resto de las variantes del virus, en SE 4 y SE 15 del 2022, se informaron 2 casos de variante Lambda, sin identificación de casos adicionales a la fecha".



En su último informe de vigilancia genómica sobre las variantes circulantes del COVID-19 en EEUU, los CDC indicaron que las subvariantes BQ.1 y BQ.1.1 de Ómicron representaron casi la mitad de los casos de coronavirus en el país durante la semana que terminó el 19 de noviembre, en comparación con 39,5% en la semana anterior. La proporción de BQ.1 y BQ.1.1 aumentó al 49,7%, alrededor de dos meses después de ser detectadas por primera vez. BQ.1.1 representó casi el 24,2% de las variantes circulantes y se estimó que BQ.1 fue responsable del 25,5% de los casos registrados.

La nueva subvariante BQ.1.1 preocupa por su gran contagiosidad (REUTERS).

Una nueva investigación acaba de sacar a la luz que 3 subvariantes de Ómicron que circulan actualmente, incluidas dos que representan casi el 50% de las infecciones por COVID-19 notificadas en los EE.UU., son mejores para evadir los anticuerpos neutralizantes generados por vacunas e infecciones que las versiones anteriores de Ómicron. Los hallazgos se publicaron en la revista *Cell Host & Microbe*.

Los científicos probaron anticuerpos neutralizantes en muestras de suero sanguíneo de profesionales de la salud que fueron vacunados y recibieron refuerzos o que, recientemente, se infectaron con alguna de las subvariantes en circulación. Según detectaron, tres de ellas se destacaron por su resistencia a la respuesta inmune de anticuerpos. Son: BQ.1, BQ.1.1 y BA.2.75.2.

Barbijo, ¿sí o no?

El incremento inesperado de casos de coronavirus volvió a activar los protocolos para evitar un rebrote intenso. El uso del tapabocas fue fundamental desde el 2020 y la recomendación actual de los profesionales de la salud es utilizarlo en las “zonas rojas” como transportes públicos, espacios cerrados y lugares con mucha gente cerca.

La página web oficial de Buenos Aires Ciudad publicó una serie de preguntas frecuentes sobre el uso del barbijo. “El uso se debe dar cuando concurren a lugares públicos esenciales donde las medidas de distanciamiento social sean difíciles de mantener como supermercados, farmacias, bancos, transporte público, etc”, señala el portal.

Cuándo testearse

“Actualmente en la Ciudad de Buenos Aires no se realizan testeos COVID-19 de manera espontánea. En caso de presentar síntomas compatibles con el virus, hay que dirigirse a la unidad febril más cercana para que el profesional de la salud evalúe la situación particular. En caso de que se crea necesario, se realizará el testeo correspondiente”, explicaron a Infobae desde el Ministerio de Salud de la Ciudad de Buenos Aires.

“Lo ideal sería que la persona que empieza con síntomas (los que ya conocemos) vea si se puede testear. El tema es que ahora los testeos están limitados, tanto en el ámbito público como en el privado, con lo cual no siempre es posible hacerlo. El testeo permite tomar medidas epidemiológicas del asilamiento de esa persona, como está previsto, durante cinco días y luego de eso, otros cinco días con actividad con uso de barbijo”, remarcó Bonvehí.

En la Provincia de Buenos Aires la recomendación es que “todas las personas sintomáticas que sean mayores de 50 años, tengan condiciones de riesgo, trabajen en establecimientos de salud o instituciones de larga estadía, o requieran internación por infección respiratoria aguda” se testeen. Vale destacar que cada jurisdicción tiene sus propios lineamientos sobre el sistema o los protocolos de testeo.

Fuente: infobae. Disponible en <https://bit.ly/3uYGNUm>



Aunque a partir de las nuevas variantes y las vacunas la pandemia modificó sus características, los cuidados se fueron relajando. Los mandatos, en cambio, resultan prácticamente inalterables: la ventilación, la higiene de manos y el uso de barbijo en lugares cerrados con presencia de mucha gente (Getty Images)

Un estudio descifra los orígenes de Ómicron, la variante más contagiosa de la COVID-19

4 dic. La variante Ómicron de la COVID-19 ha desbancado a sus predecesoras y actualmente es la dominante en todo el mundo. En concreto sus linajes BA.4 y BA.5 son las responsables de los últimos contagios a nivel global.

Ómicron fue detectada por primera vez hace un año en Sudáfrica y, desde entonces, se ha extendido por todo el mundo a gran velocidad. Todavía no está claro cómo, cuándo y dónde se originó este virus.



Un estudio descifra los orígenes de Ómicron, la variante más contagiosa del Covid | FUNDACIÓN JIMÉNEZ DÍAZ/ Europa Press

Ahora, un estudio publicado en la revista científica 'Science' por investigadores de la Charité - Universitätsmedizin de Berlín (Alemania) y una red de instituciones africanas ha mostrado que los predecesores de Ómicron existían en el continente africano mucho antes de que se identificaran los primeros casos, lo que sugiere que esta variante surgió gradualmente a lo largo de varios meses en diferentes países de África.

Los orígenes de la variante Ómicron

Desde el comienzo de la pandemia, el coronavirus ha cambiado constantemente. El mayor salto detectado en la evolución del SARS-CoV-2 hasta la fecha fue observado por los investigadores hace un año, cuando se descubrió una variante que difería del genoma del virus original en más de 50 mutaciones.

Detectada por primera vez en un paciente de Sudáfrica a mediados de noviembre de 2021, la variante bautizada posteriormente como Ómicron BA.1 se extendió a 87 países de todo el mundo en pocas semanas. A finales de diciembre, había sustituido a la variante Delta, anteriormente dominante en todo el mundo.

Dos teorías

A partir de entonces, las especulaciones sobre el origen de esta variante altamente transmisible se han centrado en dos teorías principales: O bien el coronavirus saltó de un humano a un animal donde evolucionó antes de infectar de nuevo a un humano como ómicron, o bien el virus sobrevivió en una persona con un sistema inmunitario comprometido durante un periodo de tiempo más largo y ahí es donde se produjeron las mutaciones.

Sin embargo, un nuevo análisis de muestras de COVID-19 recogidas en África antes de la primera detección de Ómicron pone ahora en duda estas dos hipótesis.

Los científicos empezaron por desarrollar una prueba especial de PCR para detectar específicamente la variante BA.1 de Ómicron. A continuación, analizaron más de 13.000 muestras respiratorias de pacientes con COVID-19 que se habían tomado en 22 países africanos entre mediados de 2021 y principios de 2022.

Al hacerlo, el equipo de investigación encontró virus con mutaciones específicas de Ómicron en 25 personas de seis países diferentes que contrajeron COVID-19 en agosto y septiembre de 2021, dos meses antes de que la variante se detectara por primera vez en Sudáfrica.

Para conocer mejor los orígenes de Ómicron, los investigadores también descodificaron, o "secuenciaron", el genoma viral de unas 670 muestras. Esta secuenciación permite detectar nuevas mutaciones e identificar nuevos linajes virales. El equipo descubrió varios virus que mostraban diversos grados de similitud con ómicron, pero no eran idénticos.

"Nuestros datos demuestran que Ómicron tuvo diferentes ancestros que interactuaron entre sí y circularon por África, a veces de forma simultánea, durante meses. Esto sugiere que la variante BA.1 Ómicron evolucionó gradualmente, durante lo cual el virus se adaptó cada vez más a la inmunidad humana existente", ha comentado Jan Felix Drexler, uno de los líderes del estudio.

Conclusiones del estudio

Además, los datos de la PCR llevaron a los investigadores a concluir que, aunque Ómicron no se originó únicamente en Sudáfrica, primero dominó las tasas de infección allí antes de extenderse de sur a norte por todo el continente africano en sólo unas semanas.

"Esto significa que el repentino aumento de Ómicron no puede atribuirse a un salto desde el reino animal o a la aparición en una sola persona inmunodeprimida, aunque estos dos escenarios también pueden haber desempeñado un papel en la evolución del virus. El hecho de que Ómicron nos haya cogido por sorpresa se debe más bien al punto ciego de diagnóstico que existe en grandes partes de África, donde presumiblemente sólo se registra una pequeña fracción de las infecciones por SARS-CoV-2", ha destacado Drexler.

Fuente: ONDA CERO. Disponible en <https://bit.ly/3PyxZhj>

Vacuna bivalente contra COVID-19 será aplicada a las personas mayores de 12 años

5 dic. La vacuna bivalente de Pfizer contra la COVID-19 será aplicada a las personas mayores de 12 años de edad, informó el Ministerio de Salud de Panamá (Minsa).

Detalla que para que una persona pueda ser inoculada con la vacuna bivalente deberá contar con dos dosis de la vacuna monovalente, esperar dos semanas y después debe colocarse una sola dosis de esta nueva vacuna.

La Dirección Nacional de Farmacia y Drogas del Minsa autorizó el uso de emergencia de la "Vacuna Pfizer-BioNTech COVID-19", y se espera que las dosis lleguen a Panamá a finales de este mes de diciembre.



Se espera que las dosis lleguen a Panamá a finales de este mes de diciembre. CSS

"El Gobierno Nacional a través del equipo PanavaC-19 está muy pendiente de la situación epidemiológica del país, por lo que se espera que esta vacuna llegue al país antes de concluya el año, toda vez que Panamá sería uno de los primeros países en la región en obtenerla", indicó Elvia Lau, directora nacional de Farmacias y Drogas.

El Minsa indica que la vacuna bivalente protege contra la COVID-19 original y sus variantes como Ómicron y Delta. La misma es de 0,3 ml, que se suministra en un vial con una tapa gris y etiqueta con un borde gris y no se diluye antes de su uso.

“La nueva presentación bivalente, tiene mejor protección contra las variantes que están circulando (Original y Ómicron BA.4/BA.5, XBB, BQ1, BQ1.1 y Delta), se suministra en viales de dosis única de refuerzo, administrada al menos 2 meses después de completar un esquema primario de vacunación con cualquiera vacuna COVID-19 monovalente (1) y recibir (1) de las dosis de refuerzo más reciente. Es decir, tener mínimo 2 dosis de la vacuna COVID-19”, explica el Minsa.

Por otro lado, el Minsa reitera el llamado a la población a mantener las medidas de autocuidado o bioseguridad como el uso de mascarillas, distanciamiento físico y lavado de manos, para evitar el contagio por COVID-19. Asimismo le recuerda a la ciudadanía que actualmente se coloca en todo el país la vacuna Pfizer contra la COVID-19 de manera gratuita, también si presenta síntomas acudir a realizarse la prueba de hisopado y de salir positivo solicitar los tratamientos que el Estado panameño ha adquirido para combatir este virus.

“La pandemia no ha terminado, el estado de emergencia en cuanto a características sanitarias todavía está vigente, por ello se debe practicar el autocuidado y cumplir con las medidas de bioseguridad como el uso de la mascarilla donde hay aglomeración de personas y acudir a vacunarse que es gratuita”, puntualizó Lau.

Fuente: telemetro.com. Disponible en <https://bit.ly/3j6QOw2>

Vacuna bivalente, COVID-19: ¿Qué es y quiénes califican?

5 dic. La vacuna bivalente es una mezcla de dos componentes entre la cepa original del virus que causa COVID-19 junto a la cepa de la variante Ómicron, la cual busca brindar una amplia y mejor protección contra el coronavirus a quienes califican con el esquema completo de vacunación; dichas vacunas según la Administración de Alimentos y Medicamentos de los Estados Unidos FDA.

Las vacunas bivalentes también se les conoce como dosis de refuerzo "Actualizada" de la vacuna contra la COVID-19, la FDA asegura que la aprobación se da, debido a las variaciones del virus que causa la enfermedad; misma que va cambiando con el tiempo y por lo tanto, es necesario mantener la protección con una dosis de refuerzo.



Vacuna bivalente. Personal de salud realizando el proceso de vacunación. MINSA

El Ministro de Salud (MINSA) aclaró que estas vacunas bivalentes serán aplicadas únicamente a personas que tengan mínimo dos o tres dosis de la vacuna contra COVID-19, a finales del 2022 o a inicios del 2023 con el fin de obtener una protección de al menos un año contra las variantes del virus.

Vacunas Bivalente: Protección contra variantes

El Minsa Asegura que la vacuna bivalente tiene mejor protección contra las variantes del virus que están circulando, incluyendo la original y Ómicron BA.4/BA.5, XBB, BQ1, BQ1.1.

Mientras que la autoridad de salud pública de Estados Unidos, mencionó que el efecto de la vacuna mixta o bivalente en las personas fue similar a las vacunas principales contra la COVID-19 y mencionan que las personas inyectadas con la mencionada dosis generaron una respuesta inmunitaria más fuerte que las vacunas de primera generación.

Vacuna bivalente: ¿A quiénes les serán aplicadas?

La dosis de refuerzo con la vacuna bivalente en Panamá, les serán aplicadas a las personas mayores de 12 años así lo informó la entidad encargada de la Salud a nivel nacional; la institución aclara que el individuo deberá contar con dos dosis de la vacuna monovalente, esperar dos semanas y después debe colocarse una sola dosis de esta nueva vacuna.

Fuente: telemetro.com. Disponible en <https://bit.ly/3Yz18NM>

Qué síntomas presenta la tosferina, diferencias con influenza y COVID-19

5 dic. La tosferina es una infección bacteriana altamente contagiosa que ocasiona una tos incontrolable que puede durar semanas o incluso meses. Esta enfermedad es causada por la bacteria *Bordetella pertussis*. Es una enfermedad grave que puede afectar a personas de cualquier edad.

La enfermedad se propaga fácilmente de una persona a otra, esto por medio de las partículas que se expulsan al estornudar o toser.

De acuerdo a Centros para el Control y Prevención de Enfermedades, los primeros síntomas pueden durar de 1 a 2 semanas.

Síntomas

- ◆ Moqueo o congestión nasal
- ◆ Fiebre baja
- ◆ Tos leve ocasional (puede no suceder con los bebés)
- ◆ Apnea (pausas en la respiración que pueden ser mortales) y ponerse azul o morado en el caso de bebés y niños pequeños.

Posterior a las primeras semanas, las personas con tosferina podrían presentar accesos de tos rápidos, violentos e incontrolables. Los síntomas de la infección a menudo duran 6 semanas.

Diferencias con influenza y COVID-19

El pasado domingo, el Ministerio de Salud Pública (MSP) de Ecuador alertó sobre un incremento de infecciones respiratorias causadas por la influenza estacional y otros virus respiratorios como el SARS-CoV-2 que ocasiona la COVID-19.

Tanto la influenza (gripe) como la COVID-19 son enfermedades respiratorias contagiosas, pero son provocadas por virus diferentes. No es posible diferenciar la influenza de la COVID-19 solo observando los

síntomas, porque algunos de los signos y síntomas son iguales para las dos enfermedades. Por ende, es necesario realizar exámenes.

Por otro lado, las principales diferencias con la tosferina, en el caso de la covid-19, es que esta enfermedad presenta algunos síntomas distintos como: el cansancio, la pérdida del gusto o del olfato, dolor de cabeza, molestias y dolores, diarrea, dificultad para respirar o disnea.

Continuar con prevención

El epidemiólogo Johnny Real considera que se deben reforzar las medidas de bioseguridad, como el uso de la mascarilla, lavado de manos, distanciamiento, separar vajillas y uso de utensilios para cada persona, y preferir reuniones en lugares abiertos.

Fuente: El Universo. Disponible en <https://bit.ly/3Vc9uYp>

Reino Unido autoriza el uso de la vacuna contra la COVID-19 de Pfizer/BioNTech en “niños de 6 meses a 4 años”

6 dic. La Agencia Reguladora de Medicamentos y Productos Sanitarios (MHRA, por sus siglas en inglés) de Reino Unido autorizó este martes el uso de la vacuna contra la COVID-19 de Pfizer/BioNTech, Comirnaty, en “lactantes y niños de 6 meses a 4 años” de edad.

En un comunicado, la agencia informó que la autorización se produjo “después de que se hubiera determinado que cumple con los estándares de seguridad, calidad y eficacia del regulador, sin que se identificaran nuevos problemas de seguridad”.

La agencia agregó que la “decisión fue respaldada por la Comisión de Medicamentos Humanos, luego de una cuidadosa revisión de las evidencias” que incluye “datos de un ensayo clínico en curso en el que participaron 4.526” personas.

La MHRA señaló que “los efectos secundarios comunes esperados (reactogenicidad) coincidieron con lo que se puede anticipar de una vacuna en este grupo de edad” y recalcó que la vacuna se administrará en una dosis “más baja en comparación con la utilizada en personas de 5 a 11 años (3 microgramos frente a 10 microgramos)”.

La agencia explicó que “se administrará en tres inyecciones en la parte superior del brazo, con las dos primeras dosis administradas con 3 semanas de diferencia, seguidas de una tercera dosis administrada al menos 8 semanas después de la segunda dosis”.

No obstante, la agencia aclaró que “corresponde al Comité Conjunto de Vacunación e Inmunización (JCVI) determinar si se recomendará el uso de la vacuna en este grupo de edad como parte del programa de vacunación contra la COVID-19 de Reino Unido”.

Fuente: Agencia Anadolu. Disponible en <https://bit.ly/3V59wkP>



Health Canada approves Novavax's COVID-19 vaccine for adolescents

8 dic. Health Canada has granted approval for a supplement to a New Drug Submission (sNDS) of Novavax's COVID-19 vaccine (Recombinant protein, Adjuvanted), Nuvaxovid (NVX-CoV2373), for use in adolescents aged 12 to 17 years.

The vaccine is indicated to be administered as a primary regimen comprising two doses for active immunisation to prevent COVID-19 in adolescents of this age group.

This approval was based on findings from the paediatric expansion of the Phase III PREVENT-19 clinical trial underway in 2,247 adolescents of this age group in 75 US sites.

The trial is designed to analyse the safety and effectiveness of the vaccine.

The effectiveness evaluation in the paediatric expansion was based on antibody titers, which were demonstrated to be greater in adolescents compared to young adult subjects.

Effectiveness was backed by clinical efficacy showing that the vaccine offered an overall 79.5% clinical protective efficacy when the Delta variant of the virus was prevalent.

Additionally, Nuvaxovid was found to be well-tolerated in the paediatric expansion, the preliminary safety data showed.

A reduced number of serious and severe adverse reactions (AR) were reported and balanced between the vaccine and placebo arms.

Novavax president and CEO Stanley Erck said: "With the winter Covid-19 surge upon us, it's more important now than ever to ensure adolescents have access to Covid-19 vaccine options, including Nuvaxovid.

"Our vaccine is developed using an innovative approach to traditional vaccine technology and may have a special role to play in adolescent vaccination based on parents' and caregivers' familiarity with protein-based vaccines used in other disease areas."

In February, the Canadian health agency approved the vaccine usage as an initial regimen in adults aged 18 years and above. Homologous boosting with the vaccine in adults was approved in November.

Fuente: Pharmaceutical Technology. Disponible en <https://bit.ly/3YyApkk>

BRIN develops virus-like particle to make vaccines

Dec 8. The National Research and Innovation Agency (BRIN) has developed a virus-like particle (VLP) using the silkworm genetic expression system as one of the platforms for producing vaccines.

"VLP is different from the real virus because it does not have any genetic material so it cannot be transmitted and replicated. It is what makes VLP safer compared to using live viruses in the development of vaccine production," a researcher at BRIN's Research Center for Vaccines and Drugs Doddy Irawan Setyo Utomo informed in a statement released on Wednesday.



BRIN
BADAN RISET
DAN INOVASI NASIONAL

ANTARANEWS
COM

During research, his team used silkworms as a protein expression system for the development of the VLP because that could increase protein stability, facilitate post-translational modification, and produce higher secreted protein.

It is also a sustainable and environmentally friendly protein expression system, which does not need any aseptic conditions.

The researched noted that compared to other vaccine development platforms, VLP has high immunogenicity and safety, thus it is an ideal platform for vaccine development.

Furthermore, VLP is a form of viral structural protein, thus it has inherent properties and the ability to self-assemble and mimic the morphology of the pathogen.

Hence, VLP can be used to study the mechanism of a viral infection and trigger the immune response.

Utomo said that the reason his team is using the VLP technology is because of its similar geometric structure and extraordinary uniformity, having particulate properties, ability to become multivalent, as well as possessing the same antigenic as the original virus.

VLP can also be used as a vector to display foreign antigens on its surface. The hollow interior of VLP can be filled with materials for various viral therapies.

In addition, VLP also has high stability in extreme environmental conditions, compared to dissolved antigens.

Earlier, Health Minister Budi Gunadi Sadikin said that Indonesia is still importing seven vaccine antigens, including the Measles, Rubella, Injectable Polio (IPV), Japanese encephalitis, Human Papilloma Virus (HPV), Pneumococcal Conjugate Vaccine (PCV), and Rotavirus.

The provision of imported vaccines makes up the biggest chunk of spending of the Health Ministry, he said. Hence, the Indonesian government is striving to improve domestic vaccine development technology.

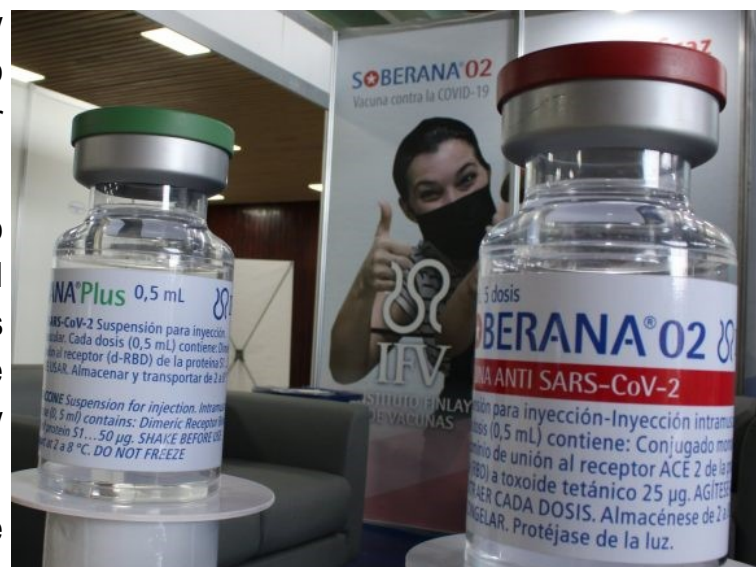
Fuente: Antara Indonesian News Agency. Disponible en <https://bit.ly/3BIPcyW>

Soberana 02 y Soberana Plus reciben gran premio en evento internacional en Belarús

9 dic. Las vacunas cubanas anti covid-19 Soberana 02 y Soberana Plus obtuvieron el Gran Premio del evento internacional de negocios Líder del Año, en Belarús, por su contribución a la lucha mundial contra la pandemia.

De acuerdo con un reporte de Prensa Latina, Santiago Pérez, Embajador de Cuba en Minsk, significó que el galardón reconoce el impacto social de los fármacos antillanos, los cuales ostentan resultados de seguridad e inmunogénicidad en población pediátrica, adultos y adultos mayores.

Por su parte, Idania Caballero, directora de la oficina de representación del Grupo Empresarial BioCubaFarma



para los países de la Unión Euroasiática, destacó que el reconocimiento se otorga además por la novedad de la innovación del inmunógeno y su repercusión en otras naciones.

Caballero resaltó que con el Premio se exalta la labor de tres instituciones de BioCubaFarma ejemplos de alianza estratégica de larga duración en el desarrollo científico cubano, como lo son el Instituto Finlay de Vacunas, el Centro de Inmunología Molecular y el Centro Nacional de Biopreparados.

Belarús se convirtió, el 26 de julio del presente año, en el primer país de Europa en registrar la vacuna Soberana Plus contra la COVID-19, cuando el Centro de Peritaje y Pruebas del Ministerio de Salud de ese país aprobó el uso del inmunógeno.

En octubre, arribó a Belarús un lote de Soberana Plus para apoyar la inmunización de la población en el enfrentamiento a la pandemia, mientras que, a la par de la llegada del cargamento, la agencia reguladora de la nación euroasiática registraba el fármaco Soberana 02 para su empleo.

Soberana 02 es la primera y única vacuna conjugada en ser autorizada para uso de emergencia contra la COVID-19, especialmente diseñada para poblaciones pediátricas. En tanto, Soberana Plus constituye la primera de refuerzo oficialmente autorizada en el mundo para convalecientes adultos y en edad pediátrica.

El Premio Internacional de Negocios Líder del Año en el territorio belaruso es concedido por decisión de un Consejo de Expertos, compuesto por representantes de comunidades empresariales, ministerios, departamentos relevantes y organizaciones públicas, contextualizó PL.

Fuente: Cubadebate. Disponible en <https://bit.ly/3FDHQhf>

Prueban un fármaco "señuelo" que neutraliza la COVID-19 y podría ser eficaz contra nuevos coronavirus

11 dic. La campaña de vacunación contra la COVID-19 sigue en marcha en nuestro país. Actualmente, las vacunas siguen siendo la herramienta más eficaz en la lucha contra el virus y en España ya se han administrado más de 103 millones de dosis, lo que se traduce en 40 millones de personas inmunizadas contra el coronavirus.

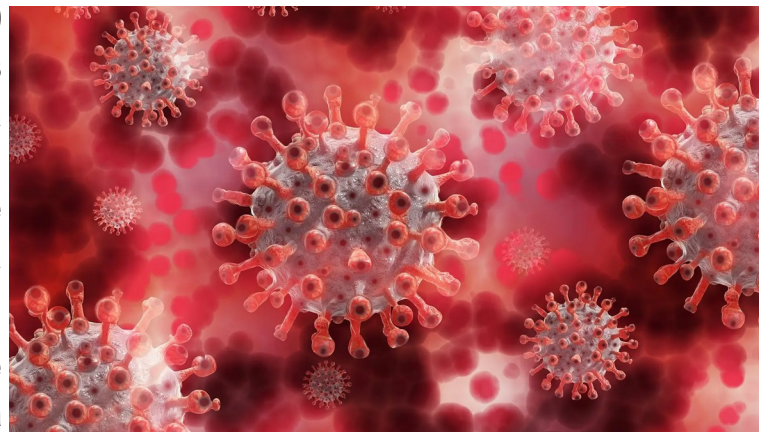
No obstante, la ciencia sigue investigando el uso de fármacos para tratar la Covid. Recientemente la Agencia

Europa de Medicamentos (EMA) ha advertido sobre los tratamientos basados en anticuerpos monoclonales. La Agencia señala que es "poco probable" que estos anticuerpos monoclonales autorizados contra la COVID-19 sean eficaces frente a las nuevas variantes.

Señuelos ACE2 para neutralizar todas las variantes del virus

No ocurre lo mismo con el señuelo del receptor ACE2. Científicos del Instituto del Cáncer Dana-Farber, en Estados Unidos, han desarrollado un fármaco que neutraliza potentemente el SARS-CoV-2, y tan eficaz contra la variante Ómicron como para cualquier otra variante probada.

El fármaco está diseñado de tal manera que la selección natural para mantener la infecciosidad del virus debería mantener también la actividad del fármaco contra futuras variantes.



Según un estudio publicado en la revista 'Science Advances', no se trata de un anticuerpo, sino una molécula relacionada conocida como 'señuelo' del receptor ACE2.

A diferencia de los anticuerpos, el señuelo ACE2 es mucho más difícil de eludir para el virus SARS-CoV-2, ya que las mutaciones en el virus que le permitirían evitar el fármaco también reducirían la capacidad del virus para infectar células. Los científicos de Dana-Farber hallaron la forma de hacer que este tipo de fármaco neutralizara los coronavirus de forma más potente en animales infectados con COVID-19 y de que su administración a los pacientes fuera segura.

Por qué son más eficaces que los anticuerpos

Este informe llega en un momento en que los fármacos de anticuerpos utilizados para tratar el COVID-19 han perdido su eficacia porque la proteína viral de la espiga ha mutado para escapar a la acción de los anticuerpos.

Los investigadores, dirigidos por el primer autor James Torchia, y el autor principal Gordon Freeman, identificaron características que hacen que los señuelos ACE2 sean especialmente potentes y duraderos. Por ejemplo, descubrieron que cuando incluían una parte de la proteína ACE2 denominada dominio similar a la colectrina, el fármaco se adhería más fuertemente al virus y tenía una vida más larga en el organismo.

Sus experimentos demostraron que los señuelos ACE2 tienen una potente actividad contra el virus porque desencadenan un cambio irreversible en la estructura del virus: "reventan" la parte superior de la proteína viral de la espiga para que no pueda unirse al receptor ACE2 de la superficie celular e infectar las células.

El virus SARS-CoV-2 está cubierto de proyecciones denominadas proteínas espiga que permiten al virus infectar las células. La proteína espiga se une al receptor ACE2 de la superficie celular y luego se repliega, introduciendo la espiga en la célula, lo que permite la entrada del virus.

Los señuelos ACE2 atraen al virus para que se una al señuelo en lugar de a la célula, "reventando" el pico e inactivando el virus antes de que pueda entrar en las células. Esto explica la sorprendente potencia del fármaco: no sólo funciona como un inhibidor competitivo, sino que inactiva permanentemente el virus.

Dado que la unión a ACE2 es necesaria para la infección, las variantes pueden cambiar pero deben seguir uniéndose a ACE2, lo que hace que el fármaco sea persistentemente activo contra todas las variantes.

Los investigadores afirman que, además de tratar las variantes del SRAS-CoV-2 resistentes a los anticuerpos, el fármaco descrito en este estudio podría ser útil para tratar nuevos coronavirus que pudieran surgir en el futuro para infectar a los humanos. Esto se debe a que muchos coronavirus en la naturaleza preparados para entrar en la población humana también utilizan ACE2 para infectar células.

Fuente: Onda Cero. Disponible en <https://bit.ly/3HJm7XU>

\$30 Million Supports Developing Vaccines in Africa

Dec 12. A global multinational specialty pharmaceutical company announced today that it would receive USD30 million from the Bill & Melinda Gates Foundation and the Coalition for Epidemic Preparedness Innovations (CEPI) to support its capabilities to manufacture vaccines for Africa. This is important news since 99% of all vaccines administered in Africa are currently imported.

The new funding from CEPI and the Gates Foundation will support a ten-year agreement between Aspen

Pharmacare Holdings Limited and Serum Institute of India Pvt Ltd. (SII) that aims to expand the sourcing of affordable vaccines manufactured in Africa. SII is the world's largest vaccine manufacturer by the number of doses produced and sold globally (1.5 billion doses).

Through the partnership with SII, Aspen will manufacture and distribute four routine vaccines in Africa Pneumococcal, Rotavirus, Polyvalent Meningococcal, and Hexavalent.

The technology transfer activities will initiate in early 2023.

In addition, the funding from CEPI and the Gates Foundation will help sustain regional vaccine manufacturing capacity at Aspen for potential future outbreak response to secure early access to African-produced vaccines in a future public health emergency.

Over the past two decades, the increased globalization of vaccine manufacturing has generated more reliable vaccine supplies at a lower cost, helping many countries reach more people with lifesaving vaccines.

Because lifesaving vaccines and treatments are not available or affordable everywhere, vaccine-preventable diseases continue to devastate Africa.

In 2021r, African leaders, civil society, the private sector, and organizations such as the African Union and the Africa Centres for Disease Control laid out a vision to expand regional manufacturing capacity, including an ambitious plan to produce 60% of the continent's vaccines locally by 2040.

And the launch of the Partnership for African Vaccine Manufacturing, as well as a call for supranational funders and procurement agencies to source at least 30% of their requirements from African manufacturers.

Previously, Bill Gates, co-chair of the Bill & Melinda Gates Foundation, reaffirmed the foundation's long-term commitment to Africa and to working directly with countries to support breakthrough solutions in health, agriculture, gender equality, and other critical areas.

"The big global challenges we face are persistent. But we have to remember, so are the people solving them," said Mr. Gates in a press release issued on November 17, 2022.

"Our foundation will continue to support solutions in health, agriculture, and other critical areas—and the systems to get them out of the labs and to the people who need them."

Fuente: Precision Vaccinations. Disponible en <https://bit.ly/3HJmEJo>

La autorización de la vacuna española de COVID-19 se retrasa hasta 2023

13 dic. No habrá vacuna española de COVID-19 en 2022. A pesar de que Diana Morant, ministra de Ciencia, dijera en julio que esperaba la autorización "en pocos días", habrá que esperar al menos hasta enero de 2023 para que el producto del laboratorio catalán Hipra reciba el visto bueno de la Agencia Europea del Medicamento (EMA, en sus siglas en inglés).

La realidad es que el comité de medicamentos de uso humano (CHMP) de esta agencia no ha incluido en



su agenda de diciembre la evaluación de la vacuna de Hipra. De esta forma, deberá esperar, al menos, a la próxima reunión, que no se producirá hasta enero.

Desde la compañía se explica que ya aportaron el dossier completo del producto y las respuestas a las preguntas adicionales con dudas de la EMA, por lo que en este momento se encuentran a la espera de que la autoridad europea decida evaluar el producto español.

Ya el mes pasado, el laboratorio de la familia Nogareda vio como la EMA no incluía en la agenda esta evaluación, debido a que la compañía había tenido que aclarar cuestiones que eran dudosas para el organismo comunitario.

En consecuencia, se complica aún más el uso de esta vacuna como dosis de refuerzo en la campaña de vacunación invernal en toda Europa, con especial énfasis en administrar las nuevas versiones para la variante ómicron, fundamentalmente de las versiones de ARN mensajero de empresas como Pfizer/BioNTech y Moderna.

Una vez que la EMA lo aconseje, será la Comisión Europea la que deberá dar su autorización definitiva para comercializar el producto, en un periodo que suele ser muy corto en el caso de las vacunas del Covid. La EMA podría convocar una reunión extraordinaria antes de final de año para evaluar la versión española, pero es altamente improbable que suceda en la medida en que ya existen vacunas en comercialización frente al coronavirus.

La ventaja actual de Hipra es que la Comisión Europea llegó a un acuerdo para adquirir hasta 250 millones de dosis si la vacuna se aprobaba, a distribuir entre los países interesados en utilizarla. El producto del laboratorio (hasta ahora especializado en veterinaria) está basado en proteína recombinante y se presenta como booster o dosis de refuerzo.

Fuente: Cinco Días. Disponible en <https://bit.ly/3PI83QE>

Nasal vaccines promise to stop the COVID-19 virus before it gets to the lungs – an immunologist explains how they work

Dec 14. The Pfizer-BioNTech and Moderna mRNA vaccines have played a large role in preventing deaths and severe infections from COVID-19. But researchers are still in the process of developing alternative approaches to vaccines to improve their effectiveness, including how they're administered. Immunologist and microbiologist Michael W. Russell of the University at Buffalo explains how nasal vaccines work, and where they are in the development pipeline.

How does the immune system fight pathogens?

The immune system has two distinct components: mucosal and circulatory.

The mucosal immune system provides protection at the mucosal surfaces of the body. These include the mouth, eyes, middle ear, the mammary and other glands, and the gastrointestinal, respiratory and urogenital tracts. Antibodies and a variety of other anti-microbial proteins in the sticky secretions that cover these surfaces, as well as immune cells located in the lining of these surfaces, directly attack invading pathogens.

The circulatory part of the immune system generates antibodies and immune cells that are delivered through the bloodstream to the internal tissues and organs. These circulating antibodies do not usually reach the mucosal surfaces in large enough amounts to be effective. Thus mucosal and circulatory compartments of the immune system are largely separate and independent.

What are the key players in mucosal immunity?

The immune components people may be most familiar with are proteins known as antibodies, or immunoglobulins. The immune system generates antibodies in response to invading agents that the body identifies as “non-self,” such as viruses and bacteria.

Antibodies bind to specific antigens: the part or product of a pathogen that induces an immune response. Binding to antigens allows antibodies to either inactivate them, as they do with toxins and viruses, or kill bacteria with the help of additional immune proteins or cells.

The mucosal immune system generates a specialized form of antibody called secretory IgA, or SIgA. Because SIgA is located in mucosal secretions, such as saliva, tears, nasal and intestinal secretions, and breast milk, it is resistant to digestive enzymes that readily destroy other forms of antibodies. It is also superior to most other immunoglobulins at neutralizing viruses and toxins, and at preventing bacteria from attaching to and invading the cells lining the surfaces of organs.

There are also many other key players in the mucosal immune system, including different types of anti-microbial proteins that kill pathogens, as well as immune cells that generate antibody responses.

How does the COVID-19 virus enter the body?

Almost all infectious diseases in people and other animals are acquired through mucosal surfaces, such as by eating or drinking, breathing or sexual contact. Major exceptions include infections from wounds, or pathogens delivered by insect or tick bites.

The virus that causes COVID-19, SARS-CoV-2, enters the body via droplets or aerosols that get into your nose, mouth or eyes. It can cause severe disease if it descends deep into the lungs and causes an overactive, inflammatory immune response.

This means that the virus's first contact with the immune system is probably through the surfaces of the nose, mouth and throat. This is supported by the presence of SIgA antibodies against SARS-CoV-2 in the secretions of infected people, including their saliva, nasal fluid and tears. These locations, especially the tonsils, have specialized areas that specifically trigger mucosal immune responses.

Some research suggests that if these SIgA antibody responses form as a result of vaccination or prior infection, or occur quickly enough in response to a new infection, they could prevent serious disease by confining the virus to the upper respiratory tract until it is eliminated.

How do nasal vaccines work?

Vaccines can be given through mucosal routes via the mouth or nose. This induces an immune response through areas that stimulate the mucosal immune system, leading mucosal secretions to produce SIgA antibodies.

There are several existing mucosal vaccines, most of them taken by mouth. Currently only one, the flu vaccine, is delivered nasally.

In the case of nasal vaccines, the viral antigens intended to stimulate the immune system would be taken up by immune cells within the lining of the nose or tonsils. While the exact mechanisms by which nasal vaccines work in people have not been thoroughly studied, researchers believe they work analogously to oral mucosal vaccines. Antigens in the vaccine induce B cells in mucosal sites to mature into plasma cells that secrete a

form of IgA. That IgA is then transported into mucosal secretions throughout the body, where it becomes SIgA.

If the SIgA antibodies in the nose, mouth or throat target SARS-CoV-2, they could neutralize the virus before it can drop down into the lungs and establish an infection.

What advantage do mucosal vaccines have against COVID-19?

I believe that arguably the best way to protect an individual against COVID-19 is to block the virus at its point of entry, or at least to confine it to the upper respiratory tract, where it might inflict relatively little damage.

Breaking chains of viral transmission is crucial to controlling epidemics. Researchers know that COVID-19 spreads during normal breathing and speech, and is exacerbated by sneezing, coughing, shouting, singing and other forms of exertion. Because these emissions mostly originate from saliva and nasal secretions, where the predominant form of antibody present is SIgA, it stands to reason that secretions with a sufficiently high level of SIgA antibodies against the virus could neutralize and thereby diminish its transmissibility.

Existing vaccines, however, do not induce SIgA antibody responses. Injected vaccines primarily induce circulating IgG antibodies, which are effective in preventing serious disease in the lungs. Nasal vaccines specifically induce SIgA antibodies in nasal and salivary secretions, where the virus is initially acquired, and can more effectively prevent transmission.

Nasal vaccines may be a useful supplement to injected vaccines in hot spots of infection. Since they don't require needles, they might also help overcome vaccine hesitancy due to fear of injections.

How close are researchers to creating a nasal COVID-19 vaccine?

There have been over 100 oral or nasal COVID-19 vaccines in development around the world.

Most of these have been or are currently being tested in animal models. Many have reported successfully inducing protective antibodies in the blood and secretions, and have prevented infection in these animals. However, few have been successfully tested in people. Many have been abandoned without fully reporting study details.

According to the World Health Organization, 14 nasal COVID-19 vaccines are in clinical trials as of late 2022. Reports from China and India indicate that nasal or inhaled vaccines have been approved in these countries. But little information is publicly available about the results of the studies supporting approval of these vaccines.

Fuente: The Conversation. Disponible en <https://bit.ly/3W5ypyo>



Cuba's homegrown Abdala vaccine can be administered in Mexico

Dec 15. Cuba's homegrown Abdala vaccine against COVID-19 can be used as a booster shot or first dose in Mexico, due to its 92-percent effectiveness and because it is similar to those administered here, a senior official said on Thursday.

Eduardo Clark, general director of Mexico City's Digital Agency for Public Innovation, revealed such details after informing that Cuba's vaccine will be administered to 400,000 people next week.

This expert told reporters that it can be used as a universal booster shot (a single dose) and also in new vaccination schedules (three doses).

He added that Abdala will be administered in the new vaccination campaign after 400,000 doses arrived in this city, and said that the vaccine was approved by the Federal Committee for Protection from Sanitary Risks (COFEPRIS in Spanish) exactly a year ago.

He explained that it will be the first time that the Cuban-made vaccine will be administered in this city and the rest of the country, and revealed that there are four million doses.

All vaccines, including Abdala, have to be classified, not only antigens, but all medicines imported or produced in Mexico. All serious drugs are endorsed by COFEPRIS, he said.

Clark recalled that all the documentation about the Abdala vaccine was sent to COFEPRIS a year ago, so this is not something new.

Fuente: Prensa Latina. Disponible en <https://bit.ly/3Yy7vRq>



Qué es el virus del camello, la enfermedad que aterroriza a Francia y podría dejarla sin 5 jugadores para la final con Argentina

16 dic. Dos jugadores del equipo de Deschamps ya se perdieron la semifinal por el virus del MERS, cuya incidencia es alta en la zona de la Península Arábiga. Ahora, hay otros 3 afectados de cara a la gran final contra Argentina de este domingo.

Tras clasificarse para la final del Mundial de Qatar 2022 al derrotar a Marruecos por 2 a 0 en semis, un nuevo virus preocupa a la Selección de Francia a días del partido definitorio: se trata del "virus del camello", un tipo de afección respiratoria que ya dejó a dos jugadores de 'Les Bleus' afuera de las semifinales.

En el encuentro contra los africanos, Didier Deschamps no pudo contar tanto con el volante Adrien Rabiot como con el defensor Dayot Upamecano, ausentes tras confirmarse que padecían la enfermedad.

Ahora, este jueves se conoció que el delantero Kingsley Coman también parece haber contraído el virus, mientras que hoy mismo se informó la dupla de defensores centrales de los galos, Raphaël Varane y Ibrahima Konaté, también están afectados.

Así lo informó este viernes RMC sports, medio que indicó que Konaté no se siente bien y al parecer se quedaría afuera de la práctica de hoy, mientras que Varane se encuentra mejor y participaría del entrenamiento.

A raíz de esto, los cinco jugadores están en duda para la gran final contra Argentina este domingo a partir de las 12:00 horas. Según asegura el diario Sport, "el virus del camello", el coronavirus MERS-CoV, parece ser el culpable detrás de estas gripes que complican a 'Les Bleus'.

El entrenador francés, Didier Deschamps, se refirió al virus que afecta a los galos e intentó justificar las complicaciones con el descenso de las temperaturas sufrido en Qatar en los últimos días: "Las temperaturas han bajado. Hay aire acondicionado completo. Hay estados febriles".

Además señaló que están procurando tener "todos los cuidados posibles para que el virus no se propague al resto del plantel".

Además, sumó que debido a los "organismos tensos" y la "fatiga", los jugadores se encuentran debilitados: "A Dayot le sucedió justo después del partido contra Inglaterra, no es casualidad", ejemplificó.

"Nos adaptamos a la situación sin volvernos paranoicos. Tomamos nuestras precauciones con Dayot y Adrien", cerró al respecto. En este sentido, el medio francés Le Parisien informó que se le impuso a la prensa el uso de barbijo tras el cierre de la fase de grupos y los cuartos de final contra Inglaterra.

El virus del camello: ¿De qué se trata y dónde surgió?

El "virus del camello" es, en realidad, el causante del síndrome respiratorio de Medio Oriente, mejor conocido por sus siglas en inglés: MERS. Surgido en Arabia Saudita, se trata de un tipo de coronavirus que causó una epidemia entre el 2012 y el 2015 e incluso fue calificada por la Organización Mundial de la Salud (OMS) como una amenaza "con propensión a pandemia".



Por su parte, la CDC recomienda acercarse con aviso previo a un centro médico en caso de desarrollar síntomas compatibles con MERS "dentro de los 14 días posteriores a un viaje a países en, o cerca de, la Península Arábiga".

Este virus parece ser el que afecta a los galos a tan solo días de la final contra Argentina, la cual definirá si estos mantienen el título de campeones del mundo o no. Sin embargo, en busca de apaciguar las preocupaciones, el defensor y primer autor del gol contra Marruecos, Theo Hernández, se refirió a la afección de sus colegas: "Adri está enfermo, pero no es complicado. Espero que esté disponible para la final. ¿Preocuparse? No. Para nada", enfatizó.

El virus del camello: todos los síntomas del MERS-CoV

El MERS-CoV se caracteriza por su alta peligrosidad, pero baja transmisibilidad: la epidemia iniciada en 2012 en la Arabia Saudita rural infectó a más de 1000 individuos en 24 naciones distintas hasta el 2015 y mató a 400 de estas, por lo que la mortalidad se calcula en un tercio de los positivos.

Los síntomas más leves del MERS son:

- ◆ Fiebre
- ◆ Tos
- ◆ Dificultad para respirar
- ◆ Diarrea (inusual)
- ◆ Náuseas o vómitos (inusual)

Los síntomas más graves del MERS son:

- ◆ Neumonía
- ◆ Insuficiencia renal

"Alrededor de 3 o 4 de cada 10 personas reportadas con MERS han muerto", advierte la CDC, remarcando que "la mayoría de las personas que fallecieron tenían una condición médica preexistente que debilitó su sistema inmunológico o una condición médica subyacente que aún no se había descubierto".

Fuente: Cronista. Disponible en <https://bit.ly/3BK5I7v>



Síguenos en redes sociales



@vaccimonitor



@finlayediciones



@finlayediciones

VacciMonitor es una revista dedicada a la vacunología y temas afines como Inmunología, Adyuvantes, Infectología, Microbiología, Epidemiología, Validación, Aspectos regulatorios, entre otros. Arbitrada, de acceso abierto y bajo la Licencia *Creative Commons* está indexada en:



EBSCO
Information Services



DOAJ
DIRECTORY OF
OPEN ACCESS
JOURNALS



reDalyC.org



HINARI
Research in Health

latindex
Sistema Regional de Información en Línea para
Revistas Científicas de América Latina, el Caribe,
España y Portugal

SeCiMed

Artículos científicos publicados en Medline

Filters activated: Publication date from 2022/12/01 to 2022/12/11. "Covid-19 vaccine" (Title/Abstract) 304 records.

[Emerging COVID-19 variants and their impact on SARS-CoV-2 diagnosis, therapeutics and vaccines.](#)

Fernandes Q, Inchakalody VP, Merhi M, Mestiri S, Taib N, Moustafa Abo El-Ella D, Bedhiafi T, Raza A, Al-Zaidan L, Mohsen MO, Yousuf Al-Nesf MA, Hssain AA, Yassine HM, Bachmann MF, Uddin S, Dermime S. Ann Med. 2022 Dec;54(1):524-540. doi: 10.1080/07853890.2022.2031274. PMID: 35132910

[Omicron variant susceptibility to neutralizing antibodies induced in children by natural SARS-CoV-2 infection or COVID-19 vaccine.](#)

Chen LL, Chua GT, Lu L, Chan BP, Wong JS, Chow CC, Yu TC, Leung AS, Lam SY, Wong TW, Tsang HW, Wong IC, Chan KH, Yuen KY, Ip P, Kwan MY, To KK. Emerg Microbes Infect. 2022 Dec;11(1):543-547. doi: 10.1080/22221751.2022.2035195. PMID: 35084295

[COVID-19 vaccination in pregnancy and postpartum.](#)

Brillo E, Tosto V, Gerli S, Buonomo E. J Matern Fetal Neonatal Med. 2022 Dec;35(25):6727-6746. doi: 10.1080/14767058.2021.1920916. Epub 2021 May 16. PMID: 33998379

[Heterologous boosting with third dose of coronavirus disease recombinant subunit vaccine increases neutralizing antibodies and T cell immunity against different severe acute respiratory syndrome coronavirus 2 variants.](#)

Wang Z, Zhao Z, Cui T, Huang M, Liu S, Su X, Li G, Song T, Li W, Zhong N, Xu M, Yang X, Huang W. Emerg Microbes Infect. 2022 Dec;11(1):829-840. doi: 10.1080/22221751.2022.2048969. PMID: 35230230

[Detection of Messenger RNA COVID-19 Vaccines in Human Breast Milk.](#)

Hanna N, Heffes-Doon A, Lin X, Manzano De Mejia C, Botros B, Gurzenda E, Nayak A. JAMA Pediatr. 2022 Dec 1;176(12):1268-1270. doi: 10.1001/jamapediatrics.2022.3581. PMID: 36156636

[COVID-19: Vaccine-induced immune thrombotic thrombocytopenia.](#)

Danish FI, Rabani AE, Subhani FE, Yasmin S, Koul SS. Eur J Haematol. 2022 Dec;109(6):619-632. doi: 10.1111/ejh.13855. Epub 2022 Sep 30. PMID: 36030503

[A replication-competent smallpox vaccine LC16m8Δ-based COVID-19 vaccine.](#)

Sakamoto A, Osawa H, Hashimoto H, Mizuno T, Hasyim AA, Abe YI, Okahashi Y, Ogawa R, Iyori M, Shida H, Yoshida S. Emerg Microbes Infect. 2022 Dec;11(1):2359-2370. doi: 10.1080/22221751.2022.2122580. PMID: 36069348

[A Community-Based COVID-19 Vaccine Education Initiative.](#)

Edwards JG, Cheston CC, Kelly CA, Brewster RCL, Williams AR, Mell AJ. Pediatrics. 2022 Dec 1;150(6):e2022057374. doi: 10.1542/peds.2022-057374. PMID: 36349517

[COVID-19 vaccine Mandates: An Australian attitudinal study.](#)

Attwell K, Rizzi M, McKenzie L, Carlson SJ, Roberts L, Tomkinson S, Blyth CC. Vaccine. 2022 Dec 5;40(51):7360-7369. doi: 10.1016/j.vaccine.2021.11.056. Epub 2021 Nov 30. PMID: 34872796

[COVID-19 vaccination in pregnancy and postpartum.](#)

Brillo E, Tosto V, Gerli S, Buonomo E. J Matern Fetal Neonatal Med. 2022 Dec;35(25):7890-7910. doi: 10.1080/14767058.2021.1937991. Epub 2021 Jun 21. PMID: 34154501

[Comparing real-life effectiveness of various COVID-19 vaccine regimens during the delta variant-dominant pandemic: a test-negative case-control study.](#)

Sritipsukho P, Khawcharoenporn T, Siribumrungwong B, Damronglerd P, Suwantararat N, Satdhabudha A, Chaiyakulsil C, Sinlapamongkolkul P, Tangsathapornpong A, Bunjongmanee P, Nanthapaisal S, Tanprasertkul C, Sritipsukho N, Mingmalairak C, Apisanthanarak A, Tantiyavarong P. Emerg Microbes Infect. 2022 Dec;11(1):585-592. doi: 10.1080/22221751.2022.2037398. PMID: 35114893

[Hansen's disease and COVID-19 co-infection in Brazil.](#)

Repsold TAR, Collin SM, Bouth RC, Cerqueira SRPS, Brezinski MS, Peixoto RRGB, Fonseca AMFA, Peixoto MLDS, Rabelo Mendes S, Gomes CM, Salgado CG, Deps PD. Int J Dermatol. 2022 Dec;61(12):1506-1510. doi: 10.1111/ijd.16319. Epub 2022 Jul 1. PMID: 35775153

[Novavax COVID-19 Vaccine Booster Authorized.](#)

Larkin HD. JAMA. 2022 Dec 6;328(21):2101. doi: 10.1001/jama.2022.20028. PMID: 36472611

[Attitudes towards COVID-19 vaccination in patients with cancer: A cross-sectional study of 12 oncology centers.](#)

Lazar R, Oprean CM, Badau LM, Miron G, Draganescu L, Torok-Vistai T, Coroian I, Sabau D, Iliescu A, Tamas LA, Hosu S, Curca R, Gatej A, Hora A, Ungureanu A, Parvu D, Valean D, Usatiuc LO, Vidra R. Mol Clin Oncol. 2022 Nov 1;17(6):162. doi: 10.3892/mco.2022.2595. eCollection 2022 Dec. PMID: 36479255

[Social support and transplantation.](#)

Bruschwein H, Chen G, Yost J. Curr Opin Organ Transplant. 2022 Dec 1;27(6):508-513. doi: 10.1097/MOT.0000000000001022. Epub 2022 Sep 13. PMID: 36103142

[COVID-19 vaccine and pregnancy outcomes: A systematic review and meta-analysis.](#)

Carbone L, Trinchillo MG, Di Girolamo R, Raffone A, Saccone G, Iorio GG, Gabrielli O, Maruotti GM. Int J Gynaecol Obstet. 2022 Dec;159(3):651-661. doi: 10.1002/ijgo.14336. Epub 2022 Jul 29. PMID: 35810414

[A National Survey Assessing COVID-19 Vaccine Hesitancy Among Arab Americans.](#)

Abouhala S, Hamidaddin A, Taye M, Glass DJ, Zaniel N, Hammood F, Allouch F, Abuelezam NN. J Racial Ethn Health Disparities. 2022 Dec;9(6):2188-2196. doi: 10.1007/s40615-021-01158-6. Epub 2021 Oct 8. PMID: 34625919

[Characterizing Responses to COVID-19 Vaccine Promotion on TikTok.](#)

Southwick L, Francisco A, Bradley M, Klinger E, Chandra Guntuku S. Am J Health Promot. 2022 Dec 9:8901171221141974. doi: 10.1177/08901171221141974. Online ahead of print. PMID: 36494184

[The awareness and acceptance of anti-COVID 19 vaccination in adolescence.](#)

Cupertino V, Bozzola E, De Luca G, Del Giudice E, De Martino G, Cannataro P, Tozzi AE, Corsello G. Ital J Pediatr. 2022 Dec 9;48(1):194. doi: 10.1186/s13052-022-01390-8. PMID: 36494672

[Geographic Heterogeneity in Behavioral and Social Drivers of COVID-19 Vaccination.](#)

Masters NB, Zhou T, Meng L, Lu PJ, Kriss JL, Black C, Omari A, Boone K, Weiss D, Carter RJ, Brewer NT, Singleton JA. Am J Prev Med. 2022 Dec;63(6):883-893. doi: 10.1016/j.amepre.2022.06.016. Epub 2022 Jul 20. PMID: 36404022

[Massachusetts flu vaccination and application for COVID-19 routine vaccination planning.](#)

Hatch M, Klevens RM. Vaccine X. 2022 Oct 19;12:100229. doi: 10.1016/j.jvacx.2022.100229. eCollection 2022 Dec. PMID: 36276876

[Assessing barriers to access and equity for COVID-19 vaccination in the US.](#)

Kuehn M, LaMori J, DeMartino JK, Mesa-Frias M, Doran J, Korrapati L, Bhojwani R, Lefebvre P, Kirson N. BMC Public Health. 2022 Dec 3;22(1):2263. doi: 10.1186/s12889-022-14636-1. PMID: 36463172

[Three doses of an inactivation-based COVID-19 vaccine induces cross-neutralizing immunity against the SARS CoV-2 Omicron variant.](#)

Yu X, Qi X, Cao Y, Li P, Lu L, Wang P, Feng Y, Yang J, Wei H, Guo L, Sun M, Liu Q, Lv J, Feng Y. Emerg Microbes Infect. 2022 Dec;11(1):749-752. doi: 10.1080/22221751.2022.2044271. PMID: 35176972

[COVID-19 vaccination in Africa: A case of unsatisfied expectation and ill-preparedness.](#)

Ekwebelem OC, Tamasiga P, Tunde Aborode A, Yunusa I, Nwauzoma U, Onyeaka H. Vaccine X. 2022 Dec;12:100234. doi: 10.1016/j.jvacx.2022.100234. Epub 2022 Nov 9. PMID: 36407819

[A tandem-repeat dimeric RBD protein-based covid-19 vaccine zf2001 protects mice and nonhuman primates.](#)

An Y, Li S, Jin X, Han JB, Xu K, Xu S, Han Y, Liu C, Zheng T, Liu M, Yang M, Song TZ, Huang B, Zhao L, Wang W, A R, Cheng Y, Wu C, Huang E, Yang S, Wong G, Bi Y, Ke C, Tan W, Yan J, Zheng YT, Dai L, Gao GF. Emerg Microbes Infect. 2022 Dec;11(1):1058-1071. doi: 10.1080/22221751.2022.2056524. PMID: 35311493

[COVID-19 diplomacy: analysis of Serbia COVID-19 vaccine strategy in the western Balkans.](#)

Barovic A, Cardenas NC. J Public Health (Oxf). 2022 Dec 1;44(4):e604-e605. doi: 10.1093/pubmed/fdab306. PMID: 34536955

[Modeling the Impact of Nonpharmaceutical Interventions on COVID-19 Transmission in K-12 Schools.](#)

Zhang Y, Mayorga ME, Ivy J, Hassmiller Lich K, Swann JL. MDM Policy Pract. 2022 Dec 3;7(2):23814683221140866. doi: 10.1177/23814683221140866. eCollection 2022 Jul-Dec. PMID: 36479414

['Corona is coming': COVID-19 vaccination perspectives and experiences amongst Culturally and Linguistically Diverse West Australians.](#)

Carlson SJ, Edwards G, Blyth CC, Nattabi B, Attwell K. Health Expect. 2022 Dec;25(6):3062-3072. doi: 10.1111/hex.13613. Epub 2022 Oct 19. PMID: 36262050

[COVID-19 vaccination rates, intent, and hesitancy in patients with solid organ and blood cancers: A multicenter study.](#)

Nguyen M, Bain N, Grech L, Choi T, Harris S, Chau H, Freeman D, Kwok A, Williams J, McCartney A, Webber K, Day D, Segelov E. Asia Pac J Clin Oncol. 2022 Dec;18(6):570-577. doi: 10.1111/ajco.13754. Epub 2022 Jan 18. PMID: 35043559

[Myopericarditis After COVID-19 mRNA Vaccination Among Adolescents and Young Adults: A Systematic Review and Meta-analysis.](#)

Yasuhara J, Masuda K, Aikawa T, Shirasu T, Takagi H, Lee S, Kuno T. JAMA Pediatr. 2022 Dec 5. doi: 10.1001/jamapediatrics.2022.4768. Online ahead of print. PMID: 36469338

[Risk for uveitis relapse after COVID-19 vaccination.](#)

Zhong Z, Wu Q, Lai Y, Dai L, Gao Y, Liao W, Feng X, Yang P. J Autoimmun. 2022 Dec;133:102925. doi: 10.1016/j.jaut.2022.102925. Epub 2022 Oct 4. PMID: 36209692

[A qualitative study of COVID-19 vaccine decision making among urban Native Americans.](#)

Epperson AE, Carson SL, Garcia AN, Casillas A, Castellon-Lopez Y, Brown AF, Garrison NA. Vaccine X. 2022 Dec;12:100212. doi: 10.1016/j.jvacx.2022.100212. Epub 2022 Aug 30. PMID: 36059599

[Exploring vaccine hesitancy determinants during the COVID-19 pandemic: An in-depth interview study.](#)

Morales GI, Lee S, Bradford A, De Camp A, Tandoc EC Jr. SSM Qual Res Health. 2022 Dec;2:100045. doi: 10.1016/j.ssmqr.2022.100045. Epub 2022 Jan 29. PMID: 35128519

[The associations between COVID-19 vaccination and psychological disorders among healthcare workers in China.](#)

Guo F, Han R, Sun Y, Sun L, Luo T, Zheng L, Gao C. J Affect Disord. 2022 Dec 1;318:40-47. doi: 10.1016/j.jad.2022.08.080. Epub 2022 Aug 27. PMID: 36031006

[COVID-19 vaccine hesitancy in patients with mental illness: strategies to overcome barriers-a review.](#)

Payberah E, Payberah D, Sarangi A, Gude J. J Egypt Public Health Assoc. 2022 Jan 21;97:5. doi: 10.1186/s42506-022-00102-8. eCollection 2022 Dec. PMID: 35079435

[Vaccine hesitancy prospectively predicts nocebo side-effects following COVID-19 vaccination.](#)

Hoffman YSG, Levin Y, Palgi Y, Goodwin R, Ben-Ezra M, Greenblatt-Kimron L. Sci Rep. 2022 Dec 5;12(1):20018. doi: 10.1038/s41598-022-21434-7. PMID: 36470896

[COVID-19 vaccine short-term adverse events in the real-life family practice in Krakow, Poland.](#)

Oleszczyk M, Marciniak Z, Nessler K, Wójtowicz E, Szozda N, Kryj-Radziszewska E, Boroń M, Gajos K, Paziewski MP, Sajdak P, Windak A. Eur J Gen Pract. 2022 Dec 5:1-9. doi: 10.1080/13814788.2022.2147500. Online ahead of print. PMID: 36469611

[Trust is the common denominator for COVID-19 vaccine acceptance: A literature review.](#)

Adhikari B, Yeong Cheah P, von Seidlein L. Vaccine X. 2022 Dec;12:100213. doi: 10.1016/j.jvacx.2022.100213. Epub 2022 Sep 29. PMID: 36217424

[Maternal and neonatal safety of COVID-19 vaccination during peri-pregnancy period: a prospective study.](#)

Li M, Hao J, Jiang T, Deng W, Lu H, Wang S, Wan G, Xie Y, Yi W. J Med Virol. 2022 Dec 7. doi: 10.1002/jmv.28378. Online ahead of print. PMID: 36478410

[Examining COVID-19 vaccine attitude using SEM-Artificial Neural Networks approach: a case from Reddit community.](#)

Sun Y, Hamedani MF, Javidi G, Sheybani E, Hao F. Health Promot Int. 2022 Dec 1;37(6):daac157. doi: 10.1093/heapro/daac157. PMID: 36367427

[Evolving perceptions of COVID-19 vaccines among remote Alaskan communities.](#)

Hahn MB, Fried RL, Cochran P, Eichelberger LP. Int J Circumpolar Health. 2022 Dec;81(1):2021684. doi: 10.1080/22423982.2021.2021684. PMID: 35057696

[Side effects of COVID-19 vaccines and perceptions about COVID-19 and its vaccines in Bangladesh: A Cross-sectional study.](#)

Mohsin M, Mahmud S, Uddin Mian A, Hasan P, Muyeed A, Taif Ali M, Faysal Ahmed F, Islam A, Maliha Rahman M, Islam M, Rahaman Khan MH, Shafiqur Rahman M. Vaccine X. 2022 Dec;12:100207. doi: 10.1016/j.jvacx.2022.100207. Epub 2022 Aug 22. PMID: 36032698

[Receptiveness of American adults to COVID-19 vaccine boosters: A survey analysis.](#)

Neely SR, Scacco JM. PEC Innov. 2022 Dec;1:100019. doi: 10.1016/j.pecinn.2022.100019. Epub 2022 Jan 26. PMID: 35360835

[Investigating thyroid dysfunction in the context of COVID-19 infection.](#)

Mehta A, Andrew Awuah W, Yarlagadda R, Kalmanovich J, Huang H, Kundu M, Nansubuga EP, Lopes L, Ghosh B, Hasan MM. Ann Med Surg (Lond). 2022 Dec;84:104806. doi: 10.1016/j.amsu.2022.104806. Epub 2022 Oct 31. PMID: 36339111

[COVID-19 vaccination and race - A nationwide survey of vaccination status, intentions, and trust in the US general population.](#)

Brown C, Morlock A, Blakolmer K, Heidari E, Morlock R. J Manag Care Spec Pharm. 2022 Dec;28(12):1429-1438. doi: 10.18553/jmcp.2022.28.12.1429. PMID: 36427337

[Factors associated with COVID-19 vaccine intention in Benin in 2021: A cross-sectional study.](#)

Avahoundje EM, Dossou JP, Vigan A, Gaye I, Agossou C, Boyi C, Bello K, Mikponhoue J, Ba MF, Faye A, Ridde V. Vaccine X. 2022 Dec;12:100237. doi: 10.1016/j.jvacx.2022.100237. Epub 2022 Nov 3. PMID: 36348760

[Mixed formulation of mRNA and protein-based COVID-19 vaccines triggered superior neutralizing antibody responses.](#)

Zhang J, He Q, Yan X, Liu J, Bai Y, An C, Cui B, Gao F, Mao Q, Wang J, Xu M, Liang Z. MedComm (2020). 2022 Dec 2;3(4):e188. doi: 10.1002/mco2.188. eCollection 2022 Dec. PMID: 36474858

[Possible predictors of Covid-19 vaccine hesitancy in the psychiatric population - A scoping review.](#)

Farcas A, Christi P, Fagen J, Iftene F. Psychiatry Res Commun. 2022 Dec;2(4):100075. doi: 10.1016/j.psycom.2022.100075. Epub 2022 Sep 13. PMID: 36118596

[COVID-19 vaccination acceptability and experiences among people who inject drugs in San Diego County.](#)

Valasek CJ, Streuli SA, Pines HA, Mittal ML, Strathdee SA, Vera CF, Harvey-Vera A, Bazzi AR. Prev Med Rep. 2022 Sep 19;30:101989. doi: 10.1016/j.pmedr.2022.101989. eCollection 2022 Dec. PMID: 36148319

[From Vaccines to Vitality: The Progression of a Community-Academic Collaboration.](#)

Krakora M, Townsend T, Castillo Smyntek XA, Sickler L, Henry C, Hardeman C, Savage Friedman F, Sidani JE, Amodei J, Ruiz M, Rosen D, Ho K, Patterson K, Massart M, Miller E, Tharp-Gilliam S, Ragavan MI. Health Promot Pract. 2022 Dec 8:15248399221137271. doi: 10.1177/15248399221137271. Online ahead of print. PMID: 36482669

[Attitude and level of COVID-19 vaccination and its determinants among patients with chronic disease visiting Debre Tabor Comprehensive Specialized Hospital, Northwest Ethiopia: A cross-sectional study.](#)

Dagne Baye N, Agegnehu Teshome A, Agimas Ayenew A, Tilahun Mulu A, Chekol Abebe E, Tilahun Muche Z. PLoS One. 2022 Dec 9;17(12):e0278914. doi: 10.1371/journal.pone.0278914. eCollection 2022. PMID: 36490271

[Genetic risk and incident venous thromboembolism in middle-aged and older adults following COVID-19 vaccination.](#)

Xie J, Prats-Urbe A, Gordillo-Marañón M, Strauss VY, Gill D, Prieto-Alhambra D. J Thromb Haemost. 2022 Dec;20(12):2887-2895. doi: 10.1111/jth.15879. Epub 2022 Oct 5. PMID: 36111372

[COVID-19 vaccine controversy: A cross-sectional analysis of factors associated with COVID-19 vaccine acceptance amongst emergency department patients in New York City.](#)

Guzman CP, Aron J, Egbebike J, Greene MC, Reisig C, DeFilippo M, Bollman EB, Stefan BR, Chang BP, Wagh A, Firew T. J Am Coll Emerg Physicians Open. 2022 Nov 17;3(6):e12830. doi: 10.1002/emp2.12830. eCollection 2022 Dec. PMID: 36408353

[COVID-19 vaccine roll-out at the community level in developing countries: Lessons learnt from Cross River State, Nigeria.](#)

Emeka C, Edu B, Ekpenyong J, Getachew B, Chabo J, Abdurhaman UP, Ntui NB, Chukwu E, Ekpenyong N. Public Health Pract (Oxf). 2022 Dec;4:100273. doi: 10.1016/j.puhip.2022.100273. Epub 2022 May 21. PMID: 35614950

[Perceived medical care quality during COVID-19 illness links socioeconomic disadvantage to vaccine hesitancy.](#)

Kjos N, Hendrix CL, Thomason ME. Prev Med Rep. 2022 Dec;30:102020. doi: 10.1016/j.pmedr.2022.102020. Epub 2022 Oct 11. PMID: 36245805

[A comparison between SARS-CoV-1 and SARS-CoV2: an update on current COVID-19 vaccines.](#)

Abdolmaleki G, Taheri MA, Paridehpour S, Mohammadi NM, Tabatabaei YA, Mousavi T, Amin M. Daru. 2022 Dec;30(2):379-406. doi: 10.1007/s40199-022-00446-8. Epub 2022 Sep 2. PMID: 36050585

[Parents' Acceptance of COVID-19 Compared to Human Papillomavirus Vaccines.](#)

Footman A, Kanney N, Niccolai LM, Zimet GD, Overton ET, Davies SL, Van Der Pol B. J Adolesc Health. 2022 Dec;71(6):673-678. doi: 10.1016/j.jadohealth.2022.07.015. Epub 2022 Oct 5. PMID: 36208985

[Post COVID-19 vaccination: AusVaxSafety survey participation and adverse events - a community-based regional Queensland study.](#)

Hamilton E, Oversby S, Kitchener S, Ratsch A. Aust N Z J Public Health. 2022 Dec;46(6):738-744. doi: 10.1111/1753-6405.13300. Epub 2022 Oct 3. PMID: 36190203

[The impact of maternal SARS-CoV-2 infection and COVID-19 vaccination on maternal-fetal outcomes.](#)

Piekos SN, Price ND, Hood L, Hadlock JJ. *Reprod Toxicol.* 2022 Dec;114:33-43. doi: 10.1016/j.reprotox.2022.10.003. Epub 2022 Oct 22. PMID: 36283657

[COVID-19 Outbreaks Linked to Workplaces, 23 US Jurisdictions, August-October 2021.](#)

Luckhaupt SE, Horter L, Groenewold MR, de Perio MA, Robbins CL, Sweeney MH, Thomas I, Valencia D, Ingram A, Heinzerling A, Nguyen A, Townsend EB, Weber RC, Reichbind D, Dishman H, Kerins JL, Lendacki FR, Austin C, Dixon L, Spillman B, Simonson S, Tonzel J, Krueger A, Duwell M, Bachaus B, Rust B, Barrett C, Morrison B, Owers Bonner KA, Karlsson ND, Angelon-Gaetz K, McClure ES, Kline KE, Dangar D, Reed C, Karpowicz J, Anderson SM, Cantor S, Chaudhary I, Ellis EM, Taylor ML, Sedon A, Kocharian A, Morris C, Samson ME, Mangla AT. *Public Health Rep.* 2022 Dec 8:333549221138294. doi: 10.1177/00333549221138294. Online ahead of print. PMID: 36482712

[Trends and factors associated with change in COVID-19 vaccination intent among residents and staff in six Seattle homeless shelters, March 2020 to August 2021.](#)

Cox SN, Rogers JH, Thuo NB, Meehan A, Link AC, Lo NK, Manns BJ, Chow EJ, Al Achkar M, Hughes JP, Rolfes MA, Mosites E, Chu HY. *Vaccine X.* 2022 Dec;12:100232. doi: 10.1016/j.jvax.2022.100232. Epub 2022 Oct 19. PMID: 36276877

[The disparate impact of age-based COVID-19 vaccine prioritization by race/ethnicity in Denver, Colorado.](#)

Aiona K, Bacon E, Podewils LJ, Haas MK. *Health Policy Open.* 2022 Dec;3:100074. doi: 10.1016/j.hpopen.2022.100074. Epub 2022 Jul 22. PMID: 35892113

[How to avoid fake COVID-19 vaccine passports as a travel requirement?](#)

Rocha ICN. *J Public Health (Oxf).* 2022 Dec 1;44(4):e608-e609. doi: 10.1093/pubmed/fdab308. PMID: 34308966

[Anaphylaxis After the Covid-19 Vaccine in a Patient With Cholinergic Urticaria.](#)

Park HJ, Montgomery JR, Boggs NA. *Mil Med.* 2022 Dec 5;187(9):e1556-e1558. doi: 10.1093/milmed/usab138. PMID: 33851711

[Vaccine provider views on the impact of COVID-19 on immunisation in general practice: a qualitative study.](#)

Morgan T, Mahimbo A, Harris M, Heywood A. *Aust J Prim Health.* 2022 Dec;28(6):535-541. doi: 10.1071/PY22003. PMID: 35934671

[Isolated abducens nerve palsy following Covid-19 vaccine.](#)

Khalili MR, Jamali H, Sadati MH, Jahanbani-Ardakani HR. *J Fr Ophtalmol.* 2022 Dec;45(10):e461-e463. doi: 10.1016/j.jfo.2022.04.003. Epub 2022 May 17. PMID: 36244866

[Reminders of existing vaccine mandates increase support for a COVID-19 vaccine mandate: Evidence from a survey experiment.](#)

Viskupič F, Wiltse DL, Badahdah A. *Vaccine.* 2022 Dec 5;40(51):7483-7487. doi: 10.1016/j.vaccine.2022.08.014. Epub 2022 Aug 15. PMID: 35985888

[Psychiatric symptoms before and after COVID-19 vaccination: A cohort study of hospitalized schizophrenia patients.](#)

Jia F, Dong C, Guo H, Liu X, Zheng X, Wang L, Fu Y. Asian J Psychiatr. 2022 Dec;78:103319. doi: 10.1016/j.ajp.2022.103319. Epub 2022 Nov 11. PMID: 36375241

[Drivers of COVID-19 vaccine hesitancy among women of childbearing age in Victoria, Australia: A descriptive qualitative study.](#)

Oliver J, Kaufman J, Bagot K, Bradfield Z, Homer C, Gibney KB, Danchin M. Vaccine X. 2022 Nov 21;12:100240. doi: 10.1016/j.jvacx.2022.100240. eCollection 2022 Dec. PMID: 36438015

[Employer requirements and COVID-19 vaccination and attitudes among healthcare personnel in the U.S.: Findings from National Immunization Survey Adult COVID Module, August - September 2021.](#)

Lee JT, Sean Hu S, Zhou T, Bonner KE, Kriss JL, Wilhelm E, Carter RJ, Holmes C, de Perio MA, Lu PJ, Nguyen KH, Brewer NT, Singleton JA. Vaccine. 2022 Dec 5;40(51):7476-7482. doi: 10.1016/j.vaccine.2022.06.069. Epub 2022 Jun 27. PMID: 35941037

[Parental attitudes towards vaccination against COVID-19 of children 5-11 years old in Greece.](#)

Miliordos K, Giannouchos T, Steletou E, Sanidas G, Karkania A, Vervenioti A, Dimitriou G, Gkentzi D. J Eval Clin Pract. 2022 Dec;28(6):943-947. doi: 10.1111/jep.13701. Epub 2022 May 23. PMID: 35599609

[Perception and willingness to accept COVID-19 Vaccines: A cross-sectional survey of the general population of Sokoto State, Nigeria.](#)

Oche OM, Adamu H, Yahaya M, Illo HG, Danmadami AM, Ijapa A, Wali AM, Yusuf H, Muhammad H, Aji A. PLoS One. 2022 Dec 1;17(12):e0278332. doi: 10.1371/journal.pone.0278332. eCollection 2022. PMID: 36454892

[Vertigo/dizziness following COVID-19 vaccination.](#)

Yan HY, Young YH. Am J Otolaryngol. 2022 Dec 5;44(2):103723. doi: 10.1016/j.amjoto.2022.103723. Online ahead of print. PMID: 36502671

[NVX-Cov2373 Novavax Covid-19 vaccine: A further analysis of its efficacy using multiple modes of expression.](#)

Montastruc JL, Biron P, Sommet A. Fundam Clin Pharmacol. 2022 Dec;36(6):1125-1127. doi: 10.1111/fcp.12794. Epub 2022 May 7. PMID: 35502459

[Short report: Vaccine attitudes in the age of COVID-19 for a population of children with mitochondrial disease.](#)

Gordon-Lipkin E, Marcum CS, Kruk S, Thompson E, Yeske P, Martin L, McGuire PJ. Res Dev Disabil. 2022 Dec;131:104346. doi: 10.1016/j.ridd.2022.104346. Epub 2022 Sep 26. PMID: 36201931

[Exploring key informants' perceptions of Covid-19 vaccine hesitancy in a disadvantaged urban community in Ireland: Emergence of a '4Cs' model.](#)

Ingram C, Roe M, Downey V, Phipps L, Perrotta C. Vaccine. 2022 Dec 2:S0264-410X(22)01496-7. doi: 10.1016/j.vaccine.2022.11.072. Online ahead of print. PMID: 36496286

[Impact of COVID-19 vaccinations on emergency department presentations.](#)

Brichko L, Van Breugel L, Underhill A, Tran H, Mitra B, Cameron PA, Smit V, Giles ML, McCreary D, Paton A, O'Reilly GM. Emerg Med Australas. 2022 Dec;34(6):913-919. doi: 10.1111/1742-6723.14012. Epub 2022 Jun 24. PMID: 35475322

[Humoral and cellular immunity of two-dose inactivated COVID-19 vaccination in Chinese children: a prospective cohort study.](#)

Wang H, Gan M, Wu B, Zeng R, Wang Z, Xu J, Li J, Zhang Y, Cao J, Chen L, Di D, Peng S, Lei J, Zhao Y, Song X, Yuan T, Zhou T, Liu Q, Yi J, Wang X, Cai H, Lei Y, Wen Y, Li W, Chen Q, Wang Y, Long P, Yuan Y, Wang C, Pan A, Wang Q, Gong R, Fan X, Wu T, Liu L. J Med Virol. 2022 Dec 7. doi: 10.1002/jmv.28380. Online ahead of print. PMID: 36478357

[Is it still suitable to depend on AstraZeneca for COVID-19 vaccine donations to developing countries?](#)

Makram AM, Phu Tran V, Elsheikh R, Hau NTH, Abd Gani SM, Huy NT. Curr Med Res Opin. 2022 Dec;38(12):2127-2130. doi: 10.1080/03007995.2022.2129233. Epub 2022 Oct 13. PMID: 36164756

[Discriminatory Attitudes Against the Unvaccinated During a Global Pandemic.](#)

Bor A, Jørgensen F, Petersen MB. Nature. 2022 Dec 8. doi: 10.1038/s41586-022-05607-y. Online ahead of print. PMID: 36482134

[Answers to common questions about COVID-19 vaccines in children with cancer.](#)

Caniza MA, Homsy MR, Bate J, Adrizain R, Ahmed T, Alexander S, Bhattacharyya A, Copado-Gutierrez JL, Gutierrez I, Lim YY, Morrissey L, Naidu G, Paintsil V, Radhakrishnan N, Mukkada S, Phillips R, Alexander KA, Pritchard-Jones K. Pediatr Blood Cancer. 2022 Dec;69(12):e29985. doi: 10.1002/pbc.29985. Epub 2022 Sep 16. PMID: 36114651

[The journey of a lifetime - development of Pfizer's COVID-19 vaccine.](#)

Thorn CR, Sharma D, Combs R, Bhujbal S, Romine J, Zheng X, Sunasara K, Badkar A. Curr Opin Biotechnol. 2022 Dec;78:102803. doi: 10.1016/j.copbio.2022.102803. Epub 2022 Sep 1. PMID: 36162187

[Acceptability of COVID-19 vaccines among Black immigrants living in the United States.](#)

Ogunbajo A, Ojikutu BO. Vaccine X. 2022 Dec;12:100196. doi: 10.1016/j.jvacx.2022.100196. Epub 2022 Aug 6. PMID: 35959359

[COVID-19 vaccine acceptance among pregnant women attending antenatal care in public hospitals in eastern Ethiopia: A multi-center facility-based cross-sectional study.](#)

Getachew T, Balis B, Eyeberu A, Debella A, Nigussie S, Habte S, Eshetu B, Bekele H, Alemu A, Dessie Y. Public Health Pract (Oxf). 2022 Nov 8;4:100338. doi: 10.1016/j.puhip.2022.100338. eCollection 2022 Dec. PMID: 36381560

[COVID-19 vaccine acceptability, and uptake among people living with HIV in Uganda.](#)

Muhindo R, Okoboi S, Kiragga A, King R, Arinaitwe WJ, Castelnuovo B. PLoS One. 2022 Dec 2;17(12):e0278692. doi: 10.1371/journal.pone.0278692. eCollection 2022. PMID: 36459514

[Rates of Asymptomatic COVID-19 Infection and Associated Factors in Olmsted County, Minnesota, in the Pre-vaccination Era.](#)

Vachon CM, Norman AD, Prasad K, Jensen D, Schaeferle GM, Vierling KL, Sherden M, Majerus MR, Bews KA, Heinzen EP, Hebl A, Yost KJ, Kennedy RB, Theel ES, Ghosh A, Fries M, Wi CI, Juhn YJ, Sampathkumar P, Morice WG 2nd, Rocca WA, Tande AJ, Cerhan JR, Limper AH, Ting HH, Farrugia G, Carter RE, Finney Rutten LJ, Jacobson RM, St Sauver J. Mayo Clin Proc Innov Qual Outcomes. 2022 Dec;6(6):605-617. doi: 10.1016/j.mayocpiqo.2022.10.001. Epub 2022 Oct 18. PMID: 36277251

[Individual and Work-Related Characteristics Associated with COVID-19 Vaccination Status among Ohio Nurses.](#)

Jun J, Tubbs Cooley H, O'Mathúna DP, Kim M, Pignatiello G, Fitzpatrick JJ, Tucker S. Policy Polit Nurs Pract. 2022 Dec 8;15271544221141060. doi: 10.1177/15271544221141060. Online ahead of print. PMID: 36482714

[Psychological and quality of life effects of vaccination against COVID-19 in patients with systemic autoimmune diseases.](#)

Montero-López E, Peralta-Ramírez MI, Ortego-Centeno N, Callejas-Rubio JL, Ríos-Fernández R, Santos-Ruiz A. Lupus. 2022 Dec;31(14):1808-1815. doi: 10.1177/09612033221134203. Epub 2022 Nov 10. PMID: 36355914

[CoronaVac, BNT162b2 and heterologous COVID-19 vaccine outcomes in patients with ventricular assist device.](#)

Karahan M, Kervan U, Kocabeyoglu SS, Sert DE, Tekce YT, Yavuz OA, Kucuker SA, Ozatik MA, Catav Z, Sener E. Int J Artif Organs. 2022 Dec 9;3913988221141719. doi: 10.1177/03913988221141719. Online ahead of print. PMID: 36495032

[COVID-19 site readiness initiative: Building clinical trial capacity for vaccine efficacy trials in Latin America in response to the pandemic.](#)

Ann Costa Clemens S, Keiko Sekine A, Tovar-Moll F, Clemens R. Vaccine X. 2022 Nov 8;12:100238. doi: 10.1016/j.jvacx.2022.100238. eCollection 2022 Dec. PMID: 36407818

[Public attitudes about equitable COVID-19 vaccine allocation: a randomised experiment of race-based versus novel place-based frames.](#)

Schmidt H, Shaikh SJ, Sadecki E, Bутtenheim A, Gollust S. J Med Ethics. 2022 Dec;48(12):993-999. doi: 10.1136/jme-2022-108194. Epub 2022 Aug 4. PMID: 35927020

[COVID-19 Vaccinations in Pregnancy: Comparative Evaluation of Acute Side Effects and Self-Reported Impact on Quality of Life between Pregnant and Nonpregnant Women in the United States.](#)

Brinkley E, Mack CD, Albert L, Knuth K, Reynolds MW, Toovey S, Dreyer NA. Am J Perinatol. 2022 Dec;39(16):1750-1753. doi: 10.1055/s-0042-1748158. Epub 2022 May 6. PMID: 35523212

[Safety and immunogenicity of mRNA COVID-19 vaccine in inpatients with muscular dystrophy.](#)

Saito T, Saito T, Hashimoto H, Ogata K, Kobayashi M, Takada H, Kuru S, Kimura T, Nakamura A, Matsumura T. Muscle Nerve. 2022 Dec 7. doi: 10.1002/mus.27761. Online ahead of print. PMID: 36478587

[Coronavirus disease 2019 vaccination-related pericarditis: a single tertiary-center experience.](#)

Collini V, Imazio M, De Biasio M, Sinagra G. J Cardiovasc Med (Hagerstown). 2022 Dec 1;23(12):779-783. doi: 10.2459/JCM.0000000000001365. Epub 2022 Aug 31. PMID: 36166325

[Reactance and perceived disease severity as determinants of COVID-19 vaccination intention: an application of the theory of planned behavior.](#)

Drażkowski D, Trepanowski R. Psychol Health Med. 2022 Dec;27(10):2171-2178. doi: 10.1080/13548506.2021.2014060. Epub 2021 Dec 7. PMID: 34875946

[Low COVID-19 Vaccine Coverage and Guardian Acceptance Among Pediatric Transplant Recipients.](#)

Zheng Z, Lu Y, Wang M, Luo Y, Wan P, Zhou T, Feng M, Zhu J, Wu J, Ji H, Song Y, Zhang T, Zhu Y, Cao Q, Chen J, Xia Q, Xue F. J Med Virol. 2022 Dec 7. doi: 10.1002/jmv.28377. Online ahead of print. PMID: 36478241

[COVID-19 vaccine and post-pandemic recovery: Evidence from Bitcoin cross-asset implied volatility spillover.](#)

Di M, Xu K. Financ Res Lett. 2022 Dec;50:103289. doi: 10.1016/j.frl.2022.103289. Epub 2022 Aug 29. PMID: 36061103

[Trends in adolescent COVID-19 vaccination receipt and parental intent to vaccinate their adolescent children, United States, July to October, 2021.](#)

Nguyen KH, Nguyen K, Geddes M, Allen JD, Corlin L. Ann Med. 2022 Dec;54(1):733-742. doi: 10.1080/07853890.2022.2045034. PMID: 35238263

[Characterizing intentions to receive the COVID-19 vaccine among the general population in British Columbia based on their future intentions towards the seasonal influenza vaccine.](#)

Sharma B, Racey CS, Booth A, Albert A, Smith LW, Gottschlich A, Goldfarb DM, Murray MCM, Galea LAM, Kaida A, Brotto LA, Sadarangani M, Ogilvie GS. Vaccine X. 2022 Dec;12:100208. doi: 10.1016/j.jvacx.2022.100208. Epub 2022 Aug 18. PMID: 35996447

["None of it was especially easy": improving COVID-19 vaccine equity for people with disabilities.](#)

Sebring JCH, Capurro G, Kelly C, Jardine CG, Tustin J, Driedger SM. Can J Public Health. 2022 Dec;113(6):887-897. doi: 10.17269/s41997-022-00621-z. Epub 2022 Apr 13. PMID: 35419700

[Decision-making on COVID-19 vaccination: A qualitative study among health care and social workers caring for vulnerable individuals.](#)

Fadda M, Bezani K, Amati R, Fiordelli M, Crivelli L, Albanese E, Suggs LS, Caiata-Zufferey M. SSM Qual Res Health. 2022 Dec;2:100181. doi: 10.1016/j.ssmqr.2022.100181. Epub 2022 Oct 14. PMID: 36267682

[A Review of Virus-Like Particle-Based SARS-CoV-2 Vaccines in Clinical Trial Phases.](#)

Sharifzadeh M, Mottaghi-Dastjerdi N, Soltany Rezae Raad M. Iran J Pharm Res. 2022 May 9;21(1):e127042. doi: 10.5812/ijpr-127042. eCollection 2022 Dec. PMID: 35873011

[Factors influencing estimated effectiveness of COVID-19 vaccines in non-randomised studies.](#)

Ioannidis JPA. BMJ Evid Based Med. 2022 Dec;27(6):324-329. doi: 10.1136/bmjebm-2021-111901. Epub 2022 Mar 25. PMID: 35338091

[Global reports of takotsubo \(stress\) cardiomyopathy following COVID-19 vaccination: A systematic review and meta-analysis.](#)

Khalid Ahmed S, Gamal Mohamed M, Abdulrahman Essa R, Abdelaziz Ahmed Rashad Dabou E, Omar Abdulqadir S, Muhammad Omar R. Int J Cardiol Heart Vasc. 2022 Dec;43:101108. doi: 10.1016/j.ijcha.2022.101108. Epub 2022 Aug 17. PMID: 35992364

[Examination of individuals' depression, anxiety, and stress levels during the COVID-19 pandemic in Turkey.](#)

Erdoğan S, Can AA, Abiç A, Yılmaz DV. Arch Psychiatr Nurs. 2022 Dec;41:96-102. doi: 10.1016/j.apnu.2022.07.021. Epub 2022 Jul 23. PMID: 36428081

[Surveillance of COVID-19 vaccine safety among elderly persons aged 65 years and older.](#)

Wong HL, Tworkoski E, Ke Zhou C, Hu M, Thompson D, Lufkin B, Do R, Feinberg L, Chillarige Y, Dimova R, Lloyd PC, MaCurdy T, Forshee RA, Kelman JA, Shoaibi A, Anderson SA. Vaccine. 2022 Dec 1:S0264-410X(22)01493-1. doi: 10.1016/j.vaccine.2022.11.069. Online ahead of print. PMID: 36496287

[A case-case study on the effect of primary and booster immunization with China-produced COVID-19 vaccines on prevention of pneumonia and viral load among vaccinated persons infected by Delta and Omicron variants.](#)

Wu D, Ye Y, Tang L, Wang AB, Zhang R, Qian ZH, Wang FZ, Zheng H, Huang C, Lv XY, Wang HF, Zhang YY, Pan JJ, Li YF, Lu MX, Wang CS, Ma YT, An ZJ, Rodewald LE, Yin ZD, Wang XY, Wu ZY, Shao YM. Emerg Microbes Infect. 2022 Dec;11(1):1950-1958. doi: 10.1080/22221751.2022.2103455. PMID: 35850623

["I'm scared that if I have the vaccine, it's going to make my lung condition worse, not better." COVID-19 vaccine acceptance in adults with underlying health conditions - A qualitative investigation.](#)

Steffens MS, Bullivant B, King C, Bolsewicz K. Vaccine X. 2022 Dec;12:100243. doi: 10.1016/j.jvacx.2022.100243. Epub 2022 Nov 24. PMID: 36447620

[Serology results after COVID vaccine in multiple sclerosis patients treated with fingolimod.](#)

Ciccone A, Mathey G, Prunis C, Debouverie M. Rev Neurol (Paris). 2022 Dec 7:S0035-3787(22)00824-4. doi: 10.1016/j.neurol.2022.11.003. Online ahead of print. PMID: 36496270

[COVID-19 vaccine hesitancy and acceptance among pregnant people contacting a teratogen information service.](#)

Perrotta K, Messer A, Alvarado S, Gaudette M, Tran C, Bandoli G. J Genet Couns. 2022 Dec;31(6):1341-1348. doi: 10.1002/jgc4.1608. Epub 2022 Jun 28. PMID: 35763777

[Designing a sustainable reverse supply chain network for COVID-19 vaccine waste under uncertainty.](#)

Amani Bani E, Fallahi A, Varmazyar M, Fathi M. Comput Ind Eng. 2022 Dec;174:108808. doi: 10.1016/j.cie.2022.108808. Epub 2022 Nov 11. PMID: 36405560

[The Third dose of CoronVac vaccination induces broad and potent adaptive immune responses that recognize SARS-CoV-2 Delta and Omicron variants.](#)

Chen Y, Chen L, Yin S, Tao Y, Zhu L, Tong X, Mao M, Li M, Wan Y, Ni J, Ji X, Dong X, Li J, Huang R, Shen Y, Shen H, Bao C, Wu C. Emerg Microbes Infect. 2022 Dec;11(1):1524-1536. doi: 10.1080/22221751.2022.2081614. PMID: 35608053

[The attitudes of healthcare professionals in Turkey toward the coronavirus vaccine.](#)

Azizoğlu F, Terzi B, Topçu Tarakçı N. Int Nurs Rev. 2022 Dec;69(4):566-574. doi: 10.1111/inr.12762. Epub 2022 Jun 2. PMID: 35654047

[Young adult preference analysis on the attributes of COVID-19 vaccine in the Philippines: A conjoint analysis approach.](#)

Ong AKS, Prasetyo YT, Lagura FC, Ramos RN, Salazar JML, Sigua KM, Villas JA, Chuenyindee T, Nadlifatin R, Persada SF, Thana K. Public Health Pract (Oxf). 2022 Dec;4:100300. doi: 10.1016/j.puhip.2022.100300. Epub 2022 Jul 19. PMID: 35874794

[Waning Effectiveness of the BNT162b2 Vaccine Against Infection in Adolescents in Israel.](#)

Prunas O, Weinberger DM, Pitzer VE, Gazit S, Patalon T. Clin Infect Dis. 2022 Dec 9:ciac315. doi: 10.1093/cid/ciac315. Online ahead of print. PMID: 36484301

[Postdischarge outcomes of COVID-19 patients from South Asia: a prospective study.](#)

Abey Suriya V, Seneviratne SL, De Silva AP, Mowjood R, Mowjood S, de Silva T, de Mel P, de Mel C, Wijesinha RS, Fernando A, de Mel S, Chandrasena L. Trans R Soc Trop Med Hyg. 2022 Dec 2;116(12):1129-1137. doi: 10.1093/trstmh/trac039. PMID: 35483750

[COVID-19 vaccine-induced lymphadenopathies: incidence, course and imaging features from an ultrasound prospective study.](#)

Romeo V, Stanzione A, D'Auria D, Fulgione L, Giusto F, Maurea S, Brunetti A. J Ultrasound. 2022 Dec;25(4):965-971. doi: 10.1007/s40477-022-00674-3. Epub 2022 May 4. PMID: 35507248

[Post COVID-19 vaccination side effects and associated factors among vaccinated health care providers in Oromia region, Ethiopia in 2021.](#)

Segni MT, Demissie HF, Adem MK, Geleto AK, Kelkile MW, Sori BK, Heyi ML, Iticha DG, Bejiga GS, Guddisa AB, Sima YA, Amente LT, Bayisa DA, Hurisa MB, Jiru TK. PLoS One. 2022 Dec 8;17(12):e0278334. doi: 10.1371/journal.pone.0278334. eCollection 2022. PMID: 36480564

[Medical mistrust, discrimination, and COVID-19 vaccine behaviors among a national sample U.S. adults.](#)

Allen JD, Fu Q, Shrestha S, Nguyen KH, Stopka TJ, Cuevas A, Corlin L. SSM Popul Health. 2022 Nov 12;20:101278. doi: 10.1016/j.ssmph.2022.101278. eCollection 2022 Dec. PMID: 36407121

[Comparison of health-oriented cross-regional allocation strategies for the COVID-19 vaccine: a mathematical modelling study.](#)

Yang T, Deng W, Liu Y, Deng J. Ann Med. 2022 Dec;54(1):941-952. doi: 10.1080/07853890.2022.2060522. PMID: 35393922

[Acceptance of COVID-19 vaccine among healthcare workers in Africa, systematic review and meta-analysis.](#)

Figa Z, Temesgen T, Zemeskel AG, Ganta M, Alemu A, Abebe M, Ashuro Z. Public Health Pract (Oxf). 2022 Nov 23;4:100343. doi: 10.1016/j.puhip.2022.100343. eCollection 2022 Dec. PMID: 36438628

[Factors associated with COVID-19 vaccination for patients in an inpatient forensic psychiatric hospital.](#)

McCulley LN, Lang SE, Kriz CR, Iuppa CA, Nelson LA, Gramlich NA, Elliott ESR, Sommi RW. Int J Psychiatry Med. 2022 Dec 5:912174221144128. doi: 10.1177/00912174221144128. Online ahead of print. PMID: 36470704

[Addressing the Challenges of Vaccine Hesitancy Broadly and Related to COVID-19 Vaccines.](#)

Brown MT, Benson CA. Top Antivir Med. 2022 Dec-Jan;29(5):430-439. PMID: 35191659

[Understanding and Addressing COVID-19 Vaccine Hesitancy Among Healthcare Providers in Bexar County, Texas.](#)

Krishnakumar HN, Shah JH, Rivas LS, Rosenfeld JA, Denton CG, Stone M, Kurian A, Berggren RE. AJPM Focus. 2022 Dec;1(2):100022. doi: 10.1016/j.focus.2022.100022. Epub 2022 Aug 10. PMID: 36457953

[An online community peer support intervention to promote COVID-19 vaccine information among essential workers: a randomized trial.](#)

Ugarte DA, Lin J, Qian T, Young SD. Ann Med. 2022 Dec;54(1):3079-3084. doi: 10.1080/07853890.2022.2138960. PMID: 36314847

[Rural parents' attitudes and beliefs on the COVID-19 pediatric vaccine: An explanatory study.](#)

Lacy R, Puma J, Tubolino M, LaRocca D, Crane LA, Miller L, Morris CD, O'Leary ST, Leiferman JA. PLoS One. 2022 Dec 7;17(12):e0278611. doi: 10.1371/journal.pone.0278611. eCollection 2022. PMID: 36477160

[COVID-19 vaccine-induced vasculitis in a patient with sarcoidosis: A case report.](#)

Rahmanian E, Alikhani M, Loghman M, Beikmohamadi Hezaveh S, Zangeneh S, Shahriarirad R, Faezi ST, Nejadhosseinian M. Clin Case Rep. 2022 Dec 2;10(12):e6501. doi: 10.1002/ccr3.6501. eCollection 2022 Dec. PMID: 36478972

[Isolated breast parenchymal changes following COVID-19 vaccine booster.](#)

Soeder E, Toro-Pape FW, Lampen-Sachar K. Radiol Case Rep. 2022 Sep 27;17(12):4556-4560. doi: 10.1016/j.radcr.2022.08.094. eCollection 2022 Dec. PMID: 36176967

[COVID-19 vaccine hesitancy, acceptance and informational needs in an Australian cancer population: a cross-sectional survey.](#)

Scanlon B, Wyld D, Firman P, Nakagaki M, Durham J, Kennedy G, Moran P, Smith M, Gavin N. Aust Health Rev. 2022 Dec 8. doi: 10.1071/AH22142. Online ahead of print. PMID: 36476744

[A novel RBD-protein/peptide vaccine elicits broadly neutralizing antibodies and protects mice and macaques against SARS-CoV-2.](#)

Wang S, Wang CY, Kuo HK, Peng WJ, Huang JH, Kuo BS, Lin F, Liu YJ, Liu Z, Wu HT, Ding S, Hou KL, Cheng J, Yang YT, Jiang MH, Wang MS, Chen T, Xia WG, Lin E, Hung CH, Chen HJ, Shih Z, Lin YL, Ryan V, Hu MM, Heppner DG, Malherbe DC, Periasamy S, Kuzmina N, Subramani C, Hellerstein M, Monath TP, Rummyantsev A, Bukreyev A, Guirakhoo F. Emerg Microbes Infect. 2022 Dec;11(1):2724-2734. doi: 10.1080/22221751.2022.2140608. PMID: 36287714

[Vaccination as an Equaliser? Evaluating COVID-19 Vaccine Prioritisation and Compensation.](#)

Günther C, Tonti L, Domenici I. Med Law Rev. 2022 Dec 8;30(4):584-609. doi: 10.1093/medlaw/fwac020. PMID: 36482837

[Efficacy of hydrogen peroxide wipes for decontamination of AZD1222 adenovirus COVID-19 vaccine strain on pharmaceutical industry materials.](#)

Rhodes VP, Ajorio ACFB, da Costa LV, Rodrigues AP, Diniz VA, da Silva Lage RV, da Silva IB, Brandão MLL. Lett Appl Microbiol. 2022 Dec;75(6):1639-1644. doi: 10.1111/lam.13831. Epub 2022 Sep 14. PMID: 36073022

[Association between presence of Bacillus Calmette-Guerin vaccine scar and coronavirus disease 2019.](#)

Caliskaner Ozturk B, Vardaloglu I, Ongel Harbiyeli D, Gungordu N, Senkardesler G, Aliyeva N, Ismayilova A, Can G, Balkan II, Gemicioglu B, Borekci S. *Medicine (Baltimore)*. 2022 Dec 2;101(48):e32185. doi: 10.1097/MD.00000000000032185. PMID: 36482635

[Vaccine breakthrough infections with SARS-CoV-2: Why older adults need booster vaccinations.](#)

Ventura MI, Azizian A, Evans SE, Velasquez S, Arguello JC, Warburton K. *Public Health Pract (Oxf)*. 2022 Dec;4:100307. doi: 10.1016/j.puhip.2022.100307. Epub 2022 Sep 7. PMID: 36092529

[SARS-CoV-2 vaccine acceptance among gastroenterologists and inflammatory bowel disease patients: VACUNEII project.](#)

Ferreiro-Iglesias R, Hernández-Camba A, Serrano Labajos R, Rodríguez-Lago I, Zabana Y, Barreiro-de Acosta M; Young Group of Geteccu, ACCU Spain. *Gastroenterol Hepatol*. 2022 Dec;45(10):737-741. doi: 10.1016/j.gastrohep.2021.08.004. Epub 2021 Aug 25. PMID: 34453969

[COVID-19 vaccination boosts the potency and breadth of the immune response against SARS-CoV-2 among recovered patients in Wuhan.](#)

Liang H, Nian X, Wu J, Liu D, Feng L, Lu J, Peng Y, Zhou Z, Deng T, Liu J, Ji D, Qiu R, Lin L, Zeng Y, Xia F, Hu Y, Li T, Duan K, Li X, Wang Z, Zhang Y, Zhang H, Zhu C, Wang S, Wu X, Wang X, Li Y, Huang S, Mao M, Guo H, Yang Y, Jia R, Xufang J, Wang X, Liang S, Qiu Z, Zhang J, Ding Y, Li C, Zhang J, Fu D, He Y, Zhou D, Li C, Zhang J, Yu D, Yang XM. *Cell Discov*. 2022 Dec 9;8(1):131. doi: 10.1038/s41421-022-00496-x. PMID: 36494338

[Community engagement to increase vaccine uptake: Quasi-experimental evidence from Islamabad and Rawalpindi, Pakistan.](#)

Abdullah M, Ahmad T, Kazmi T, Sultan F, Afzal S, Safdar RM, Khan AA. *PLoS One*. 2022 Dec 1;17(12):e0274718. doi: 10.1371/journal.pone.0274718. eCollection 2022. PMID: 36454856

[Heterologous booster with inhaled adenovirus vector COVID-19 vaccine generated more neutralizing antibodies against different SARS-CoV-2 variants.](#)

Zhong J, Liu S, Cui T, Li J, Zhu F, Zhong N, Huang W, Zhao Z, Wang Z. *Emerg Microbes Infect*. 2022 Dec;11(1):2689-2697. doi: 10.1080/22221751.2022.2132881. PMID: 36197655

[Exploring Latino Promotores/a de Salud \(Community Health Workers\) knowledge, attitudes, and perceptions of COVID-19 vaccines.](#)

Cáceres NA, Shirazipour CH, Herrera E, Figueiredo JC, Salvy SJ. *SSM Qual Res Health*. 2022 Dec;2:100033. doi: 10.1016/j.ssmqr.2021.100033. Epub 2021 Dec 9. PMID: 34904136

[Preventative practices and effects of the COVID-19 pandemic on caregivers of children with pediatric pulmonary hypertension.](#)

Nelson EJ, Cook E, Pierce M, Nelson S, Seelos AB, Stickle H, Brown R, Johansen M. *BMC Public Health*. 2022 Dec 9;22(1):2305. doi: 10.1186/s12889-022-14651-2. PMID: 36494713

[Coronavirus disease 2019 vaccine effectiveness among a population-based cohort of people living with HIV.](#)

Chambers C, Samji H, Cooper CL, Costiniuk CT, Janjua NZ, Kroch AE, Arbess G, Benoit AC, Buchan SA, Chung H, Kendall CE, Kwong JC, Langlois MA, Lee SM, Mbuagbaw L, McCullagh J, Moineddin R,

Nambiar D, Walmsley S, Anis AH, Burchell AN; COVAXHIV Study Team. AIDS. 2022 Dec 1;36(15):F17-F26. doi: 10.1097/QAD.0000000000003405. Epub 2022 Oct 19. PMID: 36254892

[Racial-Ethnic Residential Clustering and Early COVID-19 Vaccine Allocations in Five Urban Texas Counties.](#)

Anderson KF, Ray-Warren D. J Health Soc Behav. 2022 Dec;63(4):472-490. doi: 10.1177/00221465221074915. Epub 2022 Feb 14. PMID: 35164599

[Acute-type acquired hemophilia A after COVID-19 mRNA vaccine administration: A new disease entity?](#)

Hosoi H, Tane M, Kosako H, Ibe M, Takeyama M, Murata S, Mushino T, Sonoki T. J Autoimmun. 2022 Dec;133:102915. doi: 10.1016/j.jaut.2022.102915. Epub 2022 Sep 20. PMID: 36155279

[Viral dynamics of the SARS-CoV-2 Omicron Variant among household contacts with 2 or 3 COVID-19 vaccine doses.](#)

Kandel C, Lee Y, Taylor M, Llanes A, McCready J, Crowl G, Powis J, Li AX, Shigayeva A, Yip L, Katz K, Kozak R, Mubareka S, McGeer A. J Infect. 2022 Dec;85(6):666-670. doi: 10.1016/j.jinf.2022.10.027. Epub 2022 Oct 22. PMID: 36283495

[Timing of last COVID-19 vaccine dose and SARS-CoV-2 breakthrough infections in fully \(boosted\) vaccinated healthcare personnel.](#)

Maltezou HC, Gamaletsou MN, Giannouchos TV, Koukou DM, Karapanou A, Sourri F, Syrimi N, Lemonakis N, Peskelidou E, Papanastasiou K, Souliotis K, Lourida A, Panagopoulos P, Hatzigeorgiou D, Sipsas NV. J Hosp Infect. 2022 Dec 3:S0195-6701(22)00370-X. doi: 10.1016/j.jhin.2022.11.016. Online ahead of print. PMID: 36473554

[Longitudinal study comparing IgG antibodies induced by heterologous prime-boost COVID-19 vaccine.](#)

Lin-Wang HT, Damiani LP, Farias EDS, Bajgelman MC, Gun C. J Med Virol. 2022 Dec 7. doi: 10.1002/jmv.28379. Online ahead of print. PMID: 36478244

[Epidemiology, clinical presentations and outcome of patients presenting to the emergency department after a COVID-19 vaccination: An observational study.](#)

Akhlaghi H, Dinou V, Jones H, Vorias B, Moloney J, Tse J, Parnis S, Karro J, Walby A, Morrissey B. Emerg Med Australas. 2022 Dec;34(6):936-942. doi: 10.1111/1742-6723.14016. Epub 2022 May 26. PMID: 35527398

[Using a patient portal as a recruitment tool to diversify the pool of participants in COVID-19 vaccine clinical trials.](#)

Yuh T, Srivastava T, Fiore D, Schmidt H, Frank I, Metzger D, Momplaisir F. JAMIA Open. 2022 Nov 8;5(4):ooac091. doi: 10.1093/jamiaopen/ooac091. eCollection 2022 Dec. PMID: 36380851

[Prevalence of side-effects associated with the booster dose of Pfizer-BioNTech \(BNT162b2\) of COVID-19 Vaccine among vaccinated adults in the Eastern province of Saudi Arabia.](#)

Al-Matouq JA, Ali MD, Al-Somali SM, Ahmad A, Banu N, Patel M. Infect Prev Pract. 2022 Dec;4(4):100251. doi: 10.1016/j.infpip.2022.100251. Epub 2022 Oct 15. PMID: 36276167

[Futile or fertile? The effect of persuasive strategies on citizen engagement in COVID-19 vaccine-related tweets across six national health departments.](#)

Wang D, Lu J, Zhong Y. Soc Sci Med. 2022 Dec 5;317:115591. doi: 10.1016/j.socscimed.2022.115591. Online ahead of print. PMID: 36493501

[COVID-19 Vaccine Hesitancy in Denmark and Russia: A qualitative typology at the nexus of agency and health capital.](#)

Schneider-Kamp A. SSM Qual Res Health. 2022 Dec;2:100116. doi: 10.1016/j.ssmqr.2022.100116. Epub 2022 Jun 13. PMID: 35721031

[Lower disease activity but higher risk of severe COVID-19 and herpes zoster in patients with systemic lupus erythematosus with pre-existing autoantibodies neutralising IFN- \$\alpha\$.](#)

Mathian A, Breillat P, Dorgham K, Bastard P, Charre C, Lhote R, Quentric P, Moyon Q, Mariaggi AA, Muries-Martin S, Mellot C, Anna F, Haroche J, Cohen-Aubart F, Sterlin D, Zahr N, Gervais A, Le Voyer T, Bizien L, Amiot Q, Pha M, Hié M, Chasset F, Yssel H, Miyara M, Charneau P, Ghillani-Dalbin P, Casanova JL, Rozenberg F, Amoura Z, Gorochoy G. Ann Rheum Dis. 2022 Dec;81(12):1695-1703. doi: 10.1136/ard-2022-222549. Epub 2022 Aug 16. PMID: 35973806

[Determinants of COVID-19 vaccine uptake among healthcare professionals and the general population in Cyprus: A web-based cross-sectional survey.](#)

Giannakou K, Fakonti G, Kyprianidou M. J Eval Clin Pract. 2022 Dec;28(6):959-969. doi: 10.1111/jep.13764. Epub 2022 Sep 17. PMID: 36115011

[Humoral responses after inactivated COVID-19 vaccination in individuals with and without prior SARS-CoV-2 infection: A prospective cohort study.](#)

Jia M, Wang X, Gong W, Zhong J, Leng Z, Ren L, Feng L, Guo L, Gao L, Liang X, Chen E, Tang W, Huang Q, Zhang Q, Jiang G, Zhao S, Liu Z, Feng Y, Qi L, Ma L, Huang T, Yue Y, Wang J, Jiang B, Xu L, Wang J, Yang W, Wang C. J Med Virol. 2022 Dec;94(12):5746-5757. doi: 10.1002/jmv.28055. Epub 2022 Aug 31. PMID: 35941840

[Influence of social media on the public perspectives of the safety of COVID-19 vaccines.](#)

Gudi SK, George SM, Jose J. Expert Rev Vaccines. 2022 Dec;21(12):1697-1699. doi: 10.1080/14760584.2022.2061951. Epub 2022 Apr 12. PMID: 35377268

[Influences, Barriers, and Facilitators to COVID-19 Vaccination: Cross-sectional Survey on Vaccine Hesitancy in 2 Rural States.](#)

Nguyen E, Wright M, Holmes J, Cleveland K, Oliphant C, Nies M, Robinson R. JMIR Form Res. 2022 Dec 1;6(12):e39109. doi: 10.2196/39109. PMID: 36067411

[Rapamycin and inulin for third-dose vaccine response stimulation \(RIVASTIM\): Inulin - study protocol for a pilot, multicentre, randomised, double-blinded, controlled trial of dietary inulin to improve SARS-CoV-2 vaccine response in kidney transplant recipients.](#)

Singer J, Tunbridge M, Perkins GB, Salehi T, Ying T, Wu H, Coates PT, Chadban SJ. BMJ Open. 2022 Dec 1;12(12):e062747. doi: 10.1136/bmjopen-2022-062747. PMID: 36456021

[Effectiveness of COVID-19 vaccine booster in the general population and in subjects with comorbidities. A population-based study in Spain.](#)

Mallah N, Pardo-Seco J, López-Pérez LR, González-Pérez JM, Rosón B, Otero-Barrós MT, Durán-Parrondo C, Nartallo-Penas V, Mirás-Carballal S, Rodríguez-Tenreiro C, Rivero-Calle I, Gómez-Carballa

A, Salas A, Martínón-Torres F. Environ Res. 2022 Dec;215(Pt 2):114252. doi: 10.1016/j.envres.2022.114252. Epub 2022 Sep 10. PMID: 36096168

[COVID-19 vaccination side effects among the child age group: a large cross-sectional online based survey in Saudi Arabia.](#)

Alwafi H, Naser AY, Aldhahir AM, Alhazmi A, Alosaimi AN, Mandili RA, Majeed Z, Salawati E, Ekram R, Samannodi M, Assaggaf H, Almatrafi M, Alqahtani JS, Alsanosi SM, Minshawi F. BMC Infect Dis. 2022 Dec 6;22(1):911. doi: 10.1186/s12879-022-07905-2. PMID: 36474174

[Community-Based COVID-19 Vaccine Clinics in Medically Underserved Neighborhoods to Improve Access and Equity, Philadelphia, 2021-2022.](#)

Klusaritz H, Paterson E, Summers C, Al-Ramahi N, Naseer N, Jeudin H, Sydnor Y, Enoch M, Dollard N, Young KD, Khan N, Henne J, Doubeni A, Kasbekar N, Gitelman Y, Brennan PJ, Bream K, Cannuscio CC, Wender RC, Feuerstein-Simon R. Am J Public Health. 2022 Dec;112(12):1721-1725. doi: 10.2105/AJPH.2022.307030. Epub 2022 Oct 27. PMID: 36302220

[Addressing COVID-19 vaccine hesitancy: A content analysis of government social media platforms in England and Italy during 2020-2021.](#)

Sesa G, Czabanowska K, Giangreco A, Middleton J. Public Health Pract (Oxf). 2022 Nov 24;4:100345. doi: 10.1016/j.puhip.2022.100345. eCollection 2022 Dec. PMID: 36447994

[Evaluation of response to different COVID-19 vaccines in vaccinated healthcare workers in a single center in Iran.](#)

Pourakbari B, Mirbeyk M, Mahmoudi S, Hosseinpour Sadeghi RH, Rezaei N, Ghasemi R, Esfandiari F, Mamishi S. J Med Virol. 2022 Dec;94(12):5669-5677. doi: 10.1002/jmv.28029. Epub 2022 Aug 4. PMID: 35883215

[Two formulations of coronavirus disease-19 recombinant subunit vaccine candidate made up of S1 fragment protein P1, S2 fragment protein P2, and nucleocapsid protein elicit strong immunogenicity in mice.](#)

Özcengiz E, Keser D, Özcengiz G, Çelik G, Özkul A, İnçeh FN. Immun Inflamm Dis. 2022 Dec;10(12):e748. doi: 10.1002/iid3.748. PMID: 36444622

[Autopsy Histopathologic Cardiac Findings Following the Second COVID-19 Vaccine Dose.](#)

Mungmunpantipantip R, Wiwanitkit V. Arch Pathol Lab Med. 2022 Dec 1;146(12):1432. doi: 10.5858/arpa.2022-0171-LE. PMID: 36445987

[Major considerations in vaccinating children in Africa against COVID-19.](#)

Osakuade OW, Anyam NV. Vaccine X. 2022 Dec;12:100199. doi: 10.1016/j.jvacx.2022.100199. Epub 2022 Aug 5. PMID: 35945971

[Case series of chronic spontaneous urticaria following COVID-19 vaccines: an unusual skin manifestation.](#)

Ben-Fredj N, Chahed F, Ben-Fadhel N, Mansour K, Ben-Romdhane H, Mabrouk RSE, Chadli Z, Ghedira D, Belhadjali H, Chaabane A, Aouam K. Eur J Clin Pharmacol. 2022 Dec;78(12):1959-1964. doi: 10.1007/s00228-022-03399-8. Epub 2022 Oct 18. PMID: 36255482

[Black Americans Receiving the COVID-19 Vaccine and Effective Strategies to Overcome Barriers: An Integrative Literature Review.](#)

Roat C, Webber-Ritchey KJ, Spurlark RS, Lee YM. J Racial Ethn Health Disparities. 2022 Dec 5. doi: 10.1007/s40615-022-01437-w. Online ahead of print. PMID: 36469286

[A mixed methods study of health care professionals' attitudes towards vaccination in 15 countries.](#)

Alasmari A, Larson HJ, Karafillakis E. Vaccine X. 2022 Sep 21;12:100219. doi: 10.1016/j.jvacx.2022.100219. eCollection 2022 Dec. PMID: 36193232

[Dietary nitrate supplementation for preventing and reducing the severity of winter infections, including COVID-19, in care homes \(BEET-Winter\): a randomised placebo-controlled feasibility trial.](#)

Bath PM, Skinner CJC, Bath CS, Woodhouse LJ, Korovesi AAK, Long H, Havard D, Coleman CM, England TJ, Leyland V, Lim WS, Montgomery AA, Royal S, Avery A, Webb AJ, Gordon AL; for BEET-Winter Investigators. Eur Geriatr Med. 2022 Dec;13(6):1343-1355. doi: 10.1007/s41999-022-00714-5. Epub 2022 Nov 16. PMID: 36385690

[Vax the Max, a Gamification Intervention for COVID-19 Vaccination Task Engagement in the Inpatient Setting.](#)

Raikhel AV, Blau K, Alberty K, Cornia P, Rodriguez RA, Steinberg KP, Wu C. Am J Med Qual. 2022 Dec 7. doi: 10.1097/JMQ.0000000000000094. Online ahead of print. PMID: 36472420

[Safety and immunogenicity of heterologous COVID-19 vaccine regimens to deal with product shortage: A randomised clinical trial in an elderly population.](#)

Kundro MA, Losso MH, Macchia A, Pastor I, Alonso Serena M, Gestoso C, Moreno Macías L, Crupi F, Acosta MC, Ivalo S, Ghioldi M, Bouzas MB, Mammana L, Zapiola I, Mazzitelli I, Varese A, Geffner J, Biscayart C, Angeleri P, Lopez E, Gentile A, Ferrante D, de Quiros FGB. Public Health Pract (Oxf). 2022 Dec;4:100313. doi: 10.1016/j.puhip.2022.100313. Epub 2022 Sep 6. PMID: 36090797

[COVID-19 Booster Dose Vaccination Coverage and Factors associated with Booster Vaccination among Adults, United States, March 2022.](#)

Lu PJ, Srivastav A, Vashist K, Black CL, Kriss JL, Hung MC, Meng L, Zhou T, Yankey D, Masters NB, Fast HE, Razzaghi H, Singleton JA. Emerg Infect Dis. 2022 Dec 8;29(1). doi: 10.3201/eid2901.221151. Online ahead of print. PMID: 36480674

[Seroconversion among rituximab-treated patients following SARS-CoV-2 vaccine supplemental dose.](#)

Rose E, Magliulo D, Kyttaris VC. Clin Immunol. 2022 Dec;245:109144. doi: 10.1016/j.clim.2022.109144. Epub 2022 Oct 8. PMID: 36220613

[Would COVID-19 vaccination willingness increase if mobile technologies prohibit unvaccinated individuals from public spaces? A nationwide discrete choice experiment from China.](#)

Wang J, Wagner AL, Chen Y, Jaime E, Hu X, Wu S, Lu Y, Ruan Y, Pan SW. Vaccine. 2022 Dec 5;40(51):7466-7475. doi: 10.1016/j.vaccine.2021.10.020. Epub 2021 Oct 22. PMID: 34742594

[The main decision-making competence for willingness-to-pay towards COVID-19 vaccination: a family-based study in Taizhou, China.](#)

Luo C, Zhang MX, Jiang E, Jin M, Tung TH, Zhu JS. Ann Med. 2022 Dec;54(1):2376-2384. doi: 10.1080/07853890.2022.2114606. PMID: 36004802

[Multi-criteria decision making of COVID-19 vaccines \(in India\) based on ranking interpreter technique under single valued bipolar neutrosophic environment.](#)

Garai T, Garg H. Expert Syst Appl. 2022 Dec 1;208:118160. doi: 10.1016/j.eswa.2022.118160. Epub 2022 Jul 18. PMID: 35873110

[Identification of a promiscuous conserved CTL epitope within the SARS-CoV-2 spike protein.](#)

Jiang S, Wu S, Zhao G, He Y, Guo X, Zhang Z, Hou J, Ding Y, Cheng A, Wang B. Emerg Microbes Infect. 2022 Dec;11(1):730-740. doi: 10.1080/22221751.2022.2043727. PMID: 35171086

[Development and implementation of a COVID-19 Vaccine and Pandemic Planning course: An interprofessional education approach.](#)

Austin RR, Philbrick AM, Roth C, Mays KA. J Interprof Educ Pract. 2022 Dec;29:100540. doi: 10.1016/j.xjep.2022.100540. Epub 2022 Aug 1. PMID: 35935733

[Effectiveness of Pfizer-BioNTech COVID-19 vaccine as evidence for policy action: A rapid systematic review and meta-analysis of non-randomized studies.](#)

Wallace M, Collins JP, Moline H, Plumb ID, Godfrey M, Morgan RL, Campos-Outcalt D, Oliver SE, Dooling K, Gargano JW. PLoS One. 2022 Dec 6;17(12):e0278624. doi: 10.1371/journal.pone.0278624. eCollection 2022. PMID: 36473010

[Time of Day of Vaccination Does Not Associate With SARS-CoV-2 Antibody Titer Following First Dose of mRNA COVID-19 Vaccine.](#)

Yamanaka Y, Yokota I, Yasumoto A, Morishita E, Horiuchi H. J Biol Rhythms. 2022 Dec;37(6):700-706. doi: 10.1177/07487304221124661. Epub 2022 Sep 26. PMID: 36154515

[COVID-19 vaccination in children as a global dilemma through an ethical lens: A retrospective review.](#)

Assadi M, Kiani M, Shamsi Gooshki E, Aryanian Z, Afshar ZM, Hatami P. Health Sci Rep. 2022 Dec 3;6(1):e976. doi: 10.1002/hsr2.976. eCollection 2023 Jan. PMID: 36479386

[Agreement Between Pregnant Individuals' Self-Report of Coronavirus Disease 2019 \(COVID-19\) Vaccination and Medical Record Documentation.](#)

Wielgosz K, Dawood FS, Stockwell MS, Varner M, Newes-Adeyi G, Ellington S, Vargas C, Bruno AM, Powers E, Morrill T, Reichle L, Battarbee AN, Tita AT. Obstet Gynecol. 2022 Dec 1;140(6):989-992. doi: 10.1097/AOG.0000000000004994. Epub 2022 Nov 2. PMID: 36357976

[Pre-pandemic mental and physical health as predictors of COVID-19 vaccine hesitancy: evidence from a UK-wide cohort study.](#)

Batty GD, Deary IJ, Altschul D. Ann Med. 2022 Dec;54(1):274-282. doi: 10.1080/07853890.2022.2027007. PMID: 35067149

[The prevalence of SARS-CoV-2 antibodies within the community of a private tertiary university in the Philippines: A serial cross sectional study.](#)

Sumpaico-Tanchanco LBC, Sy JCY, Dy ABC, Levantino M, Amit AML, Wong J, Angeles K, Vergara JPC. PLoS One. 2022 Dec 5;17(12):e0268145. doi: 10.1371/journal.pone.0268145. eCollection 2022. PMID: 36469505

[A Population-Based Analysis of the Risk of Glomerular Disease Relapse after COVID-19 Vaccination.](#)

Canney M, Atiquzzaman M, Cunningham AM, Zheng Y, Er L, Hawken S, Zhao Y, Barbour SJ. J Am Soc Nephrol. 2022 Dec;33(12):2247-2257. doi: 10.1681/ASN.2022030258. Epub 2022 Nov 4. PMID: 36332971

[Role of spike compensatory mutations in the interspecies transmission of SARS-CoV-2.](#)

Frutos R, Yahi N, Gavotte L, Fantini J, Devaux CA. One Health. 2022 Dec;15:100429. doi: 10.1016/j.onehlt.2022.100429. Epub 2022 Aug 29. PMID: 36060458

[BNT162b2 COVID-19 vaccination uptake, safety, effectiveness and waning in children and young people aged 12-17 years in Scotland.](#)

Rudan I, Millington T, Antal K, Grange Z, Fenton L, Sullivan C, Buelo A, Wood R, Woolford L, Swann OV, Murray JLK, Cullen LA, Moore E, Haider F, Almaghrabi F, McMenamin J, Agrawal U, Shah SA, Kerr S, Simpson CR, Katikireddi SV, Ritchie SLD, Robertson C, Sheikh SA. Lancet Reg Health Eur. 2022 Sep 28;23:100513. doi: 10.1016/j.lanpe.2022.100513. eCollection 2022 Dec. PMID: 36189425

[Exploring the Scope and Dimensions of Vaccine Hesitancy and Resistance to Enhance COVID-19 Vaccination in Black Communities.](#)

Okoro O, Kennedy J, Simmons G Jr, Vosen EC, Allen K, Singer D, Scott D, Roberts R. J Racial Ethn Health Disparities. 2022 Dec;9(6):2117-2130. doi: 10.1007/s40615-021-01150-0. Epub 2021 Sep 22. PMID: 34553340

[Spontaneous Adverse Event Reporting by COVID-19 Vaccinated Healthcare Professionals Through an Electronic Form Implemented by the Hospital Pharmacy.](#)

da Cruz JPGL, de Carvalho CDCR, da Cruz Silva PA, Guerreiro LFC, Bento TV, Costa LVCCM, Simões RFMMD, Marques RPPG, Castro Fernandes AC, Galaio LMCM, Correia AIB, Leite Resende EMS, Gonçalves JMB. Hosp Pharm. 2022 Dec;57(6):744-751. doi: 10.1177/00185787221111725. Epub 2022 Jul 15. PMID: 36340632

[Exploring the beliefs and experiences with regard to COVID-19 vaccine hesitancy and acceptance in a slum of Karachi, Pakistan.](#)

Qasim R, Shah H, Sultan A, Yaqoob M, Haroon R, Mistry SK, Bestman A, Yousafzai MT, Yadav UN. Health Promot Int. 2022 Dec 1;37(6):daac140. doi: 10.1093/heapro/daac140. PMID: 36300701

[How do COVID-19 vaccine mandates affect attitudes toward the vaccine and participation in mandate-affected activities? Evidence from the United States.](#)

Kreps SE, Kriner DL. Vaccine. 2022 Dec 5;40(51):7460-7465. doi: 10.1016/j.vaccine.2022.02.083. Epub 2022 Mar 2. PMID: 35249774

[A review post-vaccination SARS-CoV-2 serological test: Method and antibody titer response.](#)

Devi MJ, Gaffar S, Hartati YW. Anal Biochem. 2022 Dec 1;658:114902. doi: 10.1016/j.ab.2022.114902. Epub 2022 Sep 17. PMID: 36122603

[A historical analysis of vaccine mandates in the United States military and its application to the COVID-19 vaccine mandate.](#)

Elliott CBP, Chambers CS. Vaccine. 2022 Dec 5;40(51):7500-7504. doi: 10.1016/j.vaccine.2022.08.017. Epub 2022 Aug 15. PMID: 35989135

[Disease severity and efficacy of homologous vaccination among patients infected with SARS-CoV-2 Delta or Omicron VOCs, compared to unvaccinated using main biomarkers.](#)

Ali AM, Tofiq AM, Rostam HM, Ali KM, Tawfeeq HM. J Med Virol. 2022 Dec;94(12):5867-5876. doi: 10.1002/jmv.28098. Epub 2022 Sep 9. PMID: 36029103

[Efficacy of Bacillus Calmette-Guérin \(BCG\) Vaccination in Reducing the Incidence and Severity of COVID-19 in High-Risk Population \(BRIC\): a Phase III, Multi-centre, Quadruple-Blind Randomised Control Trial.](#)

Sinha S, Ajayababu A, Thukral H, Gupta S, Guha SK, Basu A, Gupta G, Thakur P, Lingaiah R, Das BK, Singh UB, Singh R, Narang R, Bhowmik D, Wig N, Modak DC, Bandyopadhyay B, Chakrabarty B, Kapoor A, Tewari S, Prasad N, Hashim Z, Nath A, Kumari N, Goswami R, Pandey S, Pandey RM. Infect Dis Ther. 2022 Dec;11(6):2205-2217. doi: 10.1007/s40121-022-00703-y. Epub 2022 Oct 15. PMID: 36242739

[Effectiveness of COVID-19 vaccines against SARS-CoV-2 variants of concern in real-world: a literature review and meta-analysis.](#)

Shao W, Chen X, Zheng C, Liu H, Wang G, Zhang B, Li Z, Zhang W. Emerg Microbes Infect. 2022 Dec;11(1):2383-2392. doi: 10.1080/22221751.2022.2122582. PMID: 36069511

[Bilateral choroidal effusion following vaccination against SARS-CoV-2 virus.](#)

Arthi M, Dabir S, Khatri M, Rajan M. Indian J Ophthalmol. 2022 Dec;70(12):4449-4450. doi: 10.4103/ijo.IJO_946_22. PMID: 36453364

[An observational study of adverse drug reactions to COVID-19 vaccines reported to the New Mexico poison center hotline.](#)

Tadfor Y, Nguyen-Hua N, Bennett H, Bos AJ, Smolinske SC. Clin Toxicol (Phila). 2022 Dec 2:1-7. doi: 10.1080/15563650.2022.2147272. Online ahead of print. PMID: 36458888

[Information propagation on cyber, relational and physical spaces about covid-19 vaccine: Using social media and spatial framework.](#)

Yin F, Crooks A, Yin L. Comput Environ Urban Syst. 2022 Dec;98:101887. doi: 10.1016/j.compenvurbysys.2022.101887. Epub 2022 Sep 14. PMID: 36124092 F

[Immune response and protective efficacy of the SARS-CoV-2 recombinant spike protein vaccine S-268019-b in mice.](#)

Homma T, Nagata N, Hashimoto M, Iwata-Yoshikawa N, Seki NM, Shiwa-Sudo N, Ainai A, Dohi K, Nikaido E, Mukai A, Ukai Y, Nakagawa T, Shimo Y, Maeda H, Shirai S, Aoki M, Sonoyama T, Sato M, Fumoto M, Nagira M, Nakata F, Hashiguchi T, Suzuki T, Omoto S, Hasegawa H. Sci Rep. 2022 Dec 2;12(1):20861. doi: 10.1038/s41598-022-25418-5. PMID: 36460696

[Very severe immune aplastic anemia after mRNA vaccination against COVID-19 responds well to immunosuppressive therapy: clinical characteristics and comparison to previous reports.](#)

Woo S, Kim B, Lee SC, Kim MS, Yoon YA, Choi YJ. Hematology. 2022 Dec;27(1):1191-1195. doi: 10.1080/16078454.2022.2140986. PMID: 36314944

[New-onset systemic lupus erythematosus following BNT162b2 mRNA COVID-19 vaccine: a case series and literature review.](#)

Sagy I, Zeller L, Raviv Y, Porges T, Bieber A, Abu-Shakra M. Rheumatol Int. 2022 Dec;42(12):2261-2266. doi: 10.1007/s00296-022-05203-3. Epub 2022 Sep 13. PMID: 36098769

[Is the phase of the menstrual cycle relevant when getting the covid-19 vaccine?](#)

Velasco-Regulez B, Fernandez-Marquez JL, Luqui N, Cerquides J, Lluís Arcos J, Fukelman A, Perelló J. Am J Obstet Gynecol. 2022 Dec;227(6):913-915. doi: 10.1016/j.ajog.2022.07.052. Epub 2022 Aug 2. PMID: 35931128

[Portal vein thrombosis after second Pfizer/BioNTech coronavirus disease 2019 vaccine.](#)

Petrochko JM, Pateman Aciu SM, Sheth SU. J Vasc Surg Cases Innov Tech. 2022 Dec;8(4):667-669. doi: 10.1016/j.jvscit.2022.08.028. Epub 2022 Sep 15. PMID: 36124232

[No significant influence of pre-vaccination antipyretic use on specific antibody response to a BNT162b2 vaccine booster against COVID-19.](#)

Tani N, Ikematsu H, Goto T, Gondo K, Yanagihara Y, Kurata Y, Oishi R, Minami J, Onozawa K, Nagano S, Kuwano H, Akashi K, Shimono N, Chong Y. Vaccine X. 2022 Dec;12:100224. doi: 10.1016/j.jvacx.2022.100224. Epub 2022 Oct 3. PMID: 36213591

[Durability of antibodies post vaccination with two doses of inactivated BBIBP-CorV vaccine.](#)

Mahmoud S, Ganesan S, Sharif-Askari NS, Cantarutti F, Wilson H, Ogrodzki P, Halwani R, Alkaabi N, Zaher WA. Curr Med Res Opin. 2022 Dec;38(12):2069-2075. doi: 10.1080/03007995.2022.2139969. Epub 2022 Nov 7. PMID: 36274640

[Two possible etiologies of Guillain-Barré syndrome: mRNA-1273 \(Moderna\) vaccination and scrub typhus: A case report.](#)

Hwang BW, Bong JB. Medicine (Baltimore). 2022 Dec 2;101(48):e32140. doi: 10.1097/MD.00000000000032140. PMID: 36482517

[A case-crossover study of the effect of vaccination on SARS-CoV-2 transmission relevant behaviours during a period of national lockdown in England and Wales.](#)

Serisier A, Beale S, Boukari Y, Hoskins S, Nguyen V, Byrne T, Fong WLE, Fragaszy E, Geismar C, Kovar J, Yavlinsky A, Hayward A, Aldridge RW. Vaccine. 2022 Dec 5:S0264-410X(22)01497-9. doi: 10.1016/j.vaccine.2022.11.073. Online ahead of print. PMID: 36496282

[Intramuscular injection of a mixture of COVID-19 peptide vaccine and tetanus vaccine in horse induced neutralizing antibodies against authentic virus of SARS-CoV-2 Delta variant.](#)

Deng W, Sweeney RW. Vaccine X. 2022 Dec;12:100230. doi: 10.1016/j.jvacx.2022.100230. Epub 2022 Oct 19. PMID: 36276875

[BNT162b2 mRNA COVID-19 vaccine three-dose safety and risk of COVID-19 in patients with myasthenia gravis during the alpha, delta, and omicron waves.](#)

Doron A, Piura Y, Vigiser I, Kolb H, Regev K, Neshet N, Karni A. J Neurol. 2022 Dec;269(12):6193-6201. doi: 10.1007/s00415-022-11303-8. Epub 2022 Jul 30. PMID: 35907046

[Assessing anti-SARS-CoV-2 cellular immunity in 571 vaccines by using an IFN-γ release assay.](#)

Wakui M, Uwamino Y, Yatabe Y, Nakagawa T, Sakai A, Kurafuji T, Shibata A, Tomita Y, Noguchi M, Tanabe A, Arai T, Ohno A, Yokota H, Uno S, Yamasawa W, Sato Y, Ikeda M, Yoshimura A, Hasegawa N, Saya H, Murata M. Eur J Immunol. 2022 Dec;52(12):1961-1971. doi: 10.1002/eji.202249794. Epub 2022 Oct 28. PMID: 36250411

[Safety and immunogenicity of a prefusion non-stabilized spike protein mRNA COVID-19 vaccine: a phase I trial.](#)

Gatechompol S, Kittanamongkolchai W, Ketloy C, Prompetchara E, Thitithanyanont A, Jongkaewwattana A, Buranapraditkun S, Alameh MG, Ubolyam S, Sophonphan J, Apornpong T, Kerr S, Kamarulzaman A, Siwamogsatham S, Kroon E, Puthanakit T, Patarakul K, Palaga T, Wijagkanalan W, Carpenter A, Hong L, Weissman D, Ruxrungtham K; ChulaVAC-001 study team. *Nat Microbiol.* 2022 Dec;7(12):1987-1995. doi: 10.1038/s41564-022-01271-0. Epub 2022 Nov 14. PMID: 36376393

[Immunogenicity and protectivity of intranasally delivered vector-based heterologous prime-boost COVID-19 vaccine Sputnik V in mice and non-human primates.](#)

Tukhvatulin AI, Gordeychuk IV, Dolzhikova IV, Dzharullaeva AS, Krasina ME, Bayurova EO, Grousova DM, Kovyrshina AV, Kondrashova AS, Avdoshina DV, Gulyaev SA, Gulyaeva TV, Moroz AV, Illarionova VV, Zorkov ID, Iliukhina AA, Shelkov AY, Botikov AG, Erokhova AS, Shcheblyakov DV, Esmagambetov IB, Zubkova OV, Tokarskaya EA, Savina DM, Vereveyko YR, Ungur AS, Naroditsky BS, Ishmukhametov AA, Logunov DY, Gintsburg AL. *Emerg Microbes Infect.* 2022 Dec;11(1):2229-2247. doi: 10.1080/22221751.2022.2119169. PMID: 36031930

[Effect of FcRn antagonism on protective antibodies and to vaccines in IgG-mediated autoimmune diseases pemphigus and generalised myasthenia gravis.](#)

Guptill JT, Sleasman JW, Steeland S, Sips M, Gelinis D, de Haard H, Azar A, Winthrop KL. *Autoimmunity.* 2022 Dec;55(8):620-631. doi: 10.1080/08916934.2022.2104261. Epub 2022 Aug 29. PMID: 36036539

[Long term effectiveness of inactivated vaccine BBIBP-CorV \(Vero Cells\) against COVID-19 associated severe and critical hospitalization in Morocco.](#)

Belayachi J, Obtel M, Mhayi A, Razine R, Abouqal R. *PLoS One.* 2022 Dec 7;17(12):e0278546. doi: 10.1371/journal.pone.0278546. eCollection 2022. PMID: 36477077

[Humoral response and safety of the third booster dose of BNT162b2 mRNA COVID-19 vaccine in patients with multiple sclerosis treated with ocrelizumab or fingolimod.](#)

Capuano R, Altieri M, Conte M, Bisecco A, d'Ambrosio A, Donnarumma G, Grimaldi E, Coppola N, Medici N, Galdiero M, Tedeschi G, Gallo A. *J Neurol.* 2022 Dec;269(12):6185-6192. doi: 10.1007/s00415-022-11296-4. Epub 2022 Jul 26. PMID: 35879563

[Does the light at the end of the tunnel shine for everyone? The need for early paediatric participation in vaccine trials during infectious pandemics.](#)

Kwolek EM. *Clin Ethics.* 2022 Dec;17(4):346-351. doi: 10.1177/14777509211036661. PMID: 36471720

[COVID-19 vaccination and male fertility issues: Myth busted. Is taking COVID-19 vaccine the best choice for semen protection and male fertility from risky infection hazards?](#)

Elhabak DM, Abdelsamie RA, Shams GM. *Andrologia.* 2022 Dec;54(11):e14574. doi: 10.1111/and.14574. Epub 2022 Aug 29. PMID: 36038521

[Comparison of three different COVID-19 vaccine platforms \(CoronaVac, BTN162b2, and Ad5-nCoV\) in individuals with and without prior COVID-19: Reactogenicity and neutralizing antibodies.](#)

Morales-Núñez JJ, Muñoz-Valle JF, Machado-Sulbarán AC, Díaz-Pérez SA, Torres-Hernández PC, Panduro-Espinoza BV, Gallegos-Díaz de Leon JA, Munguía-Ramírez CD, Hernández-Bello J. *Immunol Lett.* 2022 Dec;251-252:20-28. doi: 10.1016/j.imlet.2022.10.002. Epub 2022 Oct 21. PMID: 36279685

[Compliant citizens, defiant rebels or neither? Exploring change and complexity in COVID-19 vaccine attitudes and decisions in Bradford, UK: Findings from a follow-up qualitative study.](#)

Lockyer B, Moss RH, Endacott C, Islam S, Sheard L; Bradford Institute for Health Research Covid-19 Scientific Advisory Group. Health Expect. 2022 Dec 1. doi: 10.1111/hex.13667. Online ahead of print. PMID: 36457270

[A "step too far" or "perfect sense"? A qualitative study of British adults' views on mandating COVID-19 vaccination and vaccine passports.](#)

Stead M, Ford A, Eadie D, Biggs H, Elliott C, Ussher M, Bedford H, Angus K, Hunt K, MacKintosh AM, Jessop C, MacGregor A. Vaccine. 2022 Dec 5;40(51):7389-7396. doi: 10.1016/j.vaccine.2022.05.072. Epub 2022 Jun 3. PMID: 35773124

[Severe treatment-refractory antibody positive autoimmune autonomic ganglionopathy after mRNA COVID19 vaccination.](#)

Rowe S, Spies JM, Urriola N. Autoimmun Rev. 2022 Dec;21(12):103201. doi: 10.1016/j.autrev.2022.103201. Epub 2022 Sep 20. PMID: 36210629

[Mistrust in public health institutions is a stronger predictor of vaccine hesitancy and uptake than Trust in Trump.](#)

Choi Y, Fox AM. Soc Sci Med. 2022 Dec;314:115440. doi: 10.1016/j.socscimed.2022.115440. Epub 2022 Oct 13. PMID: 36332532

[The Third Dose Is the Charm: Effective Cellular and Humoral Immune Responses to Third COVID-19 Vaccine Doses in Immunosuppressed Nonresponders.](#)

Kuswanto W, Baker MC. J Rheumatol. 2022 Dec;49(12):1305-1306. doi: 10.3899/jrheum.220960. Epub 2022 Oct 15. PMID: 36243410

[Comparative effectiveness of mandates and financial policies targeting COVID-19 vaccine hesitancy: A randomized, controlled survey experiment.](#)

Fishman J, Salmon MK, Scheitrum D, Aleks Schaefer K, Robertson CT. Vaccine. 2022 Dec 5;40(51):7451-7459. doi: 10.1016/j.vaccine.2022.05.073. Epub 2022 May 30. PMID: 35914961

[Tailoring immunisation programmes in a time of SARS-CoV-2: What can be learnt by comparing the findings of childhood and COVID-19 vaccine evaluation studies in an underserved population?](#)

Kasstan B, Letley L, Mounier-Jack S, Klynman N, Gaskell KM, Eggo RM, Marks M, Chantler T. Public Health Pract (Oxf). 2022 Dec;4:100287. doi: 10.1016/j.puhip.2022.100287. Epub 2022 Jul 2. PMID: 35811646

[Immunogenicity of a third dose of the BNT162b2 COVID-19 vaccine in patients with CLL: effects on treatment selection.](#)

Diamantopoulos PT, Kontandreopoulou CN, Stafylidis C, Vlachopoulou D, Giannakopoulou N, Vardaka M, Mpouhla A, Variami E, Galanopoulos A, Pappa V, Psychogiou M, Hatzakis A, Viniou NA. Ann Hematol. 2022 Dec;101(12):2711-2717. doi: 10.1007/s00277-022-05003-6. Epub 2022 Oct 22. PMID: 36271935

[Omicron-specific mRNA vaccine induced cross-protective immunity against ancestral SARS-CoV-2 infection with low neutralizing antibodies.](#)

Shen KY, Yang CH, Chen CT, Ho HM, Chiu FF, Huang CY, Liao HC, Hsu CW, Yu GY, Liao CL, Chen HW, Huang MH, Liu SJ. J Med Virol. 2022 Dec 2. doi: 10.1002/jmv.28370. Online ahead of print. PMID: 36458553

[A comment on 'COVID-19 vaccine hesitancy and acceptance among pregnant people'.](#)

Mungmunpantipantip R, Wiwanitkit V. J Genet Couns. 2022 Dec;31(6):1438. doi: 10.1002/jgc4.1622. Epub 2022 Jul 25. PMID: 35876222

[Immunogenicity to SARS-CoV-2 Omicron variant among school-aged children with 2-dose of inactivated SARS-CoV-2 vaccines followed by BNT162b2 booster.](#)

Chantasrisawad N, Puthanakit T, Kornsitthikul K, Jaru-Ampornpan P, Tawan M, Matapituk P, Sophonphan J, Anugulruengkitt S, Tangsathapornpong A, Katanyutanon A; KIDSBOOST study team*. Vaccine X. 2022 Sep 30;12:100221. doi: 10.1016/j.jvax.2022.100221. eCollection 2022 Dec. PMID: 36213592

[De novo posttransplant membranous nephropathy following BNT162b2 mRNA COVID-19 vaccine in a kidney transplant recipient.](#)

Chavarot N, Padden M, Amrouche L, Malard S, Scemla A, Sberro-Soussan R, Léon J, Legendre C, Duong JP, Zuber J, Anglicheau D, Rabant M, Isnard P. Am J Transplant. 2022 Dec;22(12):3188-3189. doi: 10.1111/ajt.17166. Epub 2022 Aug 24. PMID: 35959598

[Immunogenicity and safety of the CoronaVac and BNT162b2 Covid-19 vaccine in patients with inflammatory rheumatic diseases and healthy adults: comparison of different vaccines.](#)

Batibay S, Ulucaköy RK, Günendi Z, Fidan I, Bozdayı G, Göğüş FN. Inflammopharmacology. 2022 Dec;30(6):2089-2096. doi: 10.1007/s10787-022-01089-6. Epub 2022 Oct 25. PMID: 36282425

[COVID-19 vaccine effectiveness in patients with non-dialysis-dependent chronic kidney diseases: findings from a population-based observational study from British Columbia, Canada.](#)

Atiqzaman M, Zheng Y, Er L, Djurdjev O, Singer J, Kraiden M, Balamchi S, Thomas D, Oliver MJ, Levin A. Kidney Int. 2022 Dec;102(6):1420-1423. doi: 10.1016/j.kint.2022.08.027. Epub 2022 Sep 11. PMID: 36103954

[Antibody response and safety of COVID-19 vaccine in peritoneal dialysis patients.](#)

Zheng Q, Wang M, Cheng Y, Liu J, Feng Z, Ye L. J Infect. 2022 Dec;85(6):e167-e171. doi: 10.1016/j.jinf.2022.10.014. Epub 2022 Oct 17. PMID: 36265826

[Immunogenicity and Safety of SARS-CoV-2 Vaccination in Patients With Rheumatic Diseases: A Systematic Review and Meta-analysis.](#)

Sood A, Tran M, Murthy V, Gonzalez E. J Clin Rheumatol. 2022 Dec 1;28(8):381-389. doi: 10.1097/RHU.0000000000001871. Epub 2022 Jun 8. PMID: 35660717

[The value of public-private collaborative real-world evidence platforms to monitor vaccine performance post authorization: DRIVE - a European initiative.](#)

Díez-Domingo J, Torcel-Pagnon L, Carmona A, Launay O, Dos Santos G, Rizzo C, Haag M, Stuurman A, Nauta J, Vannacci A, de Lusignan S, Del Rey E, Levi M, Lina B, Bellino S, Nye S, Neels P, Nohynek H, Mahé C; DRIVE consortium. Expert Rev Vaccines. 2022 Dec;21(12):1701-1710. doi: 10.1080/14760584.2022.2137144. Epub 2022 Oct 27. PMID: 36261918

[Does education about the **COVID-19 vaccine** change perceptions and improve knowledge?](#)

Mele N, Chao R, Ibrahim S, Questel S, Wasserman T, Igneri T, D'Antoni AV. JAAPA. 2022 Dec 1;35(12):1. doi: 10.1097/01.JAA.0000892844.10031.bb. PMID: 36412964

[Immunogenicity and safety of an inactivated whole-virus **COVID-19 vaccine** \(VLA2001\) compared with the adenoviral vector **vaccine** ChAdOx1-S in adults in the UK \(COV-COMPARE\): interim analysis of a randomised, controlled, phase 3, immunobridging trial.](#)

Lazarus R, Querton B, Corbic Ramić I, Dewasthaly S, Jaramillo JC, Dubischar K, Krammer M, Weisova P, Hochreiter R, Eder-Lingelbach S, Taucher C, Finn A; Valneva phase 3 trial group. Lancet Infect Dis. 2022 Dec;22(12):1716-1727. doi: 10.1016/S1473-3099(22)00502-3. Epub 2022 Sep 5. PMID: 36075233

[Determinants of **COVID-19 vaccine** uptake among healthcare professionals and the general population: Correspondence.](#)

Mungmunpantipantip R, Wiwanitkit V. J Eval Clin Pract. 2022 Dec;28(6):970. doi: 10.1111/jep.13777. Epub 2022 Oct 7. PMID: 36205634

[Germline variants of IGHV3-53 / V3-66 are determinants of antibody responses to the BNT162b2 mRNA **COVID-19 vaccine**.](#)

Mashimo Y, Yamazaki K, Kageyama T, Tanaka S, Taniguchi T, Matsushita K, Igari H, Hanaoka H, Yokote K, Nakajima H, Onouchi Y. J Infect. 2022 Dec;85(6):702-769. doi: 10.1016/j.jinf.2022.10.015. Epub 2022 Nov 2. PMID: 36341890

[Combining intramuscular and intranasal homologous prime-boost with a chimpanzee adenovirus-based **COVID-19 vaccine** elicits potent humoral and cellular immune responses in mice.](#)

Li X, Wang L, Liu J, Fang E, Liu X, Peng Q, Zhang Z, Li M, Liu X, Wu X, Zhao D, Yang L, Li J, Cao S, Huang Y, Shi L, Xu H, Wang Y, Suo Y, Yue G, Nie J, Huang W, Li W, Li Y. Emerg Microbes Infect. 2022 Dec;11(1):1890-1899. doi: 10.1080/22221751.2022.2097479. PMID: 35775819

[Neutralising antibody potency against SARS-CoV-2 wild-type and omicron BA.1 and BA.4/5 variants in patients with inflammatory bowel disease treated with infliximab and vedolizumab after three doses of **COVID-19 vaccine** \(CLARITY IBD\): an analysis of a prospective multicentre cohort study.](#)

Liu Z, Le K, Zhou X, Alexander JL, Lin S, Bewshea C, Chanchlani N, Nice R, McDonald TJ, Lamb CA, Sebastian S, Kok K, Lees CW, Hart AL, Pollok RC, Boyton RJ, Altmann DM, Pollock KM, Goodhand JR, Kennedy NA, Ahmad T, Powell N; CLARITY study investigators. Lancet Gastroenterol Hepatol. 2022 Dec 5:S2468-1253(22)00389-2. doi: 10.1016/S2468-1253(22)00389-2. Online ahead of print. PMID: 36481043

[SARS-CoV-2 spike trimer **vaccine** expressed in *Nicotiana benthamiana* adjuvanted with Alum elicits protective immune responses in mice.](#)

Song SJ, Kim H, Jang EY, Jeon H, Diao HP, Khan MRI, Lee MS, Lee YJ, Nam JH, Kim SR, Kim YJ, Sohn EJ, Hwang I, Choi JH. Plant Biotechnol J. 2022 Dec;20(12):2298-2312. doi: 10.1111/pbi.13908. Epub 2022 Sep 5. PMID: 36062974

[Role of the immune system and possible mechanisms in **COVID-19 vaccine**-induced thyroiditis: Case report and literature review.](#)

Reisi-Vanani V, Farzan M, Farzan M, Atefi-Goujani H, Keihani M, Taghipour-Boroujeni G. J Clin Transl Endocrinol Case Rep. 2022 Dec;26:100138. doi: 10.1016/j.jecr.2022.100138. Epub 2022 Nov 17. PMID: 36415601

[Optic disc hemorrhage in a young female following mRNA coronavirus disease 2019 vaccination: a case report.](#)

Tsuda K, Oishi A, Kitaoka T. J Med Case Rep. 2022 Dec 8;16(1):462. doi: 10.1186/s13256-022-03690-3. PMID: 36482489

[Comment on: **COVID-19 vaccine** \(mRNA BNT162b2\) and **COVID-19** infection-induced thrombotic thrombocytopenic purpura in adolescents.](#)

Sookaromdee P, Wiwanitkit V. Pediatr Blood Cancer. 2022 Dec;69(12):e29749. doi: 10.1002/pbc.29749. Epub 2022 Apr 29. PMID: 35484992

[A case of anti-melanoma differentiation-associated gene 5 antibody-positive dermatomyositis-associated rapidly progressive interstitial lung diseases developed after administration of **COVID-19 vaccine** and subsequent pneumococcal **vaccine**.](#)

Takahashi S, Kato A, Hashimoto K, Takehara T, Ishioka K, Takanashi S. Respiriol Case Rep. 2022 Nov 2;10(12):e01064. doi: 10.1002/rcr2.1064. eCollection 2022 Dec. PMID: 36348741

[Assessment of immunological anti-platelet factor 4 antibodies for **vaccine**-induced thrombotic thrombocytopenia \(VITT\) in a large Australian cohort: A multicenter study comprising 1284 patients.](#)

Favaloro EJ, Clifford J, Leitinger E, Parker M, Sung P, Chunilal S, Tran H, Kershaw G, Fu S, Passam F, Ahuja M, Ho SJ, Duncan E, Yacoub O, Tan CW, Kaminskis L, Modica N, Pepperell D, Ballard L, Clarke L, Lee CSM, Gardiner EE, Young-III Choi P, Tohidi-Esfahani I, Bird R, Brighton T, Chen VM. J Thromb Haemost. 2022 Dec;20(12):2896-2908. doi: 10.1111/jth.15881. Epub 2022 Sep 29. PMID: 36107495

[Steroid treatment suppresses the CD4⁺ T-cell response to the third dose of mRNA **COVID-19 vaccine** in systemic autoimmune rheumatic disease patients.](#)

Maliah A, Parikh R, Tayer-Shifman OE, Kimhi O, Gepstein R, Halperin T, Levy Y, Levy C, Basson YP, Kivity S. Sci Rep. 2022 Dec 6;12(1):21056. doi: 10.1038/s41598-022-25642-z. PMID: 36474011

[Effectiveness and Duration of Protection of a Fourth Dose of **COVID-19 mRNA Vaccine** among Long-Term Care Residents in Ontario, Canada.](#)

Grewal R, Nguyen L, Buchan SA, Wilson SE, Costa AP, Kwong JC. J Infect Dis. 2022 Dec 3;jjac468. doi: 10.1093/infdis/jjac468. Online ahead of print. PMID: 36461711

[Batch-to-batch consistency trial of an adenovirus type-5 vector-based **COVID-19 vaccine** in adults aged 18 years and above.](#)

Li ZP, Shi YF, Hou LH, Jin PF, Ma SH, Pan HX, Zhang JL, Shan YM, Huang HT, Wu SP, Du P, Wang X, Wang LL, Wang RJ, Wang Y, Wang XW, Zhu FC, Li JX. Expert Rev Vaccines. 2022 Dec;21(12):1843-1849. doi: 10.1080/14760584.2022.2119133. Epub 2022 Sep 1. PMID: 36048417

[Erratum to "**COVID-19 vaccine**-associated granulomatous mass mimicking a sarcoma: A case report" \[Radiology Case Reports 17 \(2022\) 2775-2778\].](#)

Quintero D, Patel N, Harris G, Maristany A, Alani A, Rosenberg AE, Conway SA, Jose J. Radiol Case Rep. 2022 Oct 17;17(12):4937. doi: 10.1016/j.radcr.2022.09.081. eCollection 2022 Dec. PMID: 36277425

[Polyethylene glycol severe allergy and SARS-CoV-2 vaccines: usefulness of testing with PEG 1500 extract.](#)

Gaspar A, Moura AL, Cruz C, Borrego LM. Eur Ann Allergy Clin Immunol. 2022 Dec 2. doi: 10.23822/EurAnnACI.1764-1489.275. Online ahead of print. PMID: 36458507

[Successful management of intracranial hemorrhage in a patient with COVID-19 vaccine-induced immune thrombotic thrombocytopenia and cerebral venous thrombosis.](#)

Shen CF, Lin MS, Shen CC, Yang MY. Asian J Surg. 2022 Dec;45(12):2838-2839. doi: 10.1016/j.asjsur.2022.06.058. Epub 2022 Jun 20. PMID: 35753920

[Reduced T-cell response following a third dose of SARS-CoV-2 vaccine in infection-naïve people living with HIV.](#)

Moussaoui ME, Desmecht S, Tashkeev A, Lambert N, Maes N, Braghini J, Marechal N, Quintana C, Briquet K, Gofflot S, Toussaint F, Hayette MP, Vermeersch P, Lutteri L, Grégoire C, Beguin Y, Rahmouni S, Moutschen M, Desmecht D, Darcis G. J Infect. 2022 Dec;85(6):702-769. doi: 10.1016/j.jinf.2022.09.006. Epub 2022 Sep 9. PMID: 36096313

[Overlapping acute generalized exanthematous pustulosis drug reaction with eosinophilia and systemic symptoms induced by a second dose of the Moderna COVID-19 vaccine.](#)

Ikeda T, Yokoyama K, Kawakami T. J Dermatol. 2022 Dec;49(12):e446-e447. doi: 10.1111/1346-8138.16541. Epub 2022 Jul 29. PMID: 35906789

[Erratum to "Factors that influence Puerto Rican's intention to get the COVID-19 vaccine" \[Exploratory Research in Clinical and Social Pharmacy 5C \(2022\) 100106\].](#)

Dobbs PD, Herrmann E, Vidal C, Ameijeiras Mena D, Jones C. Explor Res Clin Soc Pharm. 2022 Oct 22;8:100197. doi: 10.1016/j.rcsop.2022.100197. eCollection 2022 Dec. PMID: 36299641

[Searching for the 'Trigger': An ethnographic analysis of parental beliefs regarding autism causation and vaccination in Puerto Rico.](#)

Anderson-Chavarria M, Turner J. Vaccine. 2022 Dec 7:S0264-410X(22)01488-8. doi: 10.1016/j.vaccine.2022.11.064. Online ahead of print. PMID: 36496281

[Forecasting sub-national trends in COVID-19 vaccine uptake in the UK before vaccine rollout.](#)

de Figueiredo A. Sci Rep. 2022 Dec 13;12(1):21529. doi: 10.1038/s41598-022-25354-4. PMID: 36513741 **Free PMC article.**

[COVID-19 Vaccine Myocarditis: Cautious Reassurance in an Era of Dynamic Uncertainty.](#)

Liu PP, Kafil TS. J Am Coll Cardiol. 2022 Dec 13;80(24):2266-2268. doi: 10.1016/j.jacc.2022.10.010. PMID: 36480968 **Free PMC article.**

[45 and Up COVID Insights: a dynamic and collaborative approach to evidence-making during the COVID-19 pandemic.](#)

Dawson G, Bleicher K, Baynes S, D'Este C, Steinberg J, Weber MF, Newby J, Ding D, Liu B, Edwards B, Milat A, McNamara M. Public Health Res Pract. 2022 Dec 13;32(4):32232214. doi: 10.17061/phrp32232214. PMID: 36065021 **Free article.**

[Occupation, Worker Vulnerability, and COVID-19 Vaccination Uptake: Analysis of the Virus Watch prospective cohort study.](#)

Beale S, Burns R, Braithwaite I, Byrne T, Lam Erica Fong W, Fragaszy E, Geismar C, Hoskins S, Kovar J, Navaratnam AMD, Nguyen V, Patel P, Yavlinsky A, Van Tongeren M, Aldridge RW, Hayward A; Virus Watch Collaborative. Vaccine. 2022 Dec 12;40(52):7646-7652. doi: 10.1016/j.vaccine.2022.10.080. Epub 2022 Nov 7. PMID: 36372668 **Free PMC article.**

Experiences and perceptions of **COVID-19** infection and vaccination among Palestinian refugees in Jerash camp and Jordanian citizens: a comparative cross-sectional study by face-to-face interviews.

Al-Hatamleh MAI, Hatmal MM, Mustafa SHF, Alzu'bi M, AlSou'b AF, Abughanam SNS, Olaimat AN, Kateeb ET, Mohamud R. *Infect Dis Poverty*. 2022 Dec 13;11(1):123. doi: 10.1186/s40249-022-01047-y. PMID: 36510264 **Free PMC article**.

Sudden Hearing Loss Following Vaccination Against **COVID-19**.

Nieminen TA, Kivekäs I, Artama M, Nohynek H, Kujansivu J, Hovi P. *JAMA Otolaryngol Head Neck Surg*. 2022 Dec 15. doi: 10.1001/jamaoto.2022.4154. Online ahead of print. PMID: 36520464

Inactivated **COVID-19 vaccine** hesitancy among midwifery students: a prospective online survey.

Turan A, Kaya C, Gençtürk N. *J Obstet Gynaecol*. 2022 Dec 14;1-6. doi: 10.1080/01443615.2022.2145875. Online ahead of print. PMID: 36517224

COVID-19 vaccination in pregnancy: views and vaccination uptake rates in pregnancy, a mixed methods analysis from SAIL and the Born-In-Wales Birth Cohort.

Mhereeg M, Jones H, Kennedy J, Seaborne M, Parker M, Kennedy N, Beeson S, Akbari A, Zuccolo L, Davies A, Brophy S. *BMC Infect Dis*. 2022 Dec 12;22(1):932. doi: 10.1186/s12879-022-07856-8. PMID: 36503414 **Free PMC article**.

The Effect of the **COVID-19 Vaccine** on the Menstrual Cycle Among Reproductive-Aged Females in Saudi Arabia.

Alahmadi AM, Aljohani AH, Fadhloun RA, Almohammadi AS, Alharbi DF, Alrefai LS. *Cureus*. 2022 Dec 13;14(12):e32473. doi: 10.7759/cureus.32473. eCollection 2022 Dec. PMID: 36523858 **Free PMC article**.

Demographic disparities in **COVID-19 vaccine** hesitancy among U.S. adults: Analysis of household pulse survey data from Jul 21 to Oct 11 in 2021.

Wu YY, Zhang W. *Vaccine*. 2022 Dec 12;40(52):7510-7514. doi: 10.1016/j.vaccine.2022.10.094. Epub 2022 Nov 7. PMID: 36371370 **Free PMC article**.

COVID-19 vaccination perceptions in rheumatology patients: a cross-sectional online survey.

Butt IN, van Eeden C, Kovacs Burns K, Saxinger L, Clifford A, Cohen Tervaert JW, Yacyshyn E. *J Rheumatol*. 2022 Dec 15;jrheum.220765. doi: 10.3899/jrheum.220765. Online ahead of print. PMID: 36521919

Evaluation of **COVID-19 vaccine** acceptance and uptake in rural Bangladesh: a cross-sectional study.

Savira F, Alif SM, Afroz A, Siddiquea BN, Shetty A, Chowdhury HA, Bhattacharya O, Chowdhury MRK, Islam MS, Ali L, Billah B. *BMJ Open*. 2022 Dec 12;12(12):e064468. doi: 10.1136/bmjopen-2022-064468. PMID: 36523245

Determinants of vaccination behavior among university students 20 months after the **COVID-19** outbreak: Results of the **COVID-19** German Student Well-being Study (C19 GSWS).

Trümmel J, Heumann E, Helmer SM, Busse H, Stock C, Negash S, Pischke CR. *Hum Vaccin Immunother*. 2022 Dec 12:2141497. doi: 10.1080/21645515.2022.2141497. Online ahead of print. PMID: 36509741

Lineage-mosaic and mutation-patched spike proteins for broad-spectrum **COVID-19 vaccine**.

Wu Y, Wang S, Zhang Y, Yuan L, Zheng Q, Wei M, Shi Y, Wang Z, Ma J, Wang K, Nie M, Xiao J, Huang Z, Chen P, Guo H, Lan M, Xu J, Hou W, Hong Y, Chen D, Sun H, Xiong H, Zhou M, Liu C, Guo W, Guo H, Gao J, Gan C, Li Z, Zhang H, Wang X, Li S, Cheng T, Zhao Q, Chen Y, Wu T, Zhang T, Zhang J, Cao H, Zhu H, Yuan Q, Guan Y, Xia N. *Cell Host Microbe*. 2022 Dec 14;30(12):1732-1744.e7. doi: 10.1016/j.chom.2022.10.011. Epub 2022 Oct 18. PMID: 36323313 **Free PMC article**.

Impact of prenatal COVID-19 vaccination on delivery and neonatal outcomes: Results from a New York City cohort.

Ibroci E, Liu X, Lieb W, Jessel R, Gigase FAJ, Chung K, Graziani M, Lieber M, Ohrn S, Lynch J, Castro J, Marshall C, Tubassum R, Mutawakil F, Kaplowitz ET, Ellington S, Molenaar N, Sperling RS, Howell EA, Janevic T, Dolan SM, Stone J, De Witte LD, Bergink V, Rommel AS. *Vaccine*. 2022 Dec 14:S0264-410X(22)01226-9. doi: 10.1016/j.vaccine.2022.09.095. Online ahead of print. PMID: 36526507

Projecting the COVID-19 immune landscape in Japan in the presence of waning immunity and booster vaccination.

Sasanami M, Fujimoto M, Kayano T, Hayashi K, Nishiura H. *J Theor Biol*. 2022 Dec 14:111384. doi: 10.1016/j.jtbi.2022.111384. Online ahead of print. PMID: 36528092

Association between history of SARS-CoV-2 infection and severe systemic adverse events after mRNA COVID-19 vaccination among U.S. adults.

Tompkins LK, Baggs J, Myers TR, Gee JM, Marquez PL, Kennedy SB, Peake D, Dua D, Hause AM, Strid P, Abara W, Rossetti R, Shimabukuro TT, Shay DK. *Vaccine*. 2022 Dec 12;40(52):7653-7659. doi: 10.1016/j.vaccine.2022.10.073. Epub 2022 Nov 1. PMID: 36372665 **Free PMC article**.

Chimeric mRNA-based COVID-19 vaccine induces protective immunity against Omicron and Delta variants.

Hu Q, Zhao Y, Shaabani N, Lyu X, Powers C, Sun H, Cruz V, Stegman K, Xu J, Fossier A, Huang Y, Ho G, Kao Y, Wang Z, Wang Z, Hu Y, Zheng Y, Kyaw L, Zuluaga C, Wang H, Pei H, Allen R, Xie H, Ji H, Chen R. *Mol Ther Nucleic Acids*. 2022 Dec 13;30:465-476. doi: 10.1016/j.omtn.2022.10.021. Epub 2022 Nov 2. PMID: 36345542 **Free PMC article**.

Immunogenicity and efficacy of fourth BNT162b2 and mRNA1273 COVID-19 vaccine doses; three months follow-up.

Canetti M, Barda N, Gilboa M, Indenbaum V, Mandelboim M, Gonen T, Asraf K, Weiss-Ottolenghi Y, Amit S, Doolman R, Mendelson E, Harats D, Freedman LS, Kreiss Y, Lustig Y, Regev-Yochay G. *Nat Commun*. 2022 Dec 13;13(1):7711. doi: 10.1038/s41467-022-35480-2. PMID: 36513665 **Free PMC article**.

Factors associated with hospitalisations and deaths of residential aged care residents with COVID-19 during the Omicron (BA.1) wave in Queensland.

Ellis RJ, Moffatt CR, Aaron LT, Beaverson G, Chaw K, Curtis C, Freeman-Lamb R, Judd D, Khattry K, Li YS, Nash T, Macfarlane B, Slater K, Soonarane Y, Stickley M, Anuradha S. *Med J Aust*. 2022 Dec 15. doi: 10.5694/mja2.51813. Online ahead of print. PMID: 36524321

IgA vasculitis presenting as nephrotic syndrome following COVID-19 vaccination: a case report.

Cho I, Kim JK, Kim SG. *BMC Nephrol*. 2022 Dec 15;23(1):403. doi: 10.1186/s12882-022-03028-7. PMID: 36522629 **Free PMC article**.

Analysis of 394 **COVID-19** cases infected with Omicron variant in Shenzhen: impact of underlying diseases to patient's symptoms.

Zhang P, Cai Z, He Z, Chen P, Wu W, Lin Y, Feng S, Peng L, Li J, Yuan J, Yang L, Wang F, Liu Y, Lu H. *Eur J Med Res*. 2022 Dec 15;27(1):291. doi: 10.1186/s40001-022-00927-1. PMID: 36522750 **Free PMC article.**

Thrombotic thrombocytopenic purpura developed after pegylated interferon treatment for hepatitis B infection.

Mei S, Feng Y, Cui L, Chen J, Mao Z, Zhao X, Mei C, Qian Y. *BMC Nephrol*. 2022 Dec 13;23(1):400. doi: 10.1186/s12882-022-03034-9. PMID: 36513992 **Free PMC article.**

B-cell reconstitution is associated with **COVID-19** booster **vaccine** responsiveness in previously seronegative rituximab treated patients.

Schultz K, Jannat-Khah D, Spiera R. *J Rheumatol*. 2022 Dec 15;jrheum.220475. doi: 10.3899/jrheum.220475. Online ahead of print. PMID: 36521910

Determinants of coronavirus disease 2019 **vaccine** acceptance, hesitancy, and barriers among healthcare workers in Ismailia, Egypt: a mixed methods study.

Waheed A, Abu Bakr Elsaid NM, Gheebeba M, Elmaraghy N, Al-Touny SA, Nemr N, Kishk RM, Aly HM. *J Egypt Public Health Assoc*. 2022 Dec 12;97(1):25. doi: 10.1186/s42506-022-00122-4. PMID: 36504012 **Free PMC article.**

Evaluation of antibody response to SARS-CoV-2 variants after 2 doses of mRNA **COVID-19** vaccine in a correctional facility.

Trombetta CM, Marchi S, Leonardi M, Stufano A, Lorusso E, Montomoli E, Decaro N, Buonvino N, Lovreglio P. *Hum Vaccin Immunother*. 2022 Dec 12;2153537. doi: 10.1080/21645515.2022.2153537. Online ahead of print. PMID: 36503363

Antigenic cartography of well-characterized human sera shows SARS-CoV-2 neutralization differences based on infection and vaccination history.

Wang W, Lusvarghi S, Subramanian R, Epsi NJ, Wang R, Goguet E, Fries AC, Echegaray F, Vassell R, Coggins SA, Richard SA, Lindholm DA, Mende K, Ewers EC, Larson DT, Colombo RE, Colombo CJ, Joseph JO, Rozman JS, Smith A, Lalani T, Berjohn CM, Maves RC, Jones MU, Mody R, Huprikar N, Livezey J, Saunders D, Hollis-Perry M, Wang G, Ganesan A, Simons MP, Broder CC, Tribble DR, Laing ED, Agan BK, Burgess TH, Mitre E, Pollett SD, Katzelnick LC, Weiss CD. *Cell Host Microbe*. 2022 Dec 14;30(12):1745-1758.e7. doi: 10.1016/j.chom.2022.10.012. Epub 2022 Oct 21. PMID: 36356586 **Free PMC article.**

Patient flow time data of **COVID-19** vaccination clinics in 23 sites, United States, April and May 2021.

Cho BH, Athar HM, Bates LG, Yarnoff BO, Harris LQ, Washington ML, Jones-Jack NH, Pike JJ. *Vaccine*. 2022 Dec 12;S0264-410X(22)01527-4. doi: 10.1016/j.vaccine.2022.12.013. Online ahead of print. PMID: 36526502

Adrenal haemorrhage and **COVID-19** vaccine-induced immune thrombotic thrombocytopenia: correspondence.

Mungmunpantipantip R, Wiwanitkit V. *QJM*. 2022 Dec 12;115(12):875. doi: 10.1093/qjmed/hcac006. PMID: 35038736 **Free PMC article.**

From trial to practice: incidence and severity of **COVID-19 vaccine** side effects in a medically at-risk and **vaccine-hesitant** community.

Joyce MC, Mountjoy NJ, Johnson JA, Newman JT, Bandy DL, Atalla NA, Singh A, McElroy D. *BMC Public Health*. 2022 Dec 14;22(1):2351. doi: 10.1186/s12889-022-14824-z. PMID: 36517842 **Free PMC article**.

Comparing hybrid and regular **COVID-19 vaccine**-induced immunity against the Omicron epidemic.

Huang L, Lai FTT, Yan VKC, Cheng FWT, Cheung CL, Chui CSL, Li X, Wan EYF, Wong CKH, Hung IFN, Lau CS, Wong ICK, Chan EWY. *NPJ Vaccines*. 2022 Dec 15;7(1):162. doi: 10.1038/s41541-022-00594-7. PMID: 36522341 **Free PMC article**.

Evaluating the impact of a linguistically and culturally tailored social media ad campaign on **COVID-19 vaccine** uptake among indigenous populations in Guatemala: a pre/post design intervention study.

Abascal Miguel L, Lopez E, Sanders K, Skinner NA, Johnston J, Vosburg KB, Kraemer Diaz A, Diamond-Smith N. *BMJ Open*. 2022 Dec 13;12(12):e066365. doi: 10.1136/bmjopen-2022-066365. PMID: 36523220

Factors Associated with Intention to Vaccinate Children 0-11 Years of Age Against **COVID-19**.

Stockwell MS, Porucznik CA, Dixon A, Duque J, Stanford JB, Veguilla V, Dawood FS. *J Am Board Fam Med*. 2022 Dec 16;jabfm.2022.220150R1. doi: 10.3122/jabfm.2022.220150R1. Online ahead of print. PMID: 36526327

Longitudinal characterisation of B and T-cell immune responses after the booster dose of **COVID-19 mRNA-vaccine** in people with multiple sclerosis using different disease-modifying therapies.

Aiello A, Coppola A, Ruggieri S, Farroni C, Altera AMG, Salmi A, Vanini V, Cuzzi G, Petrone L, Meschi S, Lapa D, Bettini A, Haggiag S, Prosperini L, Galgani S, Quartuccio ME, Bevilacqua N, Garbuglia AR, Agrati C, Puro V, Tortorella C, Gasperini C, Nicastrì E, Goletti D. *J Neurol Neurosurg Psychiatry*. 2022 Dec 15;jnnp-2022-330175. doi: 10.1136/jnnp-2022-330175. Online ahead of print. PMID: 36522154

Effectiveness of fourth dose of **COVID-19 vaccine** against the Omicron variant compared with no vaccination.

Zeng J, Szanyi J, Blakely T. *Int J Epidemiol*. 2022 Dec 16;dyac231. doi: 10.1093/ije/dyac231. Online ahead of print. PMID: 36525399

Preferences and willingness of accepting **COVID-19 vaccine** booster: Results from a middle-income country.

Chang CT, Lim XJ, Chew CC, Rajan P, Chan HK, Abu Hassan MR, Akmal Shafie A, Lee SWH. *Vaccine*. 2022 Dec 12;40(52):7515-7519. doi: 10.1016/j.vaccine.2022.10.057. Epub 2022 Nov 1. PMID: 36371369 **Free PMC article**.

How missing evidence-based medicine indicators can inform **COVID-19 vaccine** distribution policies: a scoping review and calculation of indicators from data in randomised controlled trials.

Larkin A, Waitzkin H, Fassler E, Nayar KR. *BMJ Open*. 2022 Dec 12;12(12):e063525. doi: 10.1136/bmjopen-2022-063525. PMID: 36523237

Oral Mucous Membrane Pemphigoid after SARS-Cov-2 vaccination.

Calabria E, Antonelli A, Annamaria L, Giudice A. *Oral Dis*. 2022 Dec 14. doi: 10.1111/odi.14468. Online ahead of print. PMID: 36516333

Response to: Adrenal haemorrhage and **COVID-19 vaccine**-induced immune thrombotic thrombocytopenia: correspondence.

Lin CY, Yang CC, Huang LY, Wu KA, Chan JS, Chiang WF, Wu KL, Shyu HY, Kao YH, Hsiao PJ.QJM. 2022 Dec 12;115(12):876-877. doi: 10.1093/qjmed/hcac007. PMID: 35038745 **Free PMC article.**

Letter to the Editor: COVID-19 Vaccine Uptake Among Adolescents and Young Adults Diagnosed with Cancer: Correspondence.

Mungmunpantipantip R, Wiwanitkit V.J Adolesc Young Adult Oncol. 2022 Dec 14. doi: 10.1089/jayao.2022.0161. Online ahead of print. PMID: 36520612

Systemic drug-related intertriginous and flexural exanthema-like eruption after Oxford-AstraZeneca **COVID-19 vaccine.**

Di Bona D, Miniello A, Nettis E.Clin Mol Allergy. 2022 Dec 12;20(1):13. doi: 10.1186/s12948-022-00179-8. PMID: 36503530 **Free PMC article.**

Toxic epidermal necrosis following Sinopharm **COVID-19 vaccine** (BBIBP-CorV): A case report and literature review.

Shakoei S, Hadizadeh A.Clin Case Rep. 2022 Dec 13;10(12):e6726. doi: 10.1002/ccr3.6726. eCollection 2022 Dec. PMID: 36523388 **Free PMC article.**

Cold-adapted SARS-CoV-2 variants with different temperature sensitivity exhibit an attenuated phenotype and confer protective immunity.

Faizuloev E, Gracheva A, Korchevaya E, Smirnova D, Samoilikov R, Pankratov A, Trunova G, Khokhlova V, Ammour Y, Petrusha O, Poromov A, Leneva I, Svitich O, Zverev V.Vaccine. 2022 Dec 13:S0264-410X(22)01533-X. doi: 10.1016/j.vaccine.2022.12.019. Online ahead of print. PMID: 36528447

Associations Between Routine Adolescent Vaccination Status and Parental Intent to Get a **COVID-19 Vaccine** for Their Adolescent.

Pingali C, Zhang F, Santibanez TA, Elam-Evans LD, Hill HA, Valier MR, Singleton JA.JAMA Pediatr. 2022 Dec 12. doi: 10.1001/jamapediatrics.2022.4877. Online ahead of print. PMID: 36508203

Letter in Reply to "A Comment on 'COVID-19 Vaccine Hesitancy and Physician-Led Intervention'".

Glendening J.Mil Med. 2022 Dec 14:usac388. doi: 10.1093/milmed/usac388. Online ahead of print. PMID: 36515149

Patentes registradas en Patentscope

Estrategia de búsqueda: *Vaccine in the title or abstract AND 20221201:20221211 as the publication date 92 records*

1.[WO/2022/253191](#)TLR7 AGONIST CONJUGATED PEPTIDE-BASED NOVEL CORONAVIRUS NANOEMULSION VACCINE AND PREPARATION THEREOF
WO - 08.12.2022

Clasificación Internacional [C07K 14/165](#) N° de solicitud PCT/CN2022/096041 Solicitante SHANGHAI INSTITUTE OF MATERIA MEDICA, CHINESE ACADEMY OF SCIENCES Inventor/a ZHANG, Xinxin

The present invention relates to a novel coronavirus vaccine using a TLR7 agonist conjugated peptide as an antigen and an emulsion as an adjuvant. An antigen polypeptide of the conjugated peptide is a polypeptide derived from an S protein of SARS-CoV-2, and the adjuvant is an oil-in-water nanoemulsion containing squalene. The conjugated peptide nanoemulsion vaccine preparation of the present invention is thermally stable, and can induce a high level of protective humoral immune response in a cynomolgus monkey, and the neutralizing antibody titer of antiserum after immunization of cynomolgus monkey is high, such that invasion of wild-type strain and mutant novel coronavirus can be blocked. The vaccine of the present invention has a nearly complete protection effect on the upper and lower respiratory tracts of the cynomolgus monkey in a cynomolgus monkey SARS-CoV-2 challenge test. The nanoemulsion vaccine of the present invention is fast and convenient to prepare, and can realize large-scale production in a short term for coping with the novel coronavirus outbreak.

2. [20220387569](#) INDUCED PLURIPOTENT STEM CELL-BASED CANCER VACCINES

US - 08.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud 17827957 Solicitante Khloris Biosciences, Inc. Inventor/a Stephen D. Wolpe

In one embodiment, the present application discloses a mammalian autologous vaccine or allogeneic vaccine comprising an effective amount of a mammalian induced pluripotent stem cells (iPSCs) obtained by reprogramming of somatic cells from a patient; wherein the autologous vaccine or the allogeneic vaccine expresses a gene selected from the group consisting of ASTE1, BIRC5, CDCA1, CDKN2A, DEPDC1, EGFR, ERBB2, FOXM1, GPC3, HJURP, HSPA8, HSP90B1, IDH1, IDO1, IGF2BP3, IMP3, KIF20A, KIF20B, MELK, MGAT5, NUF2, PMEL, RAS, TAF1B, TOMM34, TTK, TP53, VEGFR1 and VEGFR2; and wherein the autologous vaccine or the allogeneic vaccine induces an immune response from the patient for the treatment of cancer.

3. [WO/2022/256277](#) INDUCED PLURIPOTENT STEM CELL-BASED CANCER VACCINES

WO - 08.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud PCT/US2022/031491 Solicitante KHLORIS BIOSCIENCES, INC. Inventor/a WOLPE, Stephen, D.

In one embodiment, the present application discloses a mammalian autologous vaccine or allogeneic vaccine comprising an effective amount of a mammalian induced pluripotent stem cells (iPSCs) obtained by reprogramming of somatic cells from a patient; wherein the autologous vaccine or the allogeneic vaccine expresses a gene selected from the group consisting of ASTE1, BIRC5, CDCA1, CDKN2A, DEPDC1, EGER, ERBB2, FOXM1, GPC3, HJURP, HSPA8, HSP90B1, IDH1, IDO1, IGF2BP3, IMP3, KIF20A, KIF20B, MEEK, MGAT5, NUF2, PMEL, RAS, TAF1B, TOMM34, TTK, TP53, VEGFR1 and VEGFR2; and wherein the autologous vaccine or the allogeneic vaccine induces an immune response from the patient for the treatment of cancer.

4. [20220387577A](#) NOVEL VACCINE AGAINST HEAMOPHILUS PARASUIS

US - 08.12.2022

Clasificación Internacional [A61K 39/102](#) N° de solicitud 17775411 Solicitante Intervet Inc. Inventor/a Antonius Arnoldus Christiaan Jacobs

The invention pertains to a serine protease antigen which induces antibodies against a protein having at least 69% sequence identity with the *Haemophilus parasuis* protein according to SEQ ID No: 1, for use in a prophylactic method to protect a pig against an infection with *Haemophilus parasuis* by administering a vaccine to the pig, wherein the vaccine comprises the serine protease antigen. The invention also pertains to a vaccine, a method to manufacture such a vaccine and a method to protect a pig against *H. parasuis*.

5. [20220387574](#) ATTENUATED SALMONELLA GALLINARUM MUTANT STRAINS AND USES THEREOF

US - 08.12.2022

Clasificación Internacional [A61K 39/112](#) N° de solicitud 17824608 Solicitante SEOUL NATIONAL UNIVERSITY R&DB FOUNDATION Inventor/a Hyuk-Joon KWON

The present disclosure relates to *Salmonella Gallinarum* mutant strains and uses thereof. A vaccine composition according to an aspect has no risk of recovering pathogenicity, has no residual pathogenicity due to detoxification of an endotoxin, and does not cause lesions and bacterial re-isolation, thereby exhibiting significantly improved safety compared to the existing fowl typhoid vaccines. In addition, since the vaccine composition induces a high-level immune response even when administered to young chicks, it may be used regardless of age, and as the vaccine strain may be used as a live vaccine having an excellent protective capability by itself, the vaccine composition may be useful for preventing and alleviating fowl typhoid.

6. [20220378900](#) A NOVEL VACCINE AGAINST HEAMOPHILUS PARASUIS

US - 01.12.2022

Clasificación Internacional [A61K 39/102](#) N° de solicitud 17775428 Solicitante Intervet Inc. Inventor/a Antonius Arnoldus Christiaan Jacobs

The invention pertains to a protein having at least 69% sequence identity with the protein according to SEQ ID No: 1 or an immunogenic fragment of this protein, for use in a prophylactic method to protect a pig against an infection with *Haemophilus parasuis* by administering a vaccine to the pig, the vaccine comprising the protein or the immunogenic fragment thereof as an antigen. The invention also pertains to a vaccine, a method to manufacture such a vaccine and a method to protect a pig against *H. parasuis*.

7. [20220378899](#) A NOVEL VACCINE AGAINST HEAMOPHILUS PARASUIS

US - 01.12.2022

Clasificación Internacional [A61K 39/102](#) N° de solicitud 17775425 Solicitante Intervet Inc. Inventor/a Antonius Arnoldus Christiaan Jacobs

The invention pertains to a protein having at least 69% sequence identity with the protein according to SEQ ID No: 1 or an immunogenic fragment of this protein, for use in a prophylactic method to protect a pig against an infection with *Haemophilus parasuis* serotype 4 and an infection with *Haemophilus parasuis* serotype 5, by administering a vaccine to the pig, the vaccine comprising the protein or the immunogenic fragment thereof as an antigen. The invention also pertains to a vaccine, a method to manufacture such a vaccine and a method to protect a pig against *H. parasuis*.

8. [WO/2022/253193](#) APPLICATION OF NOVEL CORONAVIRUS VACCINE PEPTIDE AND NANOEMULSION PREPARATION THEREOF IN PREVENTION OF NOVEL CORONAVIRUS WILD AND MUTANT STRAINS

WO - 08.12.2022

Clasificación Internacional [C07K 14/165](#) N° de solicitud PCT/CN2022/096047 Solicitante SHANGHAI INSTITUTE OF MATERIA MEDICA, CHINESE ACADEMY OF SCIENCES Inventor/a GONG, Likun

Disclosed are an application of a coronavirus SARS-CoV-2 vaccine polypeptide, a polypeptide composition and a nanoemulsion preparation thereof in the prevention of coronavirus SARS-CoV-2 wild and mutant strain infections. Specifically, provided is a coronavirus SARS-CoV-2 vaccine polypeptide having an amino acid sequence derived from an S protein of SARS-CoV-2 wild and mutant strains, the vaccine polypeptide can enable the body to generate high-level and durable humoral immune responses against SARS-CoV-2 and to produce high titers of RBD-binding antibodies and neutralizing antibodies that block the binding of RBD to ACE2. The vaccine polypeptide can be used to prevent infections of SARS-CoV-2 wild strain and B.1.1.7, B.1.351, B.1.617, B.1.1.529 and other mutant strains.

9. [202141021918](#) ADJUVANTED INACTIVATED RECOMBINANT RABIES VIRUS VECTORED CORONAVIRUS VACCINE FORMULATIONS

IN - 02.12.2022

Clasificación Internacional [A61K](#) / N° de solicitud 202141021918 Solicitante BHARAT BIOTECH INTERNATIONAL LIMITED Inventor/a VADREVVU, Krishna Mohan

The invention discloses an adjuvanted inactivated recombinant rabies virus vectored coronavirus vaccine formulation comprising SEPIVAC SWE or MemVax as adjuvant/s. The invention provides vaccine compositions, formulation 1 comprising combination of inactivated recombinant rabies virus vectored antigen and SEPIVAC SWE as an adjuvant and formulation 2 comprising combination of inactivated recombinant rabies virus vectored antigen and MemVax as an adjuvant. The said adjuvanted inactivated recombinant rabies virus vectored (rDNA-CoroRab) vaccine formulation prepared using SEPIVAC SWE or MemVax induces robust humoral, and cell mediated responses against SARS-CoV-2 compared to antigen alone and provides long term immunity.

10. [WO/2022/254459](#) ADJUVANTED INACTIVATED RECOMBINANT RABIES VIRUS VECTORED CORONAVIRUS VACCINE FORMULATIONS

WO - 08.12.2022

Clasificación Internacional [A61K 39/215](#) N° de solicitud PCT/IN2022/050504 Solicitante BHARAT BIOTECH INTERNATIONAL LIMITED Inventor/a VADREVVU, Krishna Mohan

The invention discloses an adjuvanted inactivated recombinant rabies virus vectored coronavirus vaccine formulation comprising SEPIVAC SWE or MemVax as adjuvant/s. The invention provides vaccine compositions, formulation 1 comprising combination of inactivated recombinant rabies virus vectored antigen and SEPIVAC SWE as an adjuvant and formulation 2 comprising combination of inactivated recombinant rabies virus vectored antigen and MemVax as an adjuvant. The said adjuvanted inactivated recombinant rabies virus vectored (rDNA-CoroRab) vaccine formulation prepared using SEPIVAC SWE or MemVax induces robust humoral, and cell mediated responses against SARS-CoV-2 compared to antigen alone and provides long term immunity.

11. [20220378905](#) COMPOSITE-TYPE NANO-VACCINE PARTICLE

US - 01.12.2022

Clasificación Internacional [A61K 39/215](#) N° de solicitud 17662969 Solicitante NEUCOLOGY BIOMEDICAL INC. Inventor/a CHUNG CHIN SUN

The present invention discloses a composite-type nano-vaccine particle, which comprises an active ingredient selected from spike RBD protein of COVID-19, two adjuvants as aluminium salt nanoparticle and synthetic oligonucleotides, and an amphiphilic alginate-based nanocarrier encapsulating the active ingredient and the two adjuvants. The composite-type nano-vaccine particle has a particle size ranging from 300 nm to 1400 nm in diameter.

12. [WO/2022/249104](#) METHODS OF PRODUCING TUMOR VACCINES AND USES THEREOF

WO - 01.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud PCT/IB2022/054911 Solicitante BEYOND AIR, INC. Inventor/a AVNIEL, Amir

Methods of producing tumor vaccine and uses thereof are provided. Accordingly there is provided a method of producing a tumor vaccine, the method comprising ex-vivo exposing a tumor sample to gaseous nitric oxide (gNO); suspending said tumor sample in a medium or buffer subsequent to said exposing, so as obtain tumor cells in suspension; and titrating a pH of said suspension to 6-8. Also provided is provided a method of producing a tumor vaccine, the method comprising ex-vivo exposing a tumor sample to gaseous nitric oxide (gNO); and culturing said tumor sample in a medium comprising antibiotic at a concentration of at least 2 fold higher than the gold standard concentration for culturing primary cells of the same type as said tumor sample. Also provided are vaccines obtainable by the method and uses thereof.

13. [WO/2022/250518](#) VACCINE FOR PREVENTION OR TREATMENT OF VIRAL INFECTION

WO - 01.12.2022

Clasificación Internacional [C07K 19/00](#) N° de solicitud PCT/KR2022/007697 Solicitante LEMONEX INC.
Inventor/a WON, Cheol Hee

The present invention relates to a nucleic acid molecule of RBD-(L)n-X sequence (in the sequence, RBD is a sequence of at least partial region including the receptor binding domain of the spike protein, L is a linker sequence, n is 0 or 1, and X is the nucleotide sequence of SEQ ID NO: 1) and a viral vaccine composition containing the nucleic acid molecule. Preferably, the molecule can be used in a vaccine composition against various viral infections.

14. [WO/2022/247743](#) COMPOUNDS AND THEIR USE AS VACCINE ADJUVANTS

WO - 01.12.2022

Clasificación Internacional [C07D 471/04](#) N° de solicitud PCT/CN2022/094090 Solicitante FULGENT GENETICS, INC. Inventor/a LU, Lu

Provided herein are a series of compounds and their use as an adjuvant. Provided herein are the compounds, a composition comprising the compounds, and the use thereof. These compounds can be used as an adjuvant for a vaccine, and compared to the conventional aluminum adjuvant, the compounds can significantly improve the cellular and humoral immune responses to a vaccine. The compounds as an adjuvant can increase a broad-spectrum protection against various corona viruses such as SARS virus, influenza viruses, and HIV viruses, and significantly enhance persistence of immunoprotection of vaccines.

15. [20220378893](#) RECOMBINANT MPT PROTEIN DERIVED FROM MPT63 AND MPT64 AND USE THEREOF

US - 01.12.2022

Clasificación Internacional [A61K 39/04](#) N° de solicitud 17736708 Solicitante INDUSTRY-UNIVERSITY COOPERATION FOUNDATION HANYANG UNIVERSITY ERICA CAMPUS Inventor/a Chul-Su Yang

The present disclosure is the first to identify a host cell protein and its function with which MPT63 and MPT64, secreted antigens of *Mycobacterium tuberculosis*, interact, and to construct a recombinant MPT protein including each domain of MPT63 and MPT64 interacting with the host cell protein, and the recombinant MPT protein may be applied to a use for the prevention and treatment of tuberculosis by confirming that the recombinant MPT protein targets the *Mycobacterium tuberculosis*-infected macrophages and increases the ROS level and inflammatory cytokine expression in macrophages, thereby inducing the death of *Mycobacterium tuberculosis*. And MPT protein of the present disclosure can improve the vaccine effect by the BCG vaccine so that it can be used as a tuberculosis vaccine and/or vaccine adjuvant either alone or together with known tuberculosis vaccines.

16. [20220378901](#) APPLICATION OF PSEUDOMONAS AERUGINOSA VACCINE IN RESPIRATORY DISEASE

US - 01.12.2022

Clasificación Internacional [A61K 39/104](#) N° de solicitud 17637028 Solicitante Sichuan University Inventor/a Zhenling WANG

The present invention provides use of a *Pseudomonas aeruginosa* vaccine in the manufacture of a medicament for the prevention and treatment of respiratory system disease. The *Pseudomonas aeruginosa* vaccine of the present invention can effectively prevent and treat pulmonary infection caused by multidrug-resistant *Pseudomonas aeruginosa* and COPD complicated with *Pseudomonas aeruginosa* infection by activating the specific immune response of the body. The *Pseudomonas aeruginosa* vaccine of the present invention can reduce the bacterial load in the immunized subject through the established immunization procedures, thereby providing a technical solution that can effectively prevent pulmonary

infection with *Pseudomonas aeruginosa*, which avoids the technical problems caused by the use of antibiotics such as poor effectiveness, difficulty in curing and proneness to drug resistance in the prior art to a certain degree.

17. [20220387516](#) FIBROBLAST-DERIVED UNIVERSAL IMMUNOLOGICAL COMPOSITION

US - 08.12.2022

Clasificación Internacional [A61K 35/33](#) N° de solicitud 17755275 Solicitante FIGENE, LLC Inventor/a Pete O'HEERON

Described are means of generating immunological compositions that are universally applicable for induction of immunity to neoplasia regardless of histological origin of tissue. Certain methods concern fibroblasts that are manipulated or dedifferentiated in a manner to induce expression of tumor associated antigens including cancer testis antigens. These cells are used as a source of antigenic stimuli for creation of a cellular vaccine, and/or an exosome vaccine, and/or a lysate-based vaccine.

18. [WO/2022/251293](#) ASSIGNING PEPTIDES TO PEPTIDE GROUPS FOR VACCINE DEVELOPMENT

WO - 01.12.2022

Clasificación Internacional [G16B 20/00](#) N° de solicitud PCT/US2022/030826 Solicitante AMAZON TECHNOLOGIES, INC. Inventor/a PRICE, Layne Christopher

Techniques are described and relate to assigning peptides to peptide groups for vaccine development. In an example, a peptide property of a peptide is determined, where this peptide is from different peptides that are to be assigned to different groups of vaccine. A determination is also made that the peptide is to be assigned to a first group from the different groups based at least in part on the peptide property. The first group has a first group property that is based at least in part on peptide properties of first peptides to be assigned to the first group. The first group property is within a similarity range relative to a second group property of a second group from the different groups. Information is generated and indicates that the peptide is assigned to the first group.

19. [20220383996](#) ASSIGNING PEPTIDES TO PEPTIDE GROUPS FOR VACCINE DEVELOPMENT

US - 01.12.2022

Clasificación Internacional [G16H 10/60](#) N° de solicitud 17332719 Solicitante Amazon Technologies, Inc. Inventor/a Layne Christopher Price

Techniques are described and relate to assigning peptides to peptide groups for vaccine development. In an example, a peptide property of a peptide is determined, where this peptide is from different peptides that are to be assigned to different groups of vaccine. A determination is also made that the peptide is to be assigned to a first group from the different groups based at least in part on the peptide property. The first group has a first group property that is based at least in part on peptide properties of first peptides to be assigned to the first group. The first group property is within a similarity range relative to a second group property of a second group from the different groups. Information is generated and indicates that the peptide is assigned to the first group.

20. [WO/2022/256310](#) PROTECTIVE VACCINE ANTIGEN AGAINST STREPTOCOCCAL INFECTION

WO - 08.12.2022

Clasificación Internacional [A61K 39/02](#) N° de solicitud PCT/US2022/031571 Solicitante THE REGENTS OF THE UNIVERSITY OF CALIFORNIA Inventor/a GONZALEZ, David J.

Group A Streptococcus (GAS) is associated with an estimated half-million deaths per year and 21 severe autoimmune sequelae. Despite the ubiquity of GAS infection, no vaccine currently exists. Provided herein is a Streptococcus S protein or an equivalent thereof used as a vaccine, along with the related compositions and methods.

21. [WO/2022/256188](#) METHODS AND COMPOSITION FOR INDUCING AN IMMUNE RESPONSE BY A RECOMBINANT VACCINIA VIRUS

WO - 08.12.2022

Clasificación Internacional [A61K 39/12](#) N° de solicitud PCT/US2022/030297 Solicitante UNIVERSITY OF ROCHESTER Inventor/a WARD, Brian, M.

A method for inducing an immune response to an antigen in a subject is disclosed. The method comprises the step of administering to the subject an effective amount of a recombinant vaccinia virus in which the coding sequence for the extracellular virion protein F13 has been replaced with the coding sequence for MC021, a mollusum contagiosum virus homolog of F13, wherein the recombinant vaccinia virus comprises a nucleic acid encoding an immunogenic epitope of the antigen.

22. [20220378910](#) METHODS OF INDUCING NEOEPITOPE-SPECIFIC T CELLS WITH A PD-1 AXIS BINDING ANTAGONIST AND AN RNA VACCINE

US - 01.12.2022

Clasificación Internacional [A61K 39/395](#) N° de solicitud 17854649 Solicitante Genentech, Inc. Inventor/a Lars MUELLER

The present disclosure provides methods for inducing neoepitope-specific CD8+ T cells in an individual or for inducing trafficking of neoepitope-specific CD8+ T cells to a tumor in an individual using an RNA vaccine or using an RNA vaccine in combination with a PD-1 axis binding antagonist. Also provided herein are PD-1 axis binding antagonists and RNA vaccines that include one or more polynucleotides encoding one or more neoepitopes resulting from cancer-specific somatic mutations present in a tumor specimen obtained from the individual for use in methods of inducing neoepitope-specific CD8+ T cells in an individual or for inducing trafficking of neoepitope-specific CD8+ T cells to a tumor in an individual.

23. [20220378896](#) VACCINE COMPOSITIONS AND METHODS FOR REDUCING TRANSMISSION OF STREPTOCOCCUS PNEUMONIAE

US - 01.12.2022

Clasificación Internacional [A61K 39/09](#) N° de solicitud 17602414 Solicitante St. Jude Children's Research Hospital Inventor/a Jason W. Rosch

Compositions and methods are provided for reducing the mammalian transmission of *Streptococcus pneumoniae* (*S. pneumoniae*) through the administration to mammalian subjects of vaccine compositions comprising at least one immunogenic polypeptide comprising a *S. pneumoniae* protein or a fragment or variant thereof that is required for or involved in transmission of the bacteria between mammalian hosts. These vaccine compositions also serve to reduce the incidence rate of at least one invasive disease caused by *S. pneumoniae*. Methods are also provided for identifying additional genetic factors involved in mammalian transmission of *S. pneumoniae*.

24. [WO/2022/253134](#) METHOD FOR IMPROVING IMMUNOGENICITY/ANTIGENIC TRIMER STABILITY OF ECD ANTIGEN OF SARS-COV-2 MUTANT STRAIN

WO - 08.12.2022

Clasificación Internacional [C07K 19/00](#) N° de solicitud PCT/CN2022/095609 Solicitante SINOCELLTECH LTD Inventor/a XIE, Liangzhi

The present invention relates to the field of molecular vaccinology, and provides a method for improving the immunogenicity/antigenic trimer stability of an extracellular domain (ECD) antigen of a SARS-CoV-2 mutant strain, and an ECD immunogenic protein/peptide, having improved immunogenicity/antigenic trimer stability, of the SARS-CoV-2 mutant strain. The present invention comprises, but is not limited to, an ECD of a spike protein (S protein) of a SARS-CoV-2 strain, a B.1 strain, a B.1.1.7 strain or a B.1.351 strain having a genome sequence number of GenBank Accession No. MN908947.3; by introducing a homotrimer formed by a mutation site and a trimerization-assisted structure, the immunogenicity/antigenic trimer stability of the ECD antigen is improved. A vaccine further comprises a pharmaceutically acceptable adjuvant. A vaccine composition exhibits excellent immunogenicity in mice and Macaca

fascicularis, and can maintain long-term humoral and cellular immune responses. A recombinant trimer protein vaccine can be used for preventing diseases related to SARS-CoV-2 infections.

25. [20220387581](#) ORAL ADMINISTRATION OF CORONAVIRUS SPIKE PROTEIN FOR ALTERING CYTOKINE LEVELS AND PROVIDING PASSIVE IMMUNITY TO NEWBORN PIGS

US - 08.12.2022

Clasificación Internacional [A61K 39/215](#) N° de solicitud 17805396 Solicitante MAZEN ANIMAL HEALTH INC. Inventor/a John Howard

Plants and plant produced compositions which include Coronavirus S proteins are disclosed. These may be used as vaccines, boosters or immune modulators. The compositions have been shown to reduce the inflammatory cytokine response by altering cytokine levels when administered to an animal. The compositions may be used as an immune modulator to reduce/ameliorate or prevent the cytokine storm often associated with Coronavirus or other virus infection. The compositions may also be used to produce additive protection when administered with any vaccine composition to increase vaccine effectiveness. The compositions when used as vaccines have been shown to protect newborn animals through passive immunity.

26. [WO/2022/251406](#) COMBINED AGONIST ADJUVANT FOR CORONAVIRUS VACCINE

WO - 01.12.2022

Clasificación Internacional [A61K 39/215](#) N° de solicitud PCT/US2022/031002 Solicitante THE REGENTS OF THE UNIVERSITY OF MICHIGAN Inventor/a WONG, Pamela

The disclosure is directed to compositions and methods for inducing an immune response against a coronavirus, which involve a coronavirus vaccine and an adjuvant composition. The adjuvant composition comprises a nanoemulsion, an agonist of retinoic acid-inducible gene I (RIG-I), and/or an agonist of a toll-like receptor.

27. [20220387584](#) MEVALONATE PATHWAY INHIBITOR AS HIGHLY-EFFICIENT VACCINE ADJUVANT

US - 08.12.2022

Clasificación Internacional [A61K 39/39](#) N° de solicitud 17664134 Solicitante Tsinghua University Inventor/a Yonghui Zhang

Disclosed are inhibitors of mevalonate pathway as an efficient vaccine adjuvant and use thereof. In particular, the inhibitor is an acetoacetyl-CoA transferase inhibitor, a HMG-CoA synthase inhibitor, a HMG-CoA reductase inhibitor, a mevalonate kinase inhibitor, a phosphomevalonate kinase inhibitor, a mevalonate-5-pyrophosphate decarboxylase inhibitor, an isopentenyl pyrophosphate isomerase inhibitor, a farnesyl pyrophosphate synthase inhibitor, a geranylgeranyl pyrophosphate synthase inhibitor or a geranylgeranyl transferase (I, II) inhibitor. Also disclosed is an immunogenic composition comprising inhibitors of mevalonate pathway as an adjuvant.

28. [WO/2022/256695](#) ORAL ADMINISTRATION OF CORONAVIRUS SPIKE PROTEIN FOR ALTERING CYTOKINE LEVELS AND PROVIDING PASSIVE IMMUNITY TO NEWBORN PIGS

WO - 08.12.2022

Clasificación Internacional [A61K 38/16](#) N° de solicitud PCT/US2022/032227 Solicitante MAZEN ANIMAL HEALTH INC. Inventor/a HOWARD, John

Plants and plant produced compositions which include Coronavirus S proteins are disclosed. These may be used as vaccines, boosters or immune modulators. The compositions have been shown to reduce the inflammatory cytokine response by altering cytokine levels when administered to an animal. The compositions may be used as an immune modulator to reduce/ameliorate or prevent the cytokine storm often associated with Coronavirus or other virus infection. The compositions may also be used to produce additive protection when administered with any vaccine composition to increase vaccine effectiveness.

The compositions when used as vaccines have been shown to protect newborn animals through passive immunity.

29. [20220378904](#)HMPV MRNA VACCINE COMPOSITION

US - 01.12.2022

Clasificación Internacional [A61K 39/12](#) N° de solicitud 17737581 Solicitante ModernaTX, Inc. Inventor/a Lori Panther

Provided herein are vaccine composition comprising a chemically-modified messenger ribonucleic acid (mRNA) encoding a hMPV fusion (F) glycoprotein and a chemically-modified mRNA encoding a hPIV3 F glycoprotein formulated in a cationic lipid nanoparticle formulation, and related method for inducing an antigen-specific immune response.

30. [20220380425](#)ANGPTL3 BASED VACCINE FOR THE TREATMENT OF LIVER DISEASE

US - 01.12.2022

Clasificación Internacional [C07K 14/515](#) N° de solicitud 17624114 Solicitante CADILA HEALTHCARE LIMITED Inventor/a Mukul JAIN

The present invention relates to a vaccine capable to induce the formation of antibodies directed to angiotensin-like 3 in vivo. More specifically, the present invention relates to a use of a vaccines which are able to influence the angiotensin-like 3 mediated immune response for the treatment of liver diseases such as non-alcoholic steatohepatitis and non-alcoholic fatty liver disease and hyperlipidaemia, hypercholesterolemia, or atherosclerosis including the complications lead to the cardiovascular diseases (CVD) which causes morbidity and mortality.

31. [202217040419](#)CORONAVIRUS VACCINE

IN - 02.12.2022

Clasificación Internacional [A61K /](#) N° de solicitud 202217040419 Solicitante CUREVAC AG Inventor/a RAUCH, Susanne

The present invention is directed to a nucleic acid suitable for use in treatment or prophylaxis of an infection with a coronavirus, preferably with a Coronavirus SARS-CoV-2, or a disorder related to such an infection, preferably COVID-19. The present invention is also directed to compositions, polypeptides, and vaccines. The compositions and vaccines preferably comprise at least one of said nucleic acid sequences, preferably nucleic acid sequences in association a lipid nanoparticle (LNP). The invention is also directed to first and second medical uses of the nucleic acid, the composition, the polypeptide, the combination, the vaccine, and the kit, and to methods of treating or preventing a coronavirus infection, preferably a Coronavirus infection.

32. [202227059757](#)A VACCINE AGAINST SARS-COV-2 AND PREPARATION THEREOF

IN - 02.12.2022

Clasificación Internacional [A61K /](#) N° de solicitud 202227059757 Solicitante ZYDUS LIFESCIENCES LIMITED Inventor/a PATEL, Pankaj

The current invention provides a DNA construct comprising S gene or S1 gene region of 2019-nCoV spike-S protein. The DNA construct of the present invention comprises DNA plasmid vector carrying S gene or S1 gene region of 2019-nCoV spike-S protein. The vector may further comprise a gene encoding IgE signal peptide or a gene encoding t-PA signal peptide. The DNA construct according to the present invention is further used in the preparation of an immunogenic composition or a vaccine for treating or preventing corona virus or its related diseases.

33. [20220380410](#)Live Attenuated Universal Influenza Virus Vaccines, Methods and Uses Thereof

US - 01.12.2022

Clasificación Internacional [C07K 14/005](#) N° de solicitud 17616137 Solicitante Pentavalent Bio Sciences Pvt Ltd Inventor/a Bhavani Venkataswamachari Peddayelachagiri

The present invention provides a modified influenza viruses comprising haemagglutinin and a headless haemagglutinin. The haemagglutinin is provided by a source exogenous to the virus and the headless haemagglutinin is encoded by the viral genome. The present disclosure also provides modified influenza viruses comprising a headless haemagglutinin. The present disclosure also provides vaccine compositions comprising the modified influenza viruses. The vaccine compositions of the present disclosure can elicit broad neutralizing antibodies and provide cross-protection across various influenza strains. Methods, compositions and cells for propagating the modified influenza viral strains related to vaccines is also provided.

34. [20220387580](#) VACCINE FOR USE IN THE PROPHYLAXIS AND/OR TREATMENT OF A DISEASE
US - 08.12.2022

Clasificación Internacional [A61K 39/21](#) N° de solicitud 17732127 Solicitante INPROTHER APS Inventor/a Peter HOLST

The present invention relates to an adenoviral vector capable of encoding a virus-like particle (VLP), said VLP displaying an inactive immune-suppressive domain (ISD). The vaccine of the invention shows an improved immune response from either of both of the response pathways initiated by CD4 T cells or CD8 T cells.

35. [WO/2022/256360](#) TUMOR CELL VACCINES
WO - 08.12.2022

Clasificación Internacional [A61P 35/00](#) N° de solicitud PCT/US2022/031697 Solicitante NEUVOGEN, INC. Inventor/a FERRARO, Bernadette

The present disclosure provides an allogeneic whole cell cancer vaccine platform that includes compositions and methods for treating and preventing cancer. Provided herein are compositions containing a therapeutically effective amount of cells from one or more cancer cell lines, some or all of which are modified to (i) inhibit or reduce expression of one or more immunosuppressive factors by the cells, and/or (ii) express or increase expression of one or more immunostimulatory factors by the cells, and/or (iii) express or increase expression of one or more tumor-associated antigens (TAAs), including TAAs that have been mutated, and which comprise cancer cell lines that natively express a heterogeneity of tumor associated antigens and/or neoantigens, and/or (iv) express one or more tumor fitness advantage mutations, including but not limited to acquired tyrosine kinase inhibitor (TKI) resistance mutations, EGFR activating mutations, and/or (v) express modified ALK intracellular domain(s), and/or express one or more driver mutations. Also provided herein are methods of making and preparing the vaccine compositions and methods of use thereof.

36. [WO/2022/251101](#) COMPOSITIONS AND METHODS RELATED TO SURGE-ASSOCIATED SARS-COV-2 MUTANTS
WO - 01.12.2022

Clasificación Internacional [A61K 39/12](#) N° de solicitud PCT/US2022/030511 Solicitante NREFERENCE, INC. Inventor/a SOUNDARARAJAN, Venkataramanan

Compositions for use as a vaccine against SARS-CoV-2 infection are disclosed, which comprise either a polypeptide that comprises at least one surge-associated mutation (e.g., deletion) in its amino acid sequence or a nucleic acid (e.g., mRNA) that encodes said polypeptide. Also disclosed are formulations that include these compositions, antibodies or their antigen-binding fragments directed to these polypeptides, methods of making such antibodies, methods of vaccinating subjects against SARS-CoV-2 infection, and methods of selecting an antibody, convalescent plasma, or vaccine against SARS-CoV-2 infection.

37. [20220378898](#) Attenuated Bordetella Strains
US - 01.12.2022

Clasificación Internacional [A61K 39/02](#) N° de solicitud 17650487 Solicitante Institut Pasteur de Lille
Inventor/a Camille Loch

A mutated *Bordetella* strain comprising at least a mutated ptx gene, a deleted or mutated dnt gene and a heterologous ampG gene is provided. The attenuated mutated *Bordetella* strain can be used in an immunogenic composition or a vaccine for the treatment or prevention of a *Bordetella* infection. Use of the attenuated *Bordetella* strain for the manufacture of a vaccine or immunogenic composition, as well as methods for protecting mammals against infection by *Bordetella* are also provided.

38. [202217040433](#)MULTIVALENT HVT VECTOR VACCINE

IN - 02.12.2022

Clasificación Internacional [C07K /](#) N° de solicitud 202217040433 Solicitante INTERVET INTERNATIONAL B.V. Inventor/a LANGEREIS, Martijn, Alexander

The present invention describes a recombinant herpesvirus of turkeys (rHVT) that can be used as a vector vaccine for poultry against infection and disease from multiple poultry pathogens. Specifically the rHVT expresses an infectious bursal disease virus (IBDV) viral protein 2 (VP2) gene and a Newcastle disease virus (NDV) fusion (F) protein gene from a first and a second expression cassette inserted in the unique small (Us) region, and expresses an avian influenza virus (AIV) haemagglutinin (HA) gene from a third expression cassette inserted in the unique long (UL) region of the genome of said rHVT either between the UL40 and UL41 genes, or between the UL44 and UL45 genes. This rHVT can be used to vaccinate poultry against MDV, IBDV, NDV and AIV.

39. [202203788393](#)-SUBSTITUTED PIPERIDINE COMPOUNDS FOR CBL-B INHIBITION, AND USE THEREOF

US - 01.12.2022

Clasificación Internacional [A61K 35/17](#) N° de solicitud 17864307 Solicitante Nurix Therapeutics, Inc. Inventor/a Arthur T. SANDS

Compounds, compositions, and methods for use in inhibiting the E3 enzyme Cbl-b in the ubiquitin proteasome pathway are disclosed. The compounds, compositions, and methods can be used to modulate the immune system, to treat diseases amenable to immune system modulation, and for treatment of cells in vivo, in vitro, or ex vivo. Also disclosed are pharmaceutical compositions comprising a Cbl-b inhibitor and a cancer vaccine, as well as methods for treating cancer using a Cbl-b inhibitor and a cancer vaccine; and pharmaceutical compositions comprising a Cbl-b inhibitor and an oncolytic virus, as well as methods for treating cancer using a Cbl-b inhibitor and an oncolytic virus.

40. [202248065431](#) VACCINE AGAINST ACINETOBACTER BAUMANNII BASED ON CELLULAR COMPONENTS DEFICIENT IN LIPOPOLYSACCHARIDE

IN - 02.12.2022

Clasificación Internacional [A61K /](#) N° de solicitud 202248065431 Solicitante VAXDYN S.L Inventor/a MCCONNELL, Michael James

The invention refers to a composition comprising inactivated cells deficient in LPS from the genus *Acinetobacter* and/or outer membrane vesicles from the same and their use for the manufacture of a medicament preferably a vaccine for the prevention of diseases produced by organisms of the genus *Acinetobacter*.

41. [20220378902](#) BACTERIAL MEMBRANE VESICLES, AND SEPARATION AND PREPARATION SYSTEM AND METHOD THEREFOR

US - 01.12.2022

Clasificación Internacional [A61K 39/104](#) N° de solicitud 17637051 Solicitante Sichuan University Inventor/a Zhenling WANG

The present invention belongs to the field of microbiology, and particularly relates to membrane vesicles (MVs) isolated from bacteria, and an isolation and preparation system and method for the membrane vesicles, and applications of the membrane vesicles. The bacteria of the present invention comprise Gram-positive bacteria and Gram-negative bacteria. The invention uses ionizing irradiation to irradiate bacteria, and isolates and purifies the produced membrane vesicles. The membrane vesicles prepared can be used as a vaccine, a vaccine adjuvant and/or a pharmaceutical carrier. In addition, the present invention provides a biological composition comprising the membrane vesicles and inactivated bacteria. In addition, the present invention also provides a preparation system, and isolation and purification system for bacterial membrane vesicles and the corresponding method. The membrane vesicles obtained by using the system and method have high yield, high purity and easy to be industrialized.

42. [297414](#) CORONAVIRUS VACCINE

IL - 01.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud 297414 Solicitante PFIZER INC. Inventor/a

43. [20220387614](#) DOSAGE AND ADMINISTRATION OF A BACTERIAL SACCHARIDE GLYCOCONJUGATE VACCINE

US - 08.12.2022

Clasificación Internacional [A61K 47/64](#) N° de solicitud 17773637 Solicitante GLAXOSMITHKLINE BIOLOGICALS SA Inventor/a Roberto ADAMO

The present invention provides a glycoconjugate for administration to a subject in a method comprising the steps of: (i) administering a first dose of glycoconjugate; (ii) subsequently administering a second dose of glycoconjugate; wherein the amount of glycoconjugate in the first dose or first and second doses are atypically low, and also related aspects.

44. [WO/2022/250416](#) IMMUNO-ONCOLOGY THERAPEUTIC COMPOSITION USING ADJUVANT INCLUDING LIPOPEPTIDES AND POLY (I:C)

WO - 01.12.2022

Clasificación Internacional [A61K 39/39](#) N° de solicitud PCT/KR2022/007348 Solicitante CHA VACCINE RESEARCH INSTITUTE CO., LTD Inventor/a YUM, Jung Sun

An immuno-oncology therapeutic composition containing, as an active ingredient, an adjuvant including lipopeptides and poly (I:C) provided in one aspect of the present invention can induce a large therapeutic effect on a variety of carcinomas, and can be effectively used for anticancer therapy by significantly enhancing anticancer effects through combined administration with conventional anticancer drugs, such as chemical anticancer drugs, anticancer vaccines, and immune checkpoint inhibitors, having different mechanisms.

45. [20220389391](#) F-GENOTYPE MUMPS VIRUS ATTENUATED STRAIN AND CONSTRUCTION METHOD THEREFOR AND APPLICATION THEREOF

US - 08.12.2022

Clasificación Internacional [C12N 7/00](#) N° de solicitud 17755663 Solicitante SHANGHAI KING-CELL BIOTECHNOLOGY CO. LTD. Inventor/a Dayong TIAN

Provided are an F-genotype mumps virus attenuated strain, a construction method therefor and an application thereof. The attenuated strain is a mumps virus with the accession number of CCTCC NO: V201950. Further provided are a vaccine composition containing the F-genotype mumps virus attenuated strain as an active ingredient and a preparation method thereof.

46. [20220387461](#) CANCER VACCINE

US - 08.12.2022

Clasificación Internacional [A61K 31/7004](#) N° de solicitud 17640395 Solicitante VICTORIA LINK LTD Inventor/a Ian Francis HERMANS

The invention relates to a combination of a TLR-9 agonist and a conjugate of Formula (I) or pharmaceutically acceptable salt thereof. (Formula (I))

47. [297419](#)CORONAVIRUS VACCINE

IL - 01.12.2022

Clasificación Internacional [A61K 31/7088](#) N° de solicitud 297419 Solicitante BIONTECH SE Inventor/a

48. [WO/2022/253260](#)DETECTION KIT FOR NEUTRALIZING ANTIBODY FOR NOVEL CORONAVIRUS AND MUTANT STRAIN THEREOF

WO - 08.12.2022

Clasificación Internacional [G01N 33/68](#) N° de solicitud PCT/CN2022/096541 Solicitante NANJING GENSCRIPT BIOTECH CO., LTD. Inventor/a QIN, Xijian

A kit for detecting an antibody for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and/or a mutant strain thereof, and the use of the kit in sample detection and evaluation. Specifically, the joint detection kit for a neutralizing antibody for the novel coronavirus and a mutant strain thereof can detect the levels of neutralizing antibodies for different novel coronavirus strains in the same sample, the effectiveness of a vaccine or antibody drug on the treatment and prevention for different virus strains can be analyzed on the basis of differences obtained by comparing detected values of the different neutralizing antibodies for the novel coronavirus, and an infection source of the infected population can also be analyzed in an assisted manner.

49. [20220378887](#)TUMOR IMMUNOTHERAPY POLYPEPTIDE AND APPLICATION THEREOF

US - 01.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud 17774872 Solicitante GENOIMMUNE THERAPEUTICS CO., LTD. Inventor/a Si QIU

Provided are a polypeptide for tumor immunotherapy and use thereof. The polypeptide includes at least one polypeptide in a first peptide group, and optionally, at least one polypeptide in a second peptide group, the first peptide group includes polypeptides having amino acid sequences set forth in SEQ ID NO: 1 to SEQ ID NO: 6, and first derivative peptides thereof, and the second peptide group includes polypeptides having amino acid sequences set forth in SEQ ID NO: 7 to SEQ ID NO: 15, and second derivative peptides thereof. Further provided are an isolated nucleic acid, a construct, an expression vector, a host cell, a pharmaceutical composition, an antigen-presenting cell, an immune effector cell, a tumor vaccine, use of the polypeptide in the preparation of drugs for preventing or treating tumors, and a method for treating a patient suffering from tumors.

50. [20220378911](#)Use of Triplex CMV Vaccine in CAR T Cell Therapy

US - 01.12.2022

Clasificación Internacional [A61K 39/395](#) N° de solicitud 17572496 Solicitante City of Hope Inventor/a Don J. Diamond

A method for treating a patient comprising: (a) providing a composition comprising a population of T cells expressing both a chimeric antigen receptor (CAR) and a T cell receptor specific for a cytomegalovirus (CMV) antigen; (b) administering the composition to the patient; and (c) administering to the patient a viral vector encoding: (i) CMV pp65 and (ii) a fusion protein comprising exon 4 of CMV protein IE1 (e4) and exon 5 of CMV protein 1E2 (e5) either prior to or subsequent to administering the composition comprising a population of T cells to the patient is described.

51. [3371315](#)PHAGEMIDVEKTOR

DK - 05.12.2022

Clasificación Internacional [C12N 15/86](#) N° de solicitud 16790687 Solicitante Imperial College Innovations Limited Inventor/a ASAVARUT, Paladd

The invention provides hybrid and recombinant phagemid vectors for expressing a transgene in a target cell transduced with the vector. A recombinant phagemid particle comprises at least one transgene expression cassette which encodes an agent which exerts a biological effect on the target cell, characterised in that the phagemid particle comprises a genome which lacks at least 50% of its bacteriophage genome. The invention extends to the use of such phagemid expression systems as a research tool, and for the delivery of transgenes in a variety of gene therapy applications, DNA and/or peptide vaccine delivery and imaging techniques. The invention extends to in vitro, in vivo or in situ methods for producing viral vectors, such as recombinant adeno- associated viruses (rAAV) or lentivirus vectors (rLV), and to genetic constructs used in such methods.

52. [WO/2022/254209](#) STABLE COMPOSITION

WO - 08.12.2022

Clasificación Internacional [A61K 9/51](#) N° de solicitud PCT/GB2022/051392 Solicitante IMPERIAL COLLEGE INNOVATIONS LIMITED Inventor/a SHMOOL, Talia Amira

The present invention relates to a composition comprising at least one payload molecule and an ionic liquid (IL). The present invention is characterised in that the composition further comprises at least one of a solvent; an excipient matrix; and/or a delivery vehicle. The invention extends to a method of producing the composition, a pharmaceutical composition or a vaccine comprising the composition, and medical uses thereof.

53. [20220387567](#) COMPOSITIONS AND METHODS FOR TREATING DISEASES AND DISORDERS ASSOCIATED WITH ABERRANT REGULATION OF PROTEINS

US - 08.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud 17441662 Solicitante University of Virginia Patent Foundation Inventor/a Donald F. Hunt

Compositions that include anti-cancer, anti-tumor, and anti-microbial infection peptides are provided. In some embodiments, the compositions include 1-10 or more synthetic peptides that are between 8 and 50 amino acids long and include an amino acid sequence as disclosed herein. Also provided are in vitro populations of dendritic cells that include the compositions, in vitro populations of T cells capable of being activated upon being brought into contact with the populations of dendritic cells, antibodies and antibody-like molecules that specifically bind to complexes of an MHC class I molecule and the peptides, methods for using the disclosed compositions for treating and/or preventing cancer and/or microbial infections, methods for making cancer vaccines and anti-microbial vaccine, methods for screening peptides for inclusion in immunotherapy compositions, methods for determining a prognosis of a patient with a cancer and/or a microbial infection, kits that include the disclosed peptides, and methods for treating and/or preventing diseases, disorders, and/or conditions associated with hyperphosphorylation of MHC I peptides and/or MHC II peptides, inadequate PP2A activity, and/or undesirable CIP2A activity.

54. [20220387579](#) VACCINE COMPOSITIONS HAVING IMPROVED STABILITY AND IMMUNOGENICITY

US - 08.12.2022

Clasificación Internacional [A61K 39/155](#) N° de solicitud 17750612 Solicitante Novavax, Inc. Inventor/a Gale SMITH

Disclosed herein are nanoparticles suitable for use in vaccines. The nanoparticles present antigens from pathogens surrounded to and associated with a detergent core resulting in enhanced stability and good immunogenicity. Dosages, formulations, and methods for preparing the vaccines and nanoparticles are also disclosed.

55. [20220387573](#) COMBINATION THERAPY

US - 08.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud 17620271 Solicitante ETHERNA IMMUNOTHERAPIES NV Inventor/a Marina Cools

The present invention in general relates to combinations of mRNA molecules encoding CD40, caTLR4 and CD70 with mRNA molecules encoding tumor-associated antigens for use as therapeutic vaccine in the treatment of metastatic cancer patients primarily with stable malignant melanoma disease, but also extending into other cancer types and to patient whose disease has shown partial response on prior therapy. Said uses may further encompass the administration of checkpoint inhibitors. The present invention further provides administration schemes for such therapies focusing on administration of the therapeutic into lymph nodes, so called intra-nodal therapy.

56. [WO/2022/247817](#) NUCLEIC ACID-POLYPEPTIDE NANO-PHARMACEUTICAL COMPOSITION FOR TREATING AND PREVENTING HUMAN PAPILOMA VIRUS INFECTION
WO - 01.12.2022

Clasificación Internacional [A61K 47/55](#) N° de solicitud PCT/CN2022/094631 Solicitante SIRNAOMICS, INC. Inventor/a LU, Alan

Disclosed is a nucleic acid-polypeptide nano-pharmaceutical composition for treating and preventing human papilloma virus infection. A small interfering nucleic acid siRNA molecule used for inhibiting and treating various diseases caused by a HPV infection can block the virus replication life cycle by means of targeted inhibition of the expression of the HP16/18 key gene, reduce a viral infection and finally remove viruses. A pharmaceutical composition based on the siRNA molecule comprises a siRNA molecule and another molecule, specifically a siRNA molecule for inhibiting PD-1/PD-L1, a small molecule compound against a HPV infection, a therapeutic mRNA/neoantigen vaccine, etc. The siRNA molecule and other anti-HPV drugs are coupled by means of a specific chemical bond to form a new coupled molecule, and the composition further comprises a pharmaceutically acceptable polypeptide polymer nano-introduction carrier, and the carrier is preferably a histidine-lysine polypeptide polymer nanocarrier.

57. [297070](#) CORONAVIRUS VACCINE
IL - 01.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud 297070 Solicitante PEPTC VACCINES LIMITED Inventor/a

58. [20220387578](#) PEPTIDE VACCINE BASED ON A NEW UNIVERSAL INFLUENZA A HEMAGGLUTININ HEAD DOMAIN EPI TOPE AND HUMAN MONOCLONAL ANTIBODIES BINDING THERETO
US - 08.12.2022

Clasificación Internacional [A61K 39/145](#) N° de solicitud 17611564 Solicitante VANDERBILT UNIVERSITY Inventor/a James E. CROWE, Jr.

The present disclosure is directed to peptide antigens derived from a previously undefined epitope on influenza A virus hemagglutinin and methods for use thereof.

59. [20220389068](#) NOVEL PEPTIDES AND COMBINATION OF PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST LUNG CANCER, INCLUDING NSCLC, SCLC AND OTHER CANCERS
US - 08.12.2022

Clasificación Internacional [C07K 14/47](#) N° de solicitud 17871615 Solicitante Immatics Biotechnologies GmbH Inventor/a Colette SONG

The present invention relates to peptides, proteins, nucleic acids and cells for use in immunotherapeutic methods. In particular, the present invention relates to the immunotherapy of cancer. The present invention furthermore relates to tumor-associated T-cell peptide epitopes, alone or in combination with other tumor-associated peptides that can for example serve as active pharmaceutical ingredients of vaccine compositions that stimulate anti-tumor immune responses, or to stimulate T cells ex vivo and

transfer into patients. Peptides bound to molecules of the major histocompatibility complex (MHC), or peptides as such, can also be targets of antibodies, soluble T-cell receptors, and other binding molecules.

60. [WO/2022/251034](#) MULTICOMPONENT CHEMICAL COMPOSITION OF A PEPTIDE-BASED NEOANTIGEN VACCINE

WO - 01.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud PCT/US2022/030037 Solicitante AMAZON TECHNOLOGIES, INC. Inventor/a SCHMITZ, Frank Wilhelm

Provided herein are immunogenic compositions comprising tumor-specific neoantigen long peptides, tumor-specific neoantigen short peptides, and adjuvant, optionally a helper peptide, and optionally a tumor-specific peptide. The disclosure also provides methods of using these immunogenic compositions for treating cancer.

61. [20220389388](#) AVIAN ENTEROIDS

US - 08.12.2022

Clasificación Internacional [C12N 5/071](#) N° de solicitud 17624428 Solicitante THE UNVIVERSITY COURT OF THE UNIVERSITY OF EDINBURGH Inventor/a Apolonia VERVELDE

There is provided an in vitro three dimensional cell construct for use as a model of the avian intestine derived from avian intestinal tissue comprising avian cells organised into intestinal villi and crypts. Suitably the construct comprises an exterior surface that mimics the apical surface of a chicken intestine. Also provided are methods of making the cell construct and use of the construct as an in vitro intestinal model system to examine an agent including, but not limited to a microbe, a vaccine, a pharmaceutical, a feed additive, a toxin, a pre-biotic, post-biotic, pre pro post biotic, therapeutic, a cell, gene construct, protein, immune-modulator, an intestinal effector agent, a candidate intestinal effector agent, cell signalling inhibitor, or cell signalling activator.

62. [WO/2022/246526](#) RECOMBINANT CHIMERIC PROTEIN, USE THEREOF, AND COMPOSITION

WO - 01.12.2022

Clasificación Internacional [C07K 14/44](#) N° de solicitud PCT/BR2022/050150 Solicitante FUNDAÇÃO OSWALDO CRUZ Inventor/a GAZZINELLI, Ricardo, Tostes

The present invention relates to a recombinant chimeric protein containing immunogenic regions from the trans-sialidase (TS) protein and amastigote surface protein-2 (ASP-2) from Trypanosoma cruzi and a composition containing said protein that displayed vaccine potential in a murine model. The invention also comprises the use of the chimeric protein for manufacturing vaccines.

63. [20220387566](#) PEPTIDES AND T CELLS FOR USE IN IMMUNOTHERAPEUTIC TREATMENT OF VARIOUS CANCERS

US - 08.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud 17358806 Solicitante Immatics Biotechnologies GmbH Inventor/a Andrea MAHR

The present invention relates to peptides, proteins, nucleic acids and cells for use in immunotherapeutic methods. In particular, the present invention relates to the immunotherapy of cancer. The present invention furthermore relates to tumor-associated T-cell peptide epitopes, alone or in combination with other tumor-associated peptides that can for example serve as active pharmaceutical ingredients of vaccine compositions that stimulate anti-tumor immune responses, or to stimulate T cells ex vivo and transfer into patients. Peptides bound to molecules of the major histocompatibility complex (MHC), or peptides as such, can also be targets of antibodies, soluble T-cell receptors, and other binding molecules.

64. [297736](#) HUMAN CYTOMEGALOVIRUS POLYEPITOPE VACCINE COMPOSITION

IL - 01.12.2022

Clasificación Internacional [A61K 31/711](#) N° de solicitud 297736 Solicitante THE COUNCIL OF THE QUEENSLAND INSTITUTE OF MEDICAL RESEARCH Inventor/a RAJIV KHANNA

65. [WO/2022/256427](#) MINICELLS FROM HIGHLY GENOME REDUCED ESCHERICHIA COLI: CYTOPLASMIC AND SURFACE EXPRESSION OF RECOMBINANT PROTEINS AND INCORPORATION IN THE MINICELLS

WO - 08.12.2022

Clasificación Internacional [C12N 1/20](#) N° de solicitud PCT/US2022/031807 Solicitante UNIVERSITY OF VIRGINIA PATENT FOUNDATION Inventor/a ZEICHNER, Steven, L.

Provided are bacterial minicells derived from genome reduced (GR) having a reduced number of expressed genes and/or is a bacterium having one or more mutated min genes. In some embodiments, the minicell has a recombinant protein present in and/or on the surface of the minicell. In some embodiments, the recombinant protein is an antigen and in some embodiments, the minicell induces an enhanced immune response against the antigen when administered to a subject. In some embodiments, the bacterium has an autotransporter (AT) expression vector encoding the recombinant protein to express the recombinant protein on the surface of the bacterium and/or the minicell derived therefrom. Also provided are vaccine compositions that include bacterial minicells, methods for producing antibodies, methods for vaccinating subjects, and expression vectors encoding heterologous proteins.

66. [WO/2022/256637](#) SYNTHETIC DNA VACCINE IMMUNOGENIC IMPROVEMENTS

WO - 08.12.2022

Clasificación Internacional [A61K 31/417](#) N° de solicitud PCT/US2022/032138 Solicitante WEINER, David Inventor/a WEINER, David

Disclosed herein is a composition comprising one or more viral antigen or a recombinant nucleic acid sequence that encodes one or more viral antigen with enhanced immunogenicity in vivo. Also disclosed herein is a method of generating an immune response in a subject by administering the composition to the subject. The disclosure also provides a method of preventing and/or treating a viral infection in a subject using said composition and methods.

67. [20220378895](#) NOVEL IMMUNOGENS AND METHODS FOR DISCOVERY AND SCREENING THEREOF

US - 01.12.2022

Clasificación Internacional [A61K 39/09](#) N° de solicitud 17571079 Solicitante Children's Medical Center Corporation Inventor/a Richard Malley

The present application is generally directed to methods for identifying immunogens from organisms and pathogens, and in particular for identifying immunogens which when administered as vaccines elicit a cellular and/or humoral immune response. The present application is also directed to pneumococcal T-cell immunogens, and vaccine compositions comprising one or a combination of pneumococcal immunogens and methods for treating or preventing pneumococcal infections using the vaccines thereof. The present invention also encompasses use of the pneumococcal immunogens for diagnostic purposes to identify a subject with a pneumococcal infection.

68. [297476](#) TRANSDERMAL ACTIVE AGENT DELIVERY DEVICES HAVING CORONAVIRUS VACCINE COATED MICROPROTRUSIONS

IL - 01.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud 297476 Solicitante Emergex USA Corporation Inventor/a Mahmoud AMERI

69. [297335](#) LARGE SEQUENCE PAN-CORONAVIRUS VACCINE COMPOSITIONS

IL - 01.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud 297335 Solicitante THE REGENTS OF THE UNIVERSITY OF CALIFORNIA Inventor/a

70. [297575](#) MULTIVALENT PNEUMOCOCCAL VACCINE COMPOSITIONS COMPRISING POLYSACCHARIDE-PROTEIN CONJUGATES

IL - 01.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud 297575 Solicitante BIOLOGICAL E LIMITED Inventor/a

71. [297049](#) INDIVIDUALIZED THERAPEUTIC ANTICANCER VACCINE

IL - 01.12.2022

Clasificación Internacional [A61K 39/00](#) N° de solicitud 297049 Solicitante NYKODE THERAPEUTICS ASA Inventor/a

72. [WO/2022/246597](#) IMIDAZOPYRIDINE DERIVATIVES AS STING AGONISTS

WO - 01.12.2022

Clasificación Internacional [C07D 403/14](#) N° de solicitud PCT/CN2021/095496 Solicitante FOREVER MILLETS LIMITED Inventor/a HSIEH, Ming

Described herein, inter alia, are imidazopyridine derivatives (I), pharmaceutically acceptable salts and tautomers thereof, compounds, combinations and medicaments containing said compounds and processes for their preparation. In embodiments, the imidazopyridine derivatives can be used as regulators of a stimulator of interferon genes (STING) and a related signal path thereof, and can effectively treat and/or relieve multiple types of diseases, including but not limited to malignant tumors, inflammations, autoimmune diseases, infectious diseases and as vaccine adjuvants.

1.20220395565 ATTENUATED SALMONELLA GALLINARUM MUTANT STRAINS AND USES THEREOF
US - 15.12.2022

Clasificación Internacional
A61K 39/112

N° de solicitud 17824452

Solicitante SEOUL NATIONAL UNIVERSITY R&DB FOUNDATION

Inventor/a Hyuk-Joon KWON

The present disclosure relates to Salmonella Gallinarum mutant strains and uses thereof. A vaccine composition according to an aspect has no risk of reverting to pathogenicity, has no residual pathogenicity due to detoxification of an endotoxin, and does not cause lesions and bacterial re-isolation, thereby exhibiting significantly improved safety compared to the existing fowl typhoid vaccines. In addition, since the vaccine composition induces a high-level immune response even when administered to young chicks, it may be used regardless of age, and as the vaccine strain may be used as a live vaccine having an excellent protective capability by itself, the vaccine composition may be useful for preventing and alleviating fowl typhoid.

2.4100051 BEHANDLUNG VON HPV-ASSOZIIERTEN ERKRANKUNGEN

EP - 14.12.2022

Clasificación Internacional
A61K 39/12

N° de solicitud 21702684

Solicitante ISA PHARMACEUTICALS B V

Inventor/a BEENAKKER THOMAS JOHANNES MARIA

The invention provides methods for treating infections, disorders or diseases caused by a human papillomavirus other than HPV-16 by determining the HPV type of the patient, providing a synthetic-long-

peptide based therapeutic vaccine for treatment of said patient and administering said therapeutic vaccine to said patient. The invention further provides novel immunogenic compositions and therapeutic vaccines against human papillomaviruses other than HPV-16 and uses thereof.

3.20220395571MRNA VACCINE AND METHOD OF INDUCING ANTIGEN-SPECIFIC IMMUNE RESPONSES IN INDIVIDUALS

US - 15.12.2022

Clasificación Internacional

A61K 39/215

Nº de solicitud 17836990

Solicitante Abnova (Taiwan) Corporation

Inventor/a WILBER HUANG

An mRNA vaccine includes one or more polynucleotides and a pharmaceutically acceptable vector. Each polynucleotide includes a coding region. The coding region includes a gene of interest and a ligand sequence which encodes a CD40 ligand.

4.WO/2022/261355SELF-AMPLIFYING RNA-BASED VLP VACCINES

WO - 15.12.2022

Clasificación Internacional

A61K 39/12

Nº de solicitud PCT/US2022/032876

Solicitante CHIMERON BIO CORPORATION

Inventor/a CHENDRIMADA, Jolly, Mazumdar

The present disclosure provides compositions comprising an sa-RNA VLP vaccine (e.g. the VLP vaccine) that is capable of delivering a self-amplifying RNA to a target cell in a patient, and subsequently elicit an immune response in the patient, which immune response is sufficient to prevent or significantly decrease the duration of an infection by an infectious agent, such as SARS-CoV-2.

5.WO/2022/261230SELF-ASSEMBLING VIRAL SPIKE-EABR NANOPARTICLES

WO - 15.12.2022

Clasificación Internacional

A61K 9/51

Nº de solicitud PCT/US2022/032702

Solicitante CALIFORNIA INSTITUTE OF TECHNOLOGY

Inventor/a HOFFMANN, Magnus, Ag.

Disclosed herein include methods, compositions, and kits suitable for use in vaccination. There are provided, in some embodiments, nucleic acid compositions (e.g., mRNA vaccine, DNA vaccine) comprising a polynucleotide encoding a fusion protein. The fusion protein can comprise an antigenic polypeptide (AP) and an endosomal sorting complex required for transport (ESCRT)-recruiting domain (ERD). A plurality of fusion proteins can be capable of self-assembling into an enveloped nanoparticle (ENP) secreted from a cell in which the fusion proteins are expressed. There are provided, in some embodiments, populations of ENPs.

6.20220395570CORONAVIRUS VACCINE

US - 15.12.2022

Clasificación Internacional

A61K 39/215

Nº de solicitud 17818699

Solicitante CureVac AG

Inventor/a Susanne RAUCH

The present invention is directed to a nucleic acid suitable for use in treatment or prophylaxis of an infection with a coronavirus, preferably with a Coronavirus SARS-CoV-2, or a disorder related to such an infection, preferably COVID-19. The present invention is also directed to compositions, polypeptides, and vaccines. The compositions and vaccines preferably comprise at least one of said nucleic acid sequences, preferably nucleic acid sequences in association a lipid nanoparticle (LNP). The invention is also directed to first and second medical uses of the nucleic acid, the composition, the polypeptide, the combination, the vaccine, and the kit, and to methods of treating or preventing a coronavirus infection, preferably a Coronavirus infection.

7.20220396809ENGINEERED NEWCASTLE DISEASE VIRUS VECTOR AND USES THEREOF
US - 15.12.2022

Clasificación Internacional

C12N 15/86

Nº de solicitud 17831894

Solicitante University of Guelph

Inventor/a Sarah Wootton

An engineered Newcastle Disease Virus (NDV) vector is provided. In particular, the present disclosure provides methods of treating or preventing a disease such as cancer, or an infectious disease, or methods for eliciting an immune response, with the engineered NDV vector. The engineered NDV vector provided herein is useful as an immunogenic composition, an oncolytic agent, or a vaccine.

8.WO/2022/259191RELEASE ASSAY FOR DETERMINING POTENCY OF SELF-AMPLIFYING RNA
DRUG PRODUCT AND METHODS FOR USING
WO - 15.12.2022

Clasificación Internacional

C12Q 1/6804

Nº de solicitud PCT/IB2022/055356

Solicitante GLAXOSMITHKLINE BIOLOGICALS SA

Inventor/a KONG, Qiongman

A potency release assay for measuring the potency of drug product composition comprising self-amplifying mRNA (SAM) that encodes at least one immunogenic polypeptide or at least one therapeutic peptide and a non-viral delivery system is described. In one embodiment the drug product is a vaccine comprising SAM and a non-viral delivery system such as SAM/lipid nanoparticle (LNP) delivery system, a Cationic Nanoemulsion (CNE) delivery system, or another SAM delivery system. It is demonstrated that the potency of a SAM drug product can be assessed in an in vitro system, at the RNA amplification stage (agnostic assay), by measuring the amount of double-stranded RNA (dsRNA) in cells which have been transfected with the SAM in the drug product. Thus, dsRNA can be used as a surrogate endpoint for potency. It is demonstrated that there is a very high correlation between total dsRNA in a cell culture transfected with the SAM and the potency of the SAM based drug product.

9.3035958SVINE-CIRCOVIRUS TYPE 2 (PCV2) SUBUNIT-VACCINE

DK - 12.12.2022

Clasificación Internacional

A61K 39/12

Nº de solicitud 14761742

Solicitante Boehringer Ingelheim Animal Health USA Inc.

Inventor/a HAIWICK, Gregory

Vaccination methods to control PCV2 infection with different PCV2 subtypes are disclosed. Specifically, a PCV2 subtype b (PCV2b) ORF2 proteins or immunogenic compositions comprising a PCV2b ORF2 protein are used in a method for the treatment or prevention of an infection with PCV2 of a different subtype, the reduction, prevention or treatment of clinical signs caused by an infection with PCV2 of a different subtype, or the prevention or treatment of a disease caused by an infection with PCV2 of a different subtype.

10.4101447NANT-KREBSIMPFSTOFF

EP - 14.12.2022

Clasificación Internacional

A61K 31/337

Nº de solicitud 22182406

Solicitante NANT HOLDINGS IP LLC

Inventor/a SOON-SHIONG PATRICK

Cancer is treated using coordinated treatment regimens that uses various compounds and compositions that drive a tumor from the escape phase of cancer immunoediting to the elimination and equilibrium phase of cancer immunoediting.

11.20220396548IONIZABLE LIPIDS FOR NUCLEIC ACID DELIVERY

US - 15.12.2022

Clasificación Internacional

C07C 309/69

Nº de solicitud 17620575

Solicitante Precision NanoSystems ULC

Inventor/a Nikita JAIN

The present document describes compounds, or pharmaceutically acceptable salt thereof, of a core formula (I) where R1 features an amine group, particularly useful in the formulation of lipid particles including nucleic acid therapeutic agents, or proteins, or both, and for delivery of nucleic acid and protein therapeutics to cells in vivo or ex vivo, including anticancer and vaccine applications.

embedded image

12.20220395500SMALL MOLECULE ACTIVATORS OF INTERFERON REGULATORY FACTOR 3 AND METHODS OF USE THEREOF

US - 15.12.2022

Clasificación Internacional

A61K 31/496

Nº de solicitud 17307851

Solicitante Neuralexo, Inc.

Inventor/a Susan Stevens

Small molecule activators of interferon regulatory factor (IRF), such as IRF3, and methods of use are provided. In particular, compositions and methods for upregulating interferon regulatory factor 3 (IRF3) activity, such as in the brain following stroke to provide potent protection against ischemic brain injury, to improve a therapeutic time window for providing treatments to stroke patients and/or for enhancement of vaccine platforms are disclosed.

13.4100038REKOMBINANTE EXPRESSIONSPLATTFORM, KONSTRUKTE UND VERFAHREN ZUR EXPRESSION VON SCHWER EXPRIMIERBAREN PROTEINEN (DTE-PS)

EP - 14.12.2022

Clasificación Internacional

A61K 38/00

Nº de solicitud 21751070

Solicitante PREMAS BIOTECH PRIVATE LTD

Inventor/a ARORA KAJAL

The present invention provides a versatile yeast-based recombinant expression platform for the enhanced expression of full length or truncated target "Difficult to Express" proteins (DTE-Ps) of diverse origin and families. Constructs, methods and kits involved in expressing such DTE-Ps through the said system are also provided. The recombinant expression platform of the present invention is robust, scalable and can have applications in fields like vaccine development, drug discovery, metabolism, diagnostics, therapeutics and healthcare.

14.WO/2022/257237NOVEL CORONAVIRUS SARS-COV-2 BROAD-SPECTRUM POLYPEPTIDE ANTIGEN AND SPECIFIC NEUTRALIZING ANTIBODY AND USE THEREFOR

WO - 15.12.2022

Clasificación Internacional

C07K 14/165

Nº de solicitud PCT/CN2021/107615

Solicitante YANGZHOU UNIVERSITY

Inventor/a YE, Jianqiang

Provided are a novel coronavirus SARS-CoV-2 broad-spectrum polypeptide antigen and a specific neutralizing antibody and use therefor, belonging to the field of virus immune detection technology. The novel coronavirus SARS-CoV-2 broad-spectrum polypeptide antigen having an amino acid sequence as shown in SEQ ID NO: 1 reacts with SARS-CoV-2 human positive serum to specifically bind to antibodies against novel coronavirus. Based on the peptide sequence, a triple SARS-CoV-2 broad-spectrum polypeptide tandem fusion protein is prepared by means of PCR, prokaryotic expression and protein purification techniques to simulate a trimer mode of a SARS-CoV-2 S protein in a natural state. By using the fusion protein as an antigen to immunize a mouse, the specific neutralizing antibody against SARS-CoV-2 can be produced. The neutralizing antibody has good application prospects in SARS-CoV-2 anti-infection treatment, vaccine development and detection kit development.

15.20220395568VACCINES AND RELATED METHODS FOR TREATMENT OF PSEUDOMONAS BACTERIAL INFECTIONS

US - 15.12.2022

Clasificación Internacional

A61K 39/104

Nº de solicitud 17775468

Solicitante Marshall University Research Corporation

Inventor/a Hongwei D. YU

Methods of treating a Pseudomonas bacterial infection and/or eliciting an immune response in a subject are provided and include administering to the subject a vaccine including a modified Pseudomonas bacterium missing or deficient in alpha-1,3-rhamnosyltransferase and/or one or more other virulence factors. Vaccines comprising a modified Pseudomonas bacterium missing or deficient in alpha-1,3-rhamnosyltransferase are further provided.

16.WO/2022/260960VIRUS-LIKE PARTICLE VACCINE FOR CORONAVIRUS

WO - 15.12.2022

Clasificación Internacional

A61K 39/215

N° de solicitud PCT/US2022/032201

Solicitante ICOSAVAX, INC.

Inventor/a KANESA-THASAN, Niranjan

The present disclosure relates to targeting SARS-CoV-2, in particular, prevalent strains of SARS-CoV-2, and methods of using such vaccines to induce neutralizing antibody levels against SARS-CoV-2.

17.4100049BEHANDLUNG MIT ANTIGENIMPFUNG UND BINDUNGSAGENZIEEN, DIE AN PD-L1 UND CD137 BINDEN

EP - 14.12.2022

Clasificación Internacional

A61K 39/00

N° de solicitud 21704436

Solicitante BIONTECH SE

Inventor/a SAHIN UGUR

The present disclosure relates to methods and compositions for inducing an immune response in a subject comprising providing to the subject a peptide or protein vaccine and a binding agent, such as a bispecific antibody, binding to PD-L1 and CD137, such as human PD-L1 and human CD137, e.g., by coadministering to the subject a peptide or protein used for vaccination or a polynucleotide, in particular RNA, encoding a peptide or protein used for vaccination, and a binding agent binding to PD-L1 and CD137 or a polynucleotide, in particular RNA, encoding a binding agent binding to PD-L1 and CD137. The present disclosure further relates to medical preparations useful in the methods disclosed herein.

18.WO/2022/260964ANTHRAX VACCINE

WO - 15.12.2022

Clasificación Internacional

A61K 39/07

N° de solicitud PCT/US2022/032212

Solicitante PFENEX INC.

Inventor/a CHEN, Hubert

Provided herein is an immunogenic composition, comprising: 5 mcg to 100 mcg B. anthracis rPA (recombinant protective antigen) or mrPA (mutant rPA) protein and liposome-embedded MPLA (monophosphoryl lipid A) adjuvant. An immunogenic composition comprising 60 mcg to 600 mcg B. anthracis mrPA (mutant rPA) protein, wherein the composition is free of adjuvant, i.e., with no added adjuvant, is also provided. Also described is a method for inducing an immune response to B. anthracis, the method comprising administering the immunogenic composition to the subject.

19.WO/2022/259215TOBAMOVIRUS PSEUDOVIRIONS FOR STABILISING SINGLE STRANDED RNA

WO - 15.12.2022

Clasificación Internacional

C07K 14/005

N° de solicitud PCT/IB2022/055404

Solicitante UNIVERSITY OF CAPE TOWN

Inventor/a MEYERS, Ann Elizabeth

Provided herein is a method for stabilising a single stranded RNA (ssRNA) by encapsidation of the ssRNA with a tobamovirus coat protein to obtain a pseudovirion (PsV), the method comprising expressing a tobamovirus coat protein and the ssRNA comprising a tobamovirus encapsidation origin (OriA), wherein the expressed tobamovirus coat protein interacts with the OriA sequence on the ssRNA to initiate encapsidation of the ssRNA by the tobamovirus coat protein, thereby forming a pseudovirion. The PsVs produced according to the method can be used as a diagnostic control composition, where the ssRNA is a sequence detected by a molecular diagnostic assay. The pseudovirions may also be used as a vaccine

to elicit an immune response in a subject, and in pharmaceutical compositions to be administered to a subject.

20.20220395554LAG3 BINDING PEPTIDES

US - 15.12.2022

Clasificación Internacional

A61K 38/10

Nº de solicitud 17854227

Solicitante Leidos, Inc.

Inventor/a Gabriel M. Gutierrez

This disclosure provides peptides which bind to LAG3, such as SAPWEPLHWPEDWWQGTGEW (SEQ ID NO:1), and can be used to block the interaction of LAG 3 with other molecules such as MHC-II, FGL1, and α -synuclein. These peptides can be used for various therapeutic purposes, such as inhibiting the progression of a hyperproliferative disorder, including cancer, or inhibiting the progression of a synucleinopathy, inhibiting the progression of sepsis, inhibiting the progression of an infectious disease, and enhancing a response to a vaccine.

NOTA ACLARATORIA: Las noticias y otras informaciones que aparecen en este boletín provienen de sitios públicos, debidamente referenciados mediante vínculos a Internet que permiten a los lectores acceder a las versiones electrónicas de sus fuentes originales. Hacemos el mayor esfuerzo por verificar de buena fe la objetividad, precisión y certeza de las opiniones, apreciaciones, proyecciones y comentarios que aparecen en sus contenidos, pero este boletín no puede garantizarlos de forma absoluta, ni se hace responsable de los errores u omisiones que pudieran contener. En este sentido, sugerimos a los lectores cautela y los alertamos de que asumen la total responsabilidad en el manejo de dichas informaciones; así como de cualquier daño o perjuicio en que incurran como resultado del uso de estas, tales como la toma de decisiones científicas, comerciales, financieras o de otro tipo.

Edición: Annia Ramos Rodríguez aramos@finlay.edu.cu

Ma. Victoria Guzmán Sánchez mguzman@finlay.edu.cu

Randelys Molina Castro rmolina@finlay.edu.cu

Irina Crespo Molina icrespo@finlay.edu.cu

Yamira Puig Fernández yamipuig@finlay.edu.cu

Rolando Ochoa Azze ochoa@finlay.edu.cu



FINLAY EDICIONES