VacCiencia

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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.

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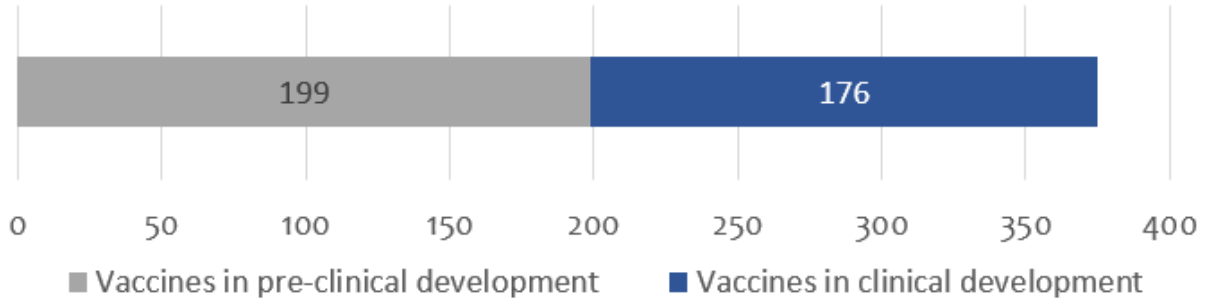
Resumen de la información publicada por la OMS sobre los candidatos vacunales contra la COVID-19 en desarrollo a nivel mundial

Última actualización por la OMS: 10 de enero de 2022.

Fuente de información utilizada: World Health Organization | R&DBlueprint Powering research to prevent epidemics

176 Vacunas en evaluación clínica y 199 en evaluación preclínica



Candidatos vacunales en evaluación clínica por plataforma

Platform		Candidate vaccines (no. and %)	
PS	Protein subunit	57	33%
VVnr	Viral Vector (non-replicating)	23	13%
DNA	DNA	16	9%
IV	Inactivated Virus	22	13%
RNA	RNA	41	23%
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%
		176	

Candidatos vacunales por vía de administración

Oral		**5**	**3%**
Injectable		**159**	**90%**
SC	Sub cutaneous	5	3%
ID	Intra dermal	9	5%
IM	Intra muscular	145	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	**99**	**56%**
Day 0 + 14	8	
Day 0 + 21	35	
Day 0 + 28	56	
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
CanSino Biological Inc./China	Vector viral no replicativo	Intranasal	3
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 Sublingual	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 en fase 3 de evaluación clínica

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
Yantai Patronus Biotech Co., Ltd.	Partícula similar a virus
Airlangga University/Indonesia	Virus Inactivado
PT Bio Farma/Indonesia	Subunidad proteica
AIM Vaccine and Liverna Therapeutics/China	ARN
China National Biotec Group Company Limited	Virus inactivado

Noticias en la Web

CIGB anuncia que Cuba evitará formas graves de COVID-19 con Nasalferón

1 ene. Ante el ligero aumento de casos de COVID-19 en Cuba, el Ministerio de Salud Pública decidió aplicar el Nasalferón en los grupos de riesgo, según anunció en sus redes sociales el Centro de Ingeniería Genética y Biotecnología de Cuba (CIGB).

"El Nasalferón, medicamento antiviral, inmunomodulador y profiláctico, que se aplica en gotas intranasales, se comenzará a usar en grupos de riesgo en Cuba para prevenir el contagio por COVID-19 y contribuir a que los pacientes no padezcan formas graves de la enfermedad", informó el CIGB en su perfil de Twitter.

Este fármaco desarrollado por el CIGB y empleado para enfrentar la COVID-19, podría usarse contra diferentes padecimientos respiratorios agudos.

El medicamento es una formulación del Interferón Alfa-2b-humano recombinante para vía nasal, cuyas propiedades inmunomoduladoras y antivirales evitan la replicación del SARS-CoV-2, causante de la enfermedad, y fortalecen el sistema inmunológico.

El Nasalferón es una formulación de IFN-alfa-2b-humano recombinante para administración nasal que, gracias a las propiedades inmunomoduladora y antiviral del IFN-alfa, logra una protección frente a la exposición al virus.

De probada seguridad, esta elaboración tuvo un momento protagónico cuando la cepa Delta del nuevo coronavirus entró en el país y fue necesario incrementar la respuesta defensiva de la población.

Fuente: Cubadebate. Disponible en https://bit.ly/3GACJyS

Estas son las bacterias más peligrosas del mundo: estudio

2 ene. El combate contra las bacterias ha sido una batalla sin fin que la humanidad ha tenido con el objetivo de poder hacerle frente sin ningún problema a todos los retos que la naturaleza le ponga.

Las pandemias, que han borrado millones de vidas a lo largo de la historia, hicieron que la humanidad hiciera esfuerzos en conseguir superar la adversidad, gracias a la innovación, la ciencia, la tecnología y el instinto de supervivencia.

El avance del tiempo ha permitido que haya una mayor maniobrabilidad al momento de combatir enfermedades mortales, pues los tratamientos médicos o las vacunas han servido para que el hombre se sienta fortalecido y protegido.

Sin embargo, aún con la tecnología de punta que hay en el presente, una nueva y rara enfermedad puso al mundo patas arriba, haciendo caer a muchos en el fatalismo y en el fin, pues el temor y respeto a la naturaleza siguen en vigencia, y una prueba de ello es la cantidad de enfermedades que, pese a que son manejables, no dejan de ser un riesgo latente de muerte para muchos.

La revista médica 'The Lancet' asegura que cinco bacterias fueron responsables de la muerte de 1,27 millones de personas en el año 2019. Este estudio se realizó con datos de 471 millones de personas de 204 países diferentes y se tuvieron en cuenta 23 patógenos y 88 combinaciones de enfermedades y medicamentos.

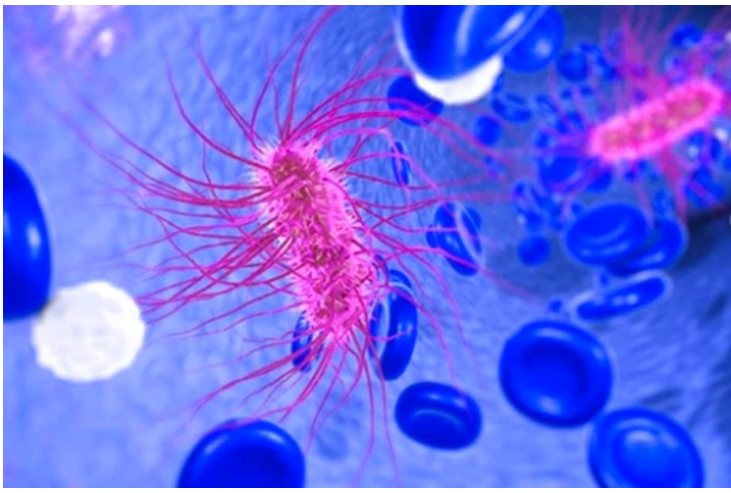
Estafilococo áureo

La *staphylococcus aureus* es una de las principales bacterias causantes de infecciones en la piel y los tejidos blancos, tales como abscesos, infecciones por estafilococos y celulitis en la cara o en el cuello.

Su propagación se da principalmente por contacto de heridas quirúrgicas, aunque también se puede transmitir a través de la ingesta de alimentos, los cuales pueden provocar vómito, diarrea y cólicos.

También puede provocar neumonía, osteomielitis, peritonitis, ántrax o el síndrome de coagulación intravascular diseminada, la cual puede ser mortal si no se trata a tiempo, según la Biblioteca Nacional de Medicina de los Estados Unidos.

E. coli



La *escherichia coli* tiene mayor actividad en el sistema digestivo, pues puede provocar dolor intenso en el estómago, diarrea (en los peores casos, con sangre) e insuficiencia renal.

Esta bacteria tiene presencia permanente en el intestino grueso y en la materia fecal de muchos animales. Sus efectos negativos se pueden agudizar al consumir comida contaminada, tocando animales muertos o nadando en agua sucia, de acuerdo con la Academia Americana de Pediatría.

Neumococo

Este microorganismo es responsable de infecciones en los oídos y los senos paranasales. También puede provocar neumonía e infecciones en el torrente sanguíneo.

De acuerdo con la Asociación Española de Pediatría, este se encuentra presente en la laringe y la lengua de muchos niños, cuestión que provocó la creación de una vacuna aplicable a personas menores de edad. Principales en edades de la primera infancia (cero a cinco años).

Klebsiella pneumoniae

Esta bacteria es responsable de varias infecciones en el tracto urinario, así como neumonías, sepsis, infecciones de heridas quirúrgicas y de tejidos blandos. Es muy común que los pacientes ingresados a cuidados intensivos, alcohólicos y bebés recién nacidos la contraigan.

También es común encontrarla en cirugías en la caja torácica o para la revascularización coronaria. Así como el estafilococo áureo, tiene resistencia a los antibióticos fuertes como la penicilina, además de las cefalosporinas, según la investigación llamada *'Klebsiella pneumoniae* como patógeno intrahospitalario: epidemiología y resistencia' de los microbiólogos Lina María Echeverri Toro y Juan Carlos Cataño Correa.

Pseudomonas aeruginosa

Esta bacteria habita comúnmente en el suelo y en el agua subterránea y afecta, principalmente, a las personas que tienen sus defensas bajas. Es responsable de infecciones respiratorias y sanguíneas. El contacto con agua contaminada es su principal canal de transmisión, de acuerdo con el portal de los Centros para Control de Enfermedades e Infecciones de los Estados Unidos.

Se aloja en sitios como la boca y el esputo, en los cuales tiene las condiciones ideales para una colonización o retoño sin infección creciente; y sirve como un aviso por parte del médico microbiólogo o infectólogo para empezar un tratamiento inmediato.

Es resistente a una gran cantidad de familias de antibióticos. Sin embargo, el tratamiento que se haga con estos puede hacer variar su efectividad, como los que son asignados de forma empírica. Estos medicamentos deben ser aplicados mediante inyección.

Fuente: El Universal. Disponible en https://bit.ly/3IGIjSY

Study suggests a single dose of JYNNEOS vaccine may lessen the severity of mpox illness

Jan 3. In a recent Morbidity and Mortality Weekly Report (MMWR) posted on the United States of America Center for Disease Control and Prevention (USA-CDC) website, researchers identified mpox (previously called monkeypox) patients who contracted the disease at or after 14 days of receiving one dose of the JYNNEOS vaccine. They compared their demographic and clinical characteristics with unvaccinated people who contracted mpox. Additionally, they drew comparisons with the vaccine-eligible population of all 29 participating jurisdictions in the USA.

Background

Mpox cases continually rose worldwide in 2022, including in the USA. There were 29,133 mpox cases by November 14, 2022, with 95% of cases occurring among males. Earlier in 2019, the USA Food and Drug Administration (FDA) approved two 0.5 mL doses of the JYNNEOS vaccine for subcutaneous administration to prevent mpox and smallpox. Later, in August 2022, the FDA authorized the JYNNEOS use, a modified vaccinia Ankara (MVA) vaccine, intradermally at a dosage of 0.1 mL per dose.

About the study

In the present study, researchers pursued evidence that the JYNNEOS vaccine offered some protection against the mpox disease, especially they confirmed the duration for which the one dose of this vaccine conferred protection. The study covered people with probable and confirmed mpox disease from 29 jurisdictions in the USA who contracted it between May 22 and September 3, 2022.

Study: Demographic and Clinical Characteristics of Mpox in Persons Who Had Previously Received 1 Dose of JYNNEOS Vaccine and in Unvaccinated Persons — 29 U.S. Jurisdictions, May 22–September 3, 2022. Image Credit: Inside Creative House/Shutterstock

The team considered those who had received a single dose of the JYNNEOS vaccine ≥14 days before contracting mpox disease as vaccinated; and those who had not received the vaccine during the 2022 outbreak or who fell ill before their first vaccination as unvaccinated. The team collected data from the USA immunization registries to analyze the demographic characteristics of the vaccinated vs. unvaccinated persons with mpox. They used Pearson's chi-square or Fisher's exact or Wilcoxon rank-sum tests, as applicable, to draw the demographics-related comparisons.

To compare the clinical characteristics of the two study groups, they relied on self-reported clinical symptoms data collected using a standardized data collection form. Based on the clinical symptoms, the team computed odds ratios (OR) and 95% confidence intervals (CI) which they used to compare the clinical characteristics of the two cohorts of mpox patients.

Notably, the immunization registries in the USA collect demographic & clinical characteristics of all the registered individuals, including their vaccination and medical history, plus exposures, and transmit the linked data to CDC. Finally, the team conducted sensitivity analyses covering mpox-infected cases who received a single JYNNEOS dose ≥22 days before disease onset.

Study findings

During the study period between May 22 and September 3, 2022, 14,504 mpox cases occurred across 29 jurisdictions in the USA. However, the researchers included only 6,605 (45.5%) mpox cases in the study analysis. Post-vaccination, the average time from vaccination to disease onset was 23 days. Specifically, 6,329 and 276 individuals, i.e., 95.8% and 4.2% of the study population, were unvaccinated and contracted mpox disease ≥14 days after receiving one dose of JYNNEOS, respectively.

The researchers observed a significant age distribution variation between vaccinated mpox patients and the vaccine-eligible population but not between them and unvaccinated mpox patients. Accordingly, over 91% of vaccinated mpox cases fell into the 18 to 49-year age group. Regarding racial origin, 68.2% and 49.9% of vaccinated and unvaccinated mpox patients self-reported their White race, respectively.

Among 345,220 individuals eligible for the single dose of the JYNNEOS vaccine, only 46.7% identified as White. On the contrary, 12.4% of the vaccinated and 30.9% of unvaccinated patients self-reported that they

belonged to the Black race, respectively. Mpox disease had disproportionately affected the male population in the USA, with 259 and 5,710 cases in vaccinated and unvaccinated people, respectively.

The researchers had data on a minimum of one clinical symptom for 202/276 and 5,326/6,329 vaccinated and unvaccinated mpox cases, respectively. While vaccinated people most commonly reported rash, pruritis, and enlarged lymph nodes, unvaccinated people reported having rash, fever, and malaise.

The odds of rectal symptoms, including proctitis, tenesmus, bleeding, and pain, were similar, but that of systemic symptoms, such as fever, malaise, chills, etc., were markedly lower among vaccinated vs. unvaccinated mpox patients.

In 55% of vaccinated and 46.7% of unvaccinated patients, the genital and perianal area was the most common rash location. Vaccinated individuals, on average, had two, while unvaccinated individuals had three rash locations. While no deaths occurred among any participating individual infected with mpox, the researchers noted that more unvaccinated than vaccinated (8% vs. 2%) individuals sought hospitalization. The results of the sensitivity analyses were similar to that of primary analysis findings, irrespective of days before illness onset (≥22 days vs. ≥14 days).

Conclusions

To summarize, 276 mpox-infected cases in this study who had received one dose of the JYNNEOS vaccine greater than or 14 days before disease onset had similar but less frequent clinical symptoms than 6329 unvaccinated mpox patients. Although these clinical signs and symptoms were comparable to those identified early in the outbreak, vaccination with JYNNEOS substantially weakened the severity of mpox infections and the odds of systemic disease symptoms.

Both vaccinated and unvaccinated mpox cases, however, suffered most commonly from rashes in genital and perianal locations suggesting that sexual transmission was perhaps the most common mechanism of mpox disease transmission. The vaccinated individuals had fewer rash locations, indicating that even partial vaccination prevented the spread of the virus from the inoculation site.

The observed predominance of people of White ethnic origin among vaccinated mpox patients reflected the ongoing racial disparities in access to the JYNNEOS vaccine and healthcare facilities in general in the USA. This finding also indicates differential acceptance of the vaccine among different racial communities. Overall, these disparities could have decreased the severity of mpox disease in vaccinated White persons.

The CDC has been monitoring the efficacy and safety profile of mpox vaccines, such as JYNNEOS. The data so collected is used by the CDC to guide and educate public health officials about non-vaccine-related prevention strategies. However, more importantly, the CDC surveillance could help ensure that people remain motivated to complete the two-dose JYNNEOS vaccination regimen, which, in turn, could prevent a mpox outbreak.

Although the cases of mpox ≥14 days after JYNNEOS vaccination are fewer, the duration of protection conferred by its one vaccine dose is unknown. The study results support the benefit of vaccination with one dose of the JYNNEOS vaccine in attenuating mpox disease.

There is also an urgent need to encourage more and more people to complete the two-dose JYNNEOS vaccination series till the majority at risk of mpox attain optimal immune protection from the second dose. In addition, people could also adopt other prevention strategies recommended by the CDC.

Fuente: News Medical Life Sciences. Disponible en https://bit.ly/3Zruv4R

Cómo es la nueva variante de Ómicron XBB.1.5 y por qué se está expandiendo rápidamente

3 ene. Durante semanas, científicos han estado observando cómo una serie de descendientes de la variante Ómicron se disputaban el dominio de la transmisión de la COVID-19 en Estados Unidos. Las BQ - BQ.1 y BQ.1.1 parecían imponerse a todas las demás para reclamar una ligera ventaja.

El resultado ha sido un aumento gradual de casos y hospitalizaciones que nunca pareció alcanzar los puntos álgidos de la oleada BA.5 de este verano y que, desde luego, no se pareció en nada al tsunami de enfermedad provocado por la Ómicron original hace un año.

Pero el viernes, el panel de variantes del virus de los Centros para el Control y la Prevención de Enfermedades (CDC) de EE.UU. reveló un nuevo jugador que pronto podría arrasar: XBB.1.5.

Los CDC estiman que la variante XBB.1.5 ha duplicado con creces su participación en la distribución de la COVID-19 cada semana durante las últimas cuatro, pasando del 4 % al 41 % de las nuevas infecciones durante diciembre. En el noreste, los CDC estiman que XBB.1.5 está causando el 75 % de los nuevos casos.

"Desde hace unos meses, no habíamos visto una variante que despegara a esa velocidad", afirmó Pavitra Roychoudhury, directora de secuenciación de COVID-19 en el laboratorio de Virología de la Facultad de Medicina de la Universidad de Washington.

Virólogos y epidemiólogos afirman que esta subvariante de ómicron tiene características que le confieren el potencial de impulsar una nueva oleada de casos de COVID-19 en EE.UU., aunque todavía no está claro qué magnitud tendrá esa oleada y si podría enviar a muchas más personas al hospital.

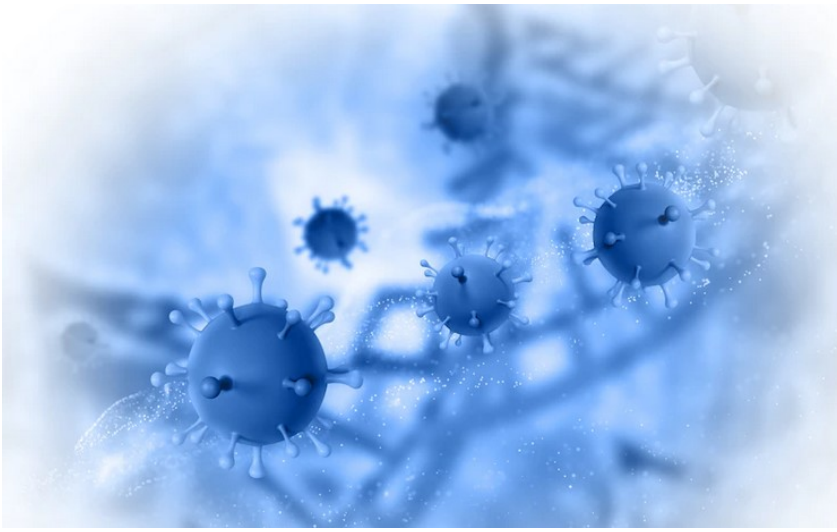
A pesar de la reciente preocupación por la posibilidad de que una nueva amenaza de COVID-19 proceda de la actual oleada de casos en China, expertos señalan que XBB.1.5 parece haber surgido en Estados Unidos. Se detectó por primera vez en Nueva York y Connecticut a finales de octubre, según GISAID, una iniciativa mundial para catalogar y rastrear variantes del coronavirus.

Trevor Bedford, catedrático de Biología Computacional del Centro Oncológico Fred Hutchinson de Seattle, afirmó que XBB.1.5 tiene una tasa de crecimiento similar a la de su primo lejano BA.5.

Bedford ha cifrado su número reproductivo efectivo -el número de nuevas infecciones que se espera que provoque cada persona infectada- en alrededor de 1,6, aproximadamente un 40 % más que su siguiente competidor más cercano.

"Preveo que impulsará una mayor circulación en las próximas semanas", escribió Bedford en un correo electrónico. Ese aumento puede no reflejarse en el número de casos, señaló, ya que cada vez más personas se hacen la prueba en casa, y sus casos pueden no ser contados a menos que busquen atención médica y obtengan una prueba de laboratorio para confirmar sus resultados. "Así que yo me fijaría en las hospitalizaciones en los grupos de edad vulnerables (como las personas adultas mayores) como mejor indicador de la oleada", escribió.

Subvariantes escurridizas



XBB.1.5 es producto de la recombinación: dos descendientes de BA.2, la subvariante que impulsó una modesta oleada de casos en EE.UU. en abril, intercambiaron partes de su código genético, lo que dio lugar a 14 nuevas mutaciones en las proteínas de espiga del virus en comparación con BA.2, y a una nueva subvariante, XBB.

XBB provocó una oleada de casos en Singapur este otoño, pero no llegó a ganar mucho terreno en Estados Unidos. Aquí, tuvo que competir contra un montón de variantes que circulaban conjuntamente y que habían evolucionado de forma independiente algunas de las mismas mutaciones, lo que las hacía más parecidas.

Aun así, los científicos han estado vigilando de cerca a XBB y sus variaciones.

El Dr. David Ho, catedrático de Microbiología e Inmunología de la Universidad de Columbia, probó recientemente en su laboratorio virus diseñados para tener las espigas de XBB y XBB.1, así como BQ.1 y BQ 1.1, contra anticuerpos de la sangre de personas que habían sido infectadas, que habían sido vacunadas con las vacunas bivalentes original y nueva, y que habían sido tanto infectadas como vacunadas. Su equipo también probó 23 tratamientos con anticuerpos monoclonales contra estas nuevas subvariantes.

Descubrió que XBB.1 era la más escurridiza de todas. Tenía 63 veces menos probabilidades de ser neutralizada por anticuerpos en la sangre de personas infectadas y vacunadas que BA.2, y 49 veces menos probabilidades de ser neutralizada en comparación con BA.4 y BA.5.

En términos de evasión inmunitaria, afirma Ho, estas variantes se han alejado tanto de los anticuerpos que hemos fabricado para usarlos contra ellas como la variante Ómicron original se alejó de las variantes del virus que la precedieron hace aproximadamente un año.

El Dr. Ho califica estos niveles de evasión inmunitaria de "alarmantes" y dice que podrían comprometer aún más la eficacia de las vacunas contra COVID-19. Sus hallazgos se publicaron recientemente en la revista Cell.

Ho explicó este lunes que la evasión de anticuerpos de XBB.1.5 es la misma que la de XBB.1, lo que

significa que tiene el potencial de escapar a la protección de las vacunas y las infecciones anteriores. También es resistente a todos los tratamientos actuales con anticuerpos, incluido Evusheld.

Otro as bajo la manga de XBB.1.5

Además de su gran capacidad de evasión inmunitaria, XBB.1.5 tiene otro as bajo la manga que parece estar contribuyendo a su crecimiento. Tiene una mutación clave en el sitio 486, que le permite unirse más estrechamente a ACE2, la puerta que el virus utiliza para entrar en nuestras células.

"La mutación permite claramente que XBB.1.5 se propague mejor", escribió en un correo electrónico Jesse Bloom, virólogo computacional del Centro Oncológico Fred Hutchinson.

Esta mutación fue señalada por primera vez por Bloom, que estudia la evolución de los virus y las proteínas virales, como una que podría ser importante para la adecuación viral. Yunlong Cao, de la Universidad de Beijing, la confirmó.

"Tiene más capacidad para entrar en las células", afirma Roychoudhury, lo que significa que es más infecciosa.

Aun así, los expertos afirman que es difícil saber qué parte del crecimiento de XBB.1.5 puede atribuirse a las propiedades del virus y qué parte simplemente a la buena sincronización.

La llegada de las vacaciones, durante las cuales es más probable que la gente viaje y socialice, da a cualquier infección -ya sea gripe, COVID-19 o VRS- más espacio para propagarse.

"La mayoría de los responsables de salud pública habrían esperado un aumento de los casos de COVID-19, incluso antes de que supiéramos lo de XBB.1.5", afirma Andrew Pekosz, profesor de la Facultad de Salud Pública Bloomberg de la Universidad Johns Hopkins, quien estudia la replicación vírica. "Así que si el aumento de casos de COVID-19 que se está produciendo durante las fiestas se debe a las interacciones sociales que ha tenido la gente o si está relacionado específicamente con XBB.1.5 es algo que todavía no está claro. Ambas cosas probablemente estén contribuyendo".

La mayoría de los expertos dijeron que, si bien esperan que XBB.1.5 tenga el potencial de causar más enfermedades, no esperan que esas infecciones sean necesariamente más graves.

Mirando al noreste, donde se cree que XBB.1.5 está causando la mayoría de las infecciones, Michael Osterholm, que dirige el Centro de Investigación y Política de Enfermedades Infecciosas de la Universidad de Minnesota, ve motivos para tener esperanza.

Osterholm señala que las dosis de refuerzo actualizadas deberían proporcionar cierta protección, incluso contra esta variante tan evasiva desde el punto de vista inmunitario.

"Siguen proporcionando un nivel de inmunidad que puede que no evite que te infectes, pero que puede tener un impacto significativo sobre si enfermas gravemente y mueres o no", dijo. "Ahora mismo, los datos más recientes que tenemos muestran que los que tienen la vacuna bivalente corren un riesgo tres veces menor de morir que los que no la tienen".

Sin embargo, los estadounidenses han tardado en vacunarse. Según datos de los CDC, solo el 15 % de los estadounidenses que cumplen los requisitos se ha puesto la vacuna de refuerzo actualizada. Entre los mayores de 65 años, solamente 1 de cada 3 se ha vacunado.

Los expertos también señalan que, aunque los tratamientos con anticuerpos no funcionarán contra esta subvariante, otros antivirales, como Paxlovid y remdesivir, deberían seguir siendo eficaces.

Las pruebas rápidas siguen funcionando, al igual que las mascarillas y la ventilación y filtración del aire interior, por lo que, aunque el virus siga evolucionando, sigue habiendo buenas formas de protegerse para no contraer la COVID-19.

"No parece que esté causando enfermedades más graves, por lo que creo que hoy circula una situación muy diferente a la de hace un año", afirma Osterholm. "Hay una mayor inmunidad en la población, por lo que no creo que vaya a despuntar".

Fuente: CNN en español. Disponible en https://cnn.it/3QHqBRy

COVID-19 Positivity Associated With Pneumococcal Carriage

Jan 4. Study participants (N=1278) who were current or former agriculture workers were recruited from the Clínica de Salud del Valle de Salinas in California between July and November 2020. All participants were recommended to test for COVID-19 infection and were asked to provide saliva samples for pneumococcal carriage testing regardless of symptoms. Carriage of pneumococcus and COVID-19 were determined by quantitative polymerase chain reaction (qPCR) testing.

Among the study population, 564 participants were recruited at outpatient clinics and 714 participants were recruited at mobile outreach clinics. A total of 9.2% of participants had pneumococcal carriage, in which the carriage rate was higher among participants attending the outpatient clinics than the mobile outreach clinics (11.2% vs 7.6%), respectively.

The rate of COVID-19 infection was 41.3% among those who carried pneumococcus compared with 13.8% among those who did not carry pneumococcus. Stratified by subgroups, the COVID-19 positivity rate was consistently higher among pneumococcus carriers than non-carriers among women (25.9% vs 10.1%), indigenous speakers (37.9% vs 16.5%), and individuals living in houses with more than 4 people per bedroom (50.0% vs 17.2%).

Overall, COVID-19 positivity was associated with pneumococcal carriage among all individuals (adjusted odds ratio [aOR], 2.73; 95% CI, 1.58-4.69), individuals with no COVID-19 symptoms (aOR, 2.79; 95% CI, 1.26-6.24), and with COVID-19 symptoms in the previous 2 weeks (aOR, 3.38; 95% CI, 1.35-8.40). Stratified by recruitment site, risk for COVID-19 based on pneumococcal carriage was significantly higher among individuals recruited at a clinic (aOR, 4.01; 95% CI, 2.08-7.75) but not at a mobile outreach clinic (aOR, 0.95; 95% CI, 0.20-4.44).

Stratified by lytA and piaB gene positivities and cycle thresholds (CT), risk for COVID-19 positivity was associated with every 1-unit decrease in piaB CT (aOR, 1.24; 95% CI, 1.00-1.55), but not in lytA CT (aOR, 0.94; 95% CI, 0.81-1.09).

"This pattern may have been driven by reduced transmission of other viruses and frequent antibiotic treatment of COVID-19 patients who would otherwise be at risk ."

Fuente: Infectious Disease Advisor. Disponible en https://bit.ly/3QELDjM

OMS: La COVID-19 sigue siendo peligrosa pero con las medidas adecuadas la emergencia podría terminar este 2023

5 ene. El director general de la Organización Mundial de la Salud (OMS), Tedros Adhanom Ghebreyesus, aseguró este miércoles que la COVID-19 podría acabar oficialmente este año como emergencia pública si se trabaja adecuadamente, pero alertó que sigue siendo un virus peligroso y cada semana provoca el deceso a unas 10.000 personas.

Durante una conferencia de prensa, el funcionario expresó que, luego de entrar al cuatro año de la pandemia, el mundo presenta "una situación mucho mejor de lo que estaba hace unos años".

Vinculó esta evolución al mejoramiento de "los cuidados clínicos y la gestión de las vacunas y los tratamientos". Afirmó que aumentó la vacunación y se amplió "el acceso a las vacunas por parte de países de ingresos bajos y medios que habían sido olvidados en 2021 debido al 'nacionalismo de vacunas'".

Recordó que días atrás la OMS aprobó por primera vez dos medicamentos genéricos contra la COVID-19 (bautizados como Nirmatrelvir y Ritonavir). Señaló que sucesos como ese permiten a poblaciones de países menos desarrollados mayor acceso a tratamientos.

Subrayó que, pese a estos progresos, no se debe bajar la guardia. "La COVID-19 sigue siendo un peligroso virus para nuestra salud, nuestras economías y nuestras sociedades", enfatizó. Detalló que cada semana se reporta a nivel global una cifra de muertes cercana a las 10.000 personas.

Por otra parte, la OMS alertó este miércoles sobre el aumento de casos de la subvariante ómicron XBB.1.5 en Europa y los Estados Unidos (EE.UU.). Expertos valoran el riesgo que representa esta recombinación de los sublinajes BA2.

Adhanom Ghebreyesus llamó la atención de que en las últimas semanas se incrementaron las hospitalizaciones en el Hemisferio Norte. Sin embargo, la cifra de casos es sensiblemente inferior a los provocados por la subvariante ómicron, responsable de casi 25 millones de positivos semanales en todo el mundo hace casi un año, siete veces más que los niveles actuales.

También la OMS reveló que no se ha identificado ninguna nueva variante o mutación significativa en los datos de secuenciación de casos positivos a la COVID-19 confirmados recientemente por China.

Expertos de la nación asiática compartieron a finales de 2022 con virólogos de la OMS datos sobre la secuenciación de más de 2.000 casos positivos por COVID-19 enmarcados en el repunte de casos a que hizo frente ese país tras relajar sus medidas preventivas.

La OMS declaró a la COVID-19 como emergencia internacional el 30 de enero de 2020, cuando la enfermedad provocada por el coronavirus SARS-CoV-2 aún no había sido bautizada.

Fuente: Cubadebate. Disponible en https://bit.ly/3W0IcVy

Vacunas COVID de refuerzo: un nuevo estudio halló la clave "perfecta" para detener los contagios

6 ene. De acuerdo al análisis reciente publicado en la revista Nature, la despoblación del entorno junto a la mejora de la ventilación en los ámbitos de los pacientes monitoreados, lograron convalidar la protección sumada a las inoculaciones complementarias.

El virus del SARS-CoV-2 causante de la afección pulmonar de coronavirus disminuye su capacidad de contagios en pacientes inoculados con dosis de refuerzo que se mantienen en entornos cerrados.

Así lo señaló un estudio recientemente publicado en la revista Nature. El análisis llevado a cabo por investigadores norteamericanos evaluó la infecciosidad de las personas encarceladas afectadas por la subvariante Ómicron en prisiones, "escenarios de alto riesgo donde la transmisión es intensa".

"Se analizaron datos de vigilancia del SARS-CoV-2 de 35 prisiones de California, Estados Unidos de América (EE. UU.), entre diciembre de 2021 y mayo de 2022, período que corresponde a los primeros cinco meses de la ola de COVID-19 cuando predominaban las subvariantes BA.1/BA.2 de Ómicron", repasa el texto autoría de Sophia T. Tan, Ada T. Kwan, Isabel Rodríguez-Barraquer, Benjamin J. Singer y cuatro integrantes más del cuerpo pesquisas.

El equipo comparó 273 casos índice no vacunados y 953 casos índice vacunados por la institución dentro de los 30 días y por un puntaje de propensión para recibir los fármacos. Además, emparejaron una media de 3,5 casos índice inoculados con cada caso índice no inoculados, cuyo resultado, en general, arrojó un balance bueno en todos los casos.

COVID 19 y efectividad de las vacunas de refuerzo: qué dice el estudio publicado en Nature
Durante el período de estudio de cinco meses efectuado sobre una población de 111.687 pacientes (97 % hombres), se registraron 22.334 casos confirmados de coronavirus y 31 hospitalizaciones relacionadas con la enfermedad.

Todos aquellos que cumplieron encarcelamiento continuo desde el 1 de abril de 2020, tuvieron contacto cercano en una celda compartida a puerta cerrada y que no dieron positivo en la prueba de COVID-19 en los 90 días anteriores cuando dieron positivo en la prueba de COVID-19 constituyeron un caso índice. De este total, los investigadores identificaron 1226 casos índice durante el período analizado.

Así, el informe insta en la posibilidad de activar una vacunación masiva programada en las prisiones durante las oleadas de COVID-19 para frenar la transmisión viral, acompañada de otras medidas, como la despoblación y la mejora de la ventilación en las cárceles.

"El estudio demostró cómo cada dosis de la vacuna, especialmente los refuerzos, proporcionó una reducción relativa adicional de la infecciosidad. Además, los efectos indirectos de la vacunación contra la COVID-19 ralentizaron la transmisión del SARS-CoV-2, lo que, combinado con sus beneficios directos, destaca la importancia de la vacunación contra la COVID-19", concluyó el equipo de investigación.

Fuente: Cronista. Disponible en https://bit.ly/3XutlhV

Chinese-made mRNA vaccine starts trial production

Jan 7. China's CanSino Biologics Inc (6185.HK) has entered "test production phase" for its COVID-19 mRNA booster vaccine, the company said in a post on its social media account late on Thursday.

The vaccine, known as CS-2034, targets new Omicron variants of the virus, which are responsible for the vast majority of infections that have swept across China since the country began dismantling strict COVID curbs last month.

Until now, China has relied on nine domestically-developed COVID vaccines approved for use, including

inactivated vaccines, but none have been adapted to target the highly-transmissible Omicron variant and its offshoots that are currently in circulation.

The CanSino booster vaccine is one of China's first home-grown potential vaccines based on mRNA technology similar to that employed in vaccines produced internationally by Pfizer -BioNTech and Moderna.

On Thursday, CanSino also reported "positive" interim data from a mid-stage clinical trial in a filing to the Hong Kong stock exchange.

According to CanSino, the first phase of its mRNA vaccine production could produce 100 million doses.

Fuente: Reuters. Disponible en https://reut.rs/3k700kt

8% of Chinese COVID-19 patients develop pneumonia: NHC official

Jan 8. The proportion of COVID-19 patients of common type who developed pneumonia is about 8 percent of the total, Jiao Yahui, an official from the National Health Commission (NHC), said on Sunday in response to the public's concerns about the number of pneumonia cases around them, noting that the vast majority of the cases with pneumonia can be treated and cured after timely treatment and intervention.

China has downgraded the management of COVID-19 from Class A to Class B starting from Sunday. In terms of the overall situation of the COVID-19 epidemic across China, Jiao, director of the Medical Administration Bureau of the NHC, said to CCTV News that the number of outpatient visits to fever clinics nationwide has entered a stage of rapid increase since December of 2022, and the number of emergency cases reached a peak between late December of 2022 and January 1, 2023, alongside a surge in critical cases.

Some major cities such as municipalities and capitals of provinces are experiencing or have experienced the peak of infection, officials said. The visits to the emergency departments of hospitals have shown a sign of declining, whereas the treatment on severe cases is still at a high plateau, Jiao said.

Ahead of the Spring Festival travel rush, or chunyun, infections have also peaked in small- and medium-sized cities and rural areas. These places will also see spikes in emergency visits to and severe cases at hospitals, according to Jiao.

In terms of the number and proportion of pneumonia cases caused by COVID-19, Jiao said that mild cases may have symptoms such as fever, cough and sore throat but show no sign of pneumonia. According to the classification of Omicron cases in 2022, the prevalence of pneumonia in the patients of common type is relatively low, about 8 percent, Jiao noted.

"However, as the infection base increases, so does the absolute number of pneumonia cases. Since China has a population of 1.4 billion, even with a low proportion of infections, the absolute number will not be small at all. In general, the proportion of cases with pneumonia among patients visiting fever clinics is quite low," Jiao said.

Since China's population mainly live in big cities with large population and high population density, if these municipalities, capital cities and major cities have passed the peak of the infection, Jiao said the peak of infections will not necessarily occur in middle and small cities or rural areas during the Spring Festival travel rush. But peaks of patients visiting emergency departments and critical cases at hospitals may peak during the period in these areas.

Thus, Jiao noted that the medical treatment on severe cases in rural areas will face greater challenges during the Spring Festival.

The utilization rate of intensive care unit beds in second-tier hospitals and above has reached 80 percent at present from about 54 percent in of December 25, 2022, according to Jiao, who noted that the country is facing an unprecedented challenge in the task of medical treatment for COVID-19 infections.

In regards with the upcoming personnel flow during the Spring Festival travel rush, Jiao said a bigger test lies in the treatment on severe cases in the rural areas.

"The first aid system in rural areas is relatively weak, and there is a relative shortage of medical resources, including personnel and medicines. One of the biggest challenges is whether critically ill patients in rural areas can be transferred in time," Jiao said.

Speaking of the changes in epidemic prevention and control during the past three years, Jiao said that big changes have occurred from all perspectives in terms of the system, capability, personnel and the coping mentality.

"In terms of the clinical treatment, although people feel that there are many cases with pneumonia now, the impact of the pneumonia is not the same as that three years ago. Now the vast majority of the cases with pneumonia can be treated and cured after timely treatment and intervention," Jiao said.

Besides, Jiao said the people affected are different. "In Wuhan three years ago, the affected people were mainly young and middle-aged people. Now, the affected people are more vulnerable groups such as the elderly with underlying diseases, especially those who have not been vaccinated," Jiao said, noting that the dawn of victory is just ahead.

The Spring Festival travel rush this year officially kicked off on Saturday. The NHC called for enhanced epidemic prevention and medical treatment in rural areas during a Saturday press briefing given that many areas are dealing with insufficient medical resources and large populations.

"Early management" is a major part of our rural and grassroots epidemic prevention and control work, including early identification of infection and those with severe illness and early intervention by providing necessary oxygen-related equipment and adequate treatment, Nie Chunlei, director of the Grassroots Healthcare Department of the NHC, told the press conference.

The State Council's joint prevention and control mechanism also has established a daily dispatching system by ensuring supplies, especially prioritizing the medical supplies to rural areas and use both traditional Chinese medicine and Western medicine.

Fuente: Global Times. Disponible en https://bit.ly/3CK9V5V

La aceptación de la vacuna covid crece del 75,2% al 79,1% en 23 países

9 ene. La aceptación de la vacuna contra la covid-19 a nivel mundial ha aumentado en un año del 75,2 % al 79,1 % en 23 países, pero ha bajado en ocho, por lo que "para poner fin a la pandemia como un amenaza para la salud pública, hay que incluir esfuerzos que construyan confianza y cambien comportamientos de no vacunados, subvacunados e indiferentes".

Así se desprende de un estudio liderado por el Instituto de Salud Global de Barcelona (ISGlobal), que este lunes publica la revista Nature Medicine, y que recoge 23.000 encuestas sobre la aceptación de las vacunas contra la covid-19 en 23 países de Europa, América, Asia y África y que representan más del 60 % de la población mundial.

Junto a ISGlobal, ha participado en el estudio la estadounidense Escuela de Posgrado en Salud Pública y Políticas de Salud de la Universidad de la Ciudad de Nueva York (CUNY SPH).

Los datos objeto del estudio publicado este lunes corresponden a la tercera encuesta, llevada a cabo entre los meses de junio y julio de 2022 y que se comparan con los obtenidos un año antes.

Entre países, el estudio subraya una gran diferencia en la aceptación de la vacuna y la necesidad de adaptar estrategias de comunicación para abordar la reticencia a la vacunación.

"La pandemia no ha terminado y las autoridades deben abordar urgentemente la indecisión y la resistencia a la vacuna como parte de su estrategia de prevención y mitigación de la covid-19", ha afirmado el jefe del Grupo de Investigación en Sistemas de Salud de ISGlobal, centro impulsado por la Fundación La Caixa, Jeffrey V. Lazarus.

Para ello, según señala el estudio, los responsables políticos necesitan datos sólidos acerca de si la reticencia hacia las vacunas está disminuyendo o aumentando y en qué poblaciones, además de información sobre los factores que influyen en el rechazo como pueden ser el nivel de ingresos o educativo de las personas.

Con el fin de obtener estos datos, el investigador Jeffrey V. Lazarus y el decano de la CUNY SPH, Ayman El -Mohandes, iniciaron en 2020 una encuesta que alcanzó a 23 países altamente poblados y afectados por la pandemina.

Contestaron la encuesta un total de 23.000 habitantes, 1.000 por cada uno de los países de Alemania, Brasil, Canadá, China, Corea del Sur, Ecuador, España, Estados Unidos, Francia, Ghana, la India, Italia, Kenia, México, Nigeria, Perú, Polonia, el Reino Unido, Rusia, Singapur, Sudáfrica, Suecia y Turquía.

Naturaleza diversa de la reticencia a las vacunas

Según la encuesta, el 79,1% de la población aceptó la vacunación, lo que representa un aumento del 5,2% con respecto a junio de 2021.

La disposición de los padres a vacunar a sus hijos e hijas también aumentó ligeramente, al pasar del 67,6 % en 2021 al 69,5 % en 2022.

Sin embargo, en ocho países se registró un aumento en la reticencia que oscila entre 1,0 % registrado en el Reino Unido y el 21,1 % de Sudáfrica.

Los otros países en los que ha descendido la aceptación de la vacuna son Turquía (2,7 %), México (9,4 %), Kenia (8,5 %), Gana (13,8), China (1 %) y Brasil (3,3 %).

Además, el 12,1% de las personas vacunadas encuestadas dudó sobre inocularse una dosis de refuerzo, lo que pasó sobretodo entre las personas situadas en los grupos de edad más jóvenes, con edades comprendidas entre 18 y 29 años.

Ante estos datos, Ayman El-Mohandes ha indicado que se debe permanecer vigilante "en el seguimiento de la información, contener las variantes de covid-19 y abordar la indecisión, ya que puede suponer un reto para los futuros programas de inmunización contra la enfermedad".

Otro de los datos que revela el estudio es que casi el 40 % de los encuestados declaró prestar menos atención que antes a la nueva información sobre el covid-19 y dar menos apoyo a los mandatos de vacunación.

Según el estudio, en algunos países la reticencia a las vacunas se asoció a variables como el sexo femenino, como pasó en China, Polonia y Rusia; a no tener título universitario, lo que reveló más incidencia en Francia, Polonia, Sudáfrica, Suecia y EE.UU.; o a tener ingresos más bajos, lo que ocurrió en Canadá, Alemania, Turquía y el Reino Unido.

Según Jeffrey V. Lazarus, los resultados del estudio "muestran que las estrategias de salud pública para aumentar la cobertura de las dosis de refuerzo deberán ser más sofisticadas y adaptables a cada entorno y población diana".

"Para mejorar la aceptación de la vacuna, las estrategias deben incluir mensajes que transmitan compasión en vez de miedo y utilizar mensajeros de confianza, en particular profesionales de la salud", ha añadido el investigador.

Fuente: Heraldo Saludable. Disponible en https://bit.ly/3H1lPuX

Argentina avanza en estudios sobre vacuna contra la COVID-19

10 ene. La administración de medicamentos de Argentina autorizó el inicio de los estudios de segunda y tercera fase para evaluar la seguridad y eficacia de la vacuna nacional “ARVAC Cecilia Grierson” contra el nuevo coronavirus.

Los resultados parciales de la primera fase arrojaron información preliminar que demostró que la vacuna es “segura y muy inmunogénica” y se corroboró que los anticuerpos neutralizantes contra las variantes Ómicron y Gamma se incrementaron hasta 30 veces con una sola dosis de refuerzo, indicó un comunicado del Ministerio de Salud difundido el lunes por la noche.

Tras la aprobación recibida por la Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT), los estudios clínicos de la segunda y tercera fase serán realizados en voluntarios adultos previamente vacunados con dos dosis del esquema primario.

Pensada como dosis de refuerzo o tercera dosis en personas ya inmunizadas, la vacuna “ARVAC-Cecilia Grierson” se basa en la tecnología de proteínas recombinante que es muy segura y ya se aplica en las vacunas contra la Hepatitis B en niños recién nacidos, explicó el comunicado.

Se trata de una plataforma que puede adaptarse fácilmente ante el surgimiento de nuevas variantes a nivel regional o mundial.

Además, esta vacuna podrá ser almacenada entre 2 y 8 grados centígrados, lo que permitirá que sus dosis, a diferencia de los primeros inmunizantes contra el COVID-19, sean más económicas, fáciles de producir y de distribuir.

El gobierno destacó que es la primera vez que se llevan adelante en el país estudios segunda y tercera fase para una vacuna de desarrollo nacional.

En el desarrollo del inmunizante argentino intervienen el Ministerio de Ciencia, Tecnología e Innovación, el Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), la Agencia Nacional de Promoción de la Investigación, el Desarrollo Tecnológico y la Innovación, universidades y la industria farmacéutica.

La investigación de la vacuna comenzó en junio de 2020 en plena escalada de la pandemia. A fines del año siguiente concluyeron los estudios preclínicos en no humanos y en marzo de 2022 comenzó la primera fase, que finalizó el lunes.

Cecilia Grierson, hija de una familia de inmigrantes escoceses, fue la primera mujer médica de nacionalidad argentina.

Investigadores involucrados en la iniciativa confían que para la campaña de refuerzos de 2023 se cuente con dosis de origen argentino.

En Argentina, donde desde fines de noviembre se ha producido un aumento de los contagios, se aplican vacunas producidas por laboratorios de Estados Unidos, Gran Bretaña, Rusia y China.

Desde que el coronavirus impactó en el país sudamericano en marzo de 2020 más de 10 millones de personas se han infectado y más de 130.200 han muerto.

Fuente: Prensa Latina. Disponible en https://bit.ly/3XPFXqd

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Patentes registradas en Patentscope

Estrategia de búqueda: *Vaccine in the title or abstract AND 20230101:20230111 as the publication date 33 records*

1.WO/2023/273829VACCINE AGAINST STREPTOCOCCUS SUIS DISEASE
WO - 05.01.2023
Clasificación Internacional A61K 39/09 Nº de solicitud PCT/CN2022/098076 Solicitante JIANGSU ACADEMY OF AGRICULTURAL SCIENCES Inventor/a XIAO, Qi
The present invention relates to the field of veterinary vaccines, and provides a vaccine against a Streptococcus suis disease. According to the vaccine against a Streptococcus suis disease, an antigen is a protein having an amino acid sequence as represented by SEQ ID NO: 2. The present invention further provides a method for preparing the vaccine against a Streptococcus suis disease, comprising the following steps: mixing white oil and aluminum stearate to obtain a white oil adjuvant; adding Tween-80 to an aqueous solution of the protein having the amino acid sequence as represented by SEQ ID NO: 2, and mixing well to obtain an antigen solution; and mixing the antigen solution and the white oil adjuvant according to a volume ratio of 0.5-1.5:2, and emulsifying the mixture to obtain the vaccine. The vaccine against a Streptococcus suis disease of the present invention can effectively resist challenges of Streptococcus suis type 2, type 3 and type 31.

2.WO/2023/274298QUANTUM DOT MODIFIED PROTEIN VACCINE AND PREPARATION METHOD THEREFOR AND APPLICATION THEREOF

WO - 05.01.2023
Clasificación Internacional A61K 39/00 Nº de solicitud PCT/CN2022/102376 Solicitante UNIVERSITY OF MACAU Inventor/a QU, Songnan
A quantum dot modified protein vaccine and a preparation method therefor and an application thereof, relating to the field of nanomaterials and biomedicines. Raw materials of the quantum dot modified protein vaccine comprise quantum dot particles and antigen protein, the surfaces of the quantum dot particles comprise biocompatible functional groups, and the antigen protein and the functional groups act to enable the protein to be wound on the surfaces of the quantum dot particles under the action of non-covalent bonds. The antigen protein is modified by means of the quantum dots, a spatial conformation of the antigen protein can be changed, the immunogenicity of normal protein is remarkably enhanced due to these conformation modifications, dysfunction of immunosuppressive protein on cancer cells is caused, and the specific recognition probability can be enhanced. Such a quantum dot modified protein vaccine can greatly improve the immunogenicity of protein, and thus has better immune activation characteristics. The quantum dot modified protein vaccine is simple in preparation method, and is mild in operation conditions. The obtained quantum dot modified protein vaccine can be applied to personalized immunotherapy of cancers.

3.WO/2023/272370VETERINARY VACCINE COMPOSITION AGAINST PARASITIC WORMS, METHOD FOR TREATING AND PREVENTING INFECTION BY PARASITIC WORMS, AND USE
WO - 05.01.2023
Clasificación Internacional A61K 39/00 Nº de solicitud PCT/BR2022/050243 Solicitante FABP BIOTECH DESENVOLVIMENTO EM BIOTECNOLOGIA LTDA. Inventor/a TENDLER, Miriam
The present invention relates to a veterinary vaccine composition based on fatty-acid-binding proteins (FABP) from parasites. Specifically, the invention discloses a veterinary vaccine composition based on the Schistosoma mansoni protein (rSm14) or homologous proteins of Fasciola hepatica (FhFABPs) that provide a homogeneous, long-term immune response against parasitic worms. The invention is also intended to provide a method for treating and preventing infection caused by parasitic worms, in particular Fasciola hepatica, and also the use of these proteins in a vaccine composition against parasitic worms.

4.4110379VERFAHREN ZUR HERSTELLUNG EINER ANTITUMORALEN ZUSAMMENSETZUNG, ANTITUMORALE ZUSAMMENSETZUNG UND DEREN VERWENDUNG
EP - 04.01.2023
Clasificación Internacional A61K 39/04 Nº de solicitud 21712408 Solicitante HADJIEVA NASYA SPARTAKOVA Inventor/a HADJIEVA NASYA SPARTAKOVA
The present invention relates to a method for obtaining of an anti-tumor composition with antitumor activity, as well as to a composition with antitumor activity, both of them based on the BCG vaccine and its use for prophylaxis and treatment of oncologic diseases. The method according to the present invention provides the obtaining of medications with differentiated impact of effect and allowing adequate dosing. The composition obtained by this method demonstrates reduced toxicity because of the low content of live bacteria and unexpectedly higher therapeutic effect than the already known one. This problem, according to the present invention is solved by method for preparation that includes the mixing of three fractions - fraction 1 containing live bacteria Mycobacterium bovis from BCG vaccine, fraction 2 consisting of suspension of killed bacteria Mycobacterium bovis from BCG vaccine, and fraction 3 that is a filtrate of a suspension of Mycobacterium bovis bacteria from BCG vaccine, destroyed by ultrasound, the fraction quantities being in a proportion of 1 : 10 : 100 volumetric units. The antitumour composition obtained by the method consisting the fraction 1 with live bacteria Mycobacterium bovis, fraction 2 consisting of suspension of killed bacteria Mycobacterium bovis and fraction 3 containing a filtrate of suspension of destroyed by ultrasound cells of Mycobacterium bovis bacteria in a volumetric proportion of

1 : 10 : 100, which contains not only live and killed bacteria but also parts of bacteria, bacterial cell walls, inner cytoplasmic membrane, enzymes, ribosomes, bacterial nuclei, wax D, proteins, carbohydrates, lipids and nucleic acids. The composition obtained by the present method is intended for the treatment of oncologic diseases that affect different organs and systems in the human body. The composition is especially suitable for prophylaxis of the occurrence of oncologic diseases in predisposed individuals and for prophylaxis to prevent recurrence.

5.WO/2023/274297QUANTUM DOT-ENHANCED TUMOR INACTIVATED VACCINE, PREPARATION METHOD, AND APPLICATION
WO - 05.01.2023
Clasificación Internacional A61K 39/00 Nº de solicitud PCT/CN2022/102375 Solicitante UNIVERSITY OF MACAU Inventor/a QU, Songnan
Provided are a quantum dot-enhanced tumor inactivated vaccine, a preparation method, and an application. Under the action of heat, a spatial structure of a protein molecule chain on a tumor cell is opened, the protein molecule chain is loosened and a gap is formed, a small quantum dot enters into a spatial conformation of the protein, and a hydrogen bond is formed by means of a functional group at the surface of the quantum dot and a group on the protein molecule chain, and thereby a quantum dot modified inactivated cancer cell complex is formed. The provided inactivated vaccine preserves the primary structure of a cancer cell antigen, i.e. an amino acid sequence is not destroyed, while increasing a specific anti-tumor immune response of capture, presentation, and induction of the cancer cell antigen protein by the immune system. The provided quantum dot-enhanced cancer cell inactivated vaccine can be applied in personalized cancer immunotherapy.

6.4112075VERFAHREN ZUR HERSTELLUNG EINES INAKTIVIERTEN INFLUENZAIMPFSTOFFS UND IMPFSTOFFZUSAMMENSETZUNG DARAUS
EP - 04.01.2023
Clasificación Internacional A61K 39/145 Nº de solicitud 21759992 Solicitante DENKA COMPANY LTD Inventor/a MITSUMATA RYOTARO
Provided are an inactivated influenza vaccine having high immunogenicity and a method for producing the same. This method for producing an inactivated influenza vaccine, wherein an inactivation treatment is performed using formaldehyde, comprises a step for preliminarily treating a virus solution containing influenza virus, which is collected from a host, with β-propiolactone.

7.WO/2023/278310COMPOSITIONS AND METHODS OF TREATING PLASMA CELL DISORDERS INCLUDING MULTIPLE MYELOMA WITH A VACCINE COMPOSITION AND MYELOMA-SPECIFIC CAR-T CELLS
WO - 05.01.2023
Clasificación Internacional A61P 35/00 Nº de solicitud PCT/US2022/035097 Solicitante MERIDIAN THERAPEUTICS, INC. Inventor/a BORRELLO, Ivan, M.
A multiple myeloma- specific CAR+ T-cell composition and a vaccine composition composed of 3 cells lines, the U266, H929, and K562 are described. Methods are described for using the vaccine composition in conjunction with the MM-specific CAR+ T cell composition in methods of immunizing against plasma cell disorders, including multiple myeloma and related disorders.

8.WO/2023/278307A VACCINE COMPOSITION FOR PLASMA CELL DISORDERS INCLUDING MULTIPLE MYELOMA AND METHODS TO INDUCE IMMUNITY USING SAME
WO - 05.01.2023
Clasificación Internacional A61P 35/00 Nº de solicitud PCT/US2022/035094 Solicitante MERIDIAN THERAPEUTICS, INC. Inventor/a NOONAN, Kimberly, A.

A vaccine composition is described that is composed of 3 cells lines, the U266, H929, and K562. Methods are described for using the vaccine composition in methods of immunizing against plasma cell disorders, including multiple myeloma and related disorders.

9.4112648ANTI-SARS-COV-2-INFEKTIONSPROTEIN UND IMPFSTOFF
EP - 04.01.2023
Clasificación Internacional C07K 19/00 Nº de solicitud 20920803 Solicitante WEST VAC BIOPHARMA CO LTD Inventor/a WEI XIAWEI
An anti-SARS-CoV-2 infection protein and vaccine. The protein contains a structural domain bound to an angiotensin converting enzyme 2 receptor in an S protein of SARS-CoV-2. A vaccine for preventing and/or treating the SARS-CoV-2 infection contains the anti-SARS-CoV-2 infection protein, and pharmaceutically acceptable auxiliary materials or auxiliary components.

10.20230000968Recombinant Human Papillomavirus Vaccine Composition and Use thereof
US - 05.01.2023
Clasificación Internacional A61K 39/12 Nº de solicitud 17623862 Solicitante IMMUNE-PATH BIOTECHNOLOGY (SUZHOU) CO., LTD. Inventor/a Li SHI
Disclosed in the present disclosure are a recombinant human papillomavirus vaccine composition and a use thereof. Compared with other combinations of antigens and adjuvants, the new vaccine composition provided in the present invention has a more beneficial immune effect.

11.20230000967DEVELOPMENT OF A NOVEL LIVE ATTENUATED AFRICAN SWINE FEVER VACCINE BASED IN THE DELETION OF GENE A137R
US - 05.01.2023
Clasificación Internacional A61K 39/12 Nº de solicitud 17363875 Solicitante The United States of America, as represented by the Secretary of Agriculture Inventor/a DOUGLAS P. GLADUE
Provided herein are details on the construction of a recombinant African Swine Fever Virus (ASFV) live attenuated vaccine for prevention of ASF caused by various strains of ASFV, such as the highly virulent Georgia 2007 isolate (“ASFV-G”). An exemplary vaccine comprises the ASFV-GΔA137R modified virus, a recombinant ASFV-G modified by deleting a portion of the A137R ORF rendering the A137R gene nonfunctional.

12.WO/2023/274299FULL-TARGET ANTIGEN-PRESENTING CELL TUMOR VACCINE, AND PREPARATION METHOD THEREFOR AND APPLICATION THEREOF
WO - 05.01.2023
Clasificación Internacional A61K 39/00 Nº de solicitud PCT/CN2022/102378 Solicitante UNIVERSITY OF MACAU Inventor/a QU, Songnan
Provided is a full-target antigen-presenting cell (APC) tumor vaccine, and a preparation method therefor and an application thereof. The preparation method for the full-target APC tumor vaccine comprises: performing co-incubation of a quantum dot-modified tumor cell and an immature APC, wherein the quantum dot-modified tumor cell is obtained by linking a quantum dot to a protein molecular chain of a tumor cell by means of a hydrogen bond. By means of the co-incubation of the quantum dot-modified tumor cell and the immature APC, the immature APC (e.g., an MP or a DC) can be converted from an immature state to a hyperactivated state, such that uptake of tumor antigens by the APC is enhanced, MHC molecule expression is significantly upregulated, and the antigen presenting efficiency is improved.

13.WO/2023/278308DEVELOPMENT OF A NOVEL LIVE ATTENUATED AFRICAN SWINE FEVER VACCINE BASED IN THE DELETION OF GENE A137R
WO - 05.01.2023

Clasificación Internacional C12N 7/00 Nº de solicitud PCT/US2022/035095 Solicitante THE UNITED STATES OF AMERICA, AS REPRESENTED BY THE SECRETARY OF AGRICULTURE Inventor/a GLADUE, Douglas P.
Provided herein are details on the construction of a recombinant African Swine Fever Virus (ASFV) live attenuated vaccine for prevention of ASF caused by various strains of ASFV, such as the highly virulent Georgia 2007 isolate ("ASFV-G"). An exemplary vaccine comprises the ASFV-GΔA137R modified virus, a recombinant ASFV-G modified by deleting a portion of the A137R ORF rendering the A137R gene nonfunctional.

14.20230002780EXPRESSION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-CoV-2) SPIKE PROTEIN SEQUENCES IN PLANTS AND PLANT PRODUCED VACCINE FOR SAME
US - 05.01.2023
Clasificación Internacional C12N 15/82 Nº de solicitud 17808901 Solicitante Applied Biotechnology Institute, Inc. Inventor/a John Howard
A plant produced vaccine for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is provided where the Spike protein of the virus is expressed in a plant by introducing into a plant a construct comprising a promoter preferentially directing expression to seed of said plant, a nucleic acid encoding the Spike protein and a nucleic acid targeting expression to the endoplasmic reticulum of the plant. The plant expresses the 51 polypeptide at levels of at least 10 mg/kg of seed of said plant. When orally administered to an animal, a protective response is observed including a serum antibody response.

15.20230000973Combinations of Vaccines and Neutralizing Antibodies for Treating Human Immunodeficiency Virus Infection in Subjects Undergoing Antiretroviral Treatment
US - 05.01.2023
Clasificación Internacional A61K 39/21 Nº de solicitud 17808348 Solicitante Janssen Vaccines & Prevention B.V. Inventor/a Dan H. Barouch
Methods for inducing an immune response against Human Immunodeficiency Virus (HIV) in HIV-infected subjects undergoing antiretroviral therapy (ART) are described. The methods involve initial administration of an adenovirus vector vaccine and subsequent administration of a poxvirus vector vaccine, followed by administration of anti-HIV broadly neutralizing antibodies (bNAb).

16.20230000963TUMOR CELL VACCINES
US - 05.01.2023
Clasificación Internacional A61K 39/00 Nº de solicitud 17829671 Solicitante NEUVOGEN, INC. Inventor/a Bernadette Ferraro
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.

17.20230000974VIRUS-LIKE PARTICLE VACCINES

US - 05.01.2023
Clasificación Internacional A61K 39/215 Nº de solicitud 17588008 Solicitante Verndari, Inc. Inventor/a Daniel R. HENDERSON
Provided, herein, in certain embodiments are virus-like particles such as synthetic enveloped VLPs or synthetic membrane VLPs. In some embodiments, the VLPs comprise a lipid bilayer. In some embodiments, the VLPs comprise a purified antigen anchored to the lipid bilayer. Some embodiments relate to vaccines comprising the VLP, methods of using the vaccine, and methods of making the vaccine or VLP.

18.20230000961MESOPOROUS SILICA COMPOSITIONS COMPRISING INFLAMMATORY CYTOKINES FOR MODULATING IMMUNE RESPONSES
US - 05.01.2023
Clasificación Internacional A61K 39/00 Nº de solicitud 17693017 Solicitante President and Fellows of Harvard College Inventor/a Jaeyun Kim
A composition comprising mesoporous silica rods comprising an immune cell recruitment compound and an immune cell activation compound, and optionally comprising an antigen such as a tumor lysate. The composition is used to elicit an immune response to a vaccine antigen.

19.4110382HOCHDOSIERTER INFLUENZAIMPFSTOFF FÜR PÄDIATRISCHE PATIENTEN
EP - 04.01.2023
Clasificación Internacional A61K 39/12 Nº de solicitud 21713286 Solicitante SANOFI PASTEUR INC Inventor/a CHANG LEE-JAH
Disclosed herein are immunogenic compositions and vaccination regimes for immunizing humans against influenza disease.

20.20230002464B*44 RESTRICTED PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST CANCERS AND RELATED METHODS
US - 05.01.2023
Clasificación Internacional C07K 14/47 Nº de solicitud 17929465 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.

21.20230002463B*44 RESTRICTED PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST CANCERS AND RELATED METHODS
US - 05.01.2023
Clasificación Internacional C07K 14/47 Nº de solicitud 17896923 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.

22.20230002462B*44 RESTRICTED PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST CANCERS AND RELATED METHODS
US - 05.01.2023
Clasificación Internacional C07K 14/47 Nº de solicitud 17886973 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.

23.4112717ABGESCHWÄCHTER HISTOMONAS-MELEAGRIDIS-STAMM UND IMPFSTOFF
EP - 04.01.2023
Clasificación Internacional C12N 1/36 Nº de solicitud 21182469 Solicitante VETERINAERMEDIZINISCHE UNIV WIEN Inventor/a HESS MICHAEL

24.4112061VERBESSERUNG DER WIRKSAMKEIT VON IMPFSTOFFEN DURCH BIOMASSE UND/ODER VERWANDTE MATERIALIEN IN TIERFUTTER
EP - 04.01.2023
Clasificación Internacional A61K 31/739 Nº de solicitud 22182898 Solicitante ZIVO BIOSCIENCE INC Inventor/a DAHL ANDREW A

25.WO/2023/279121MRNA, EPISOMAL AND GENOMIC INTEGRATED LENTIVIRAL AND GAMMARETROVIRAL VECTOR EXPRESSION OF DIMERIC IMMUNOGLOBULIN A AND POLYMERIC IMMUNOGLOBULIN A TO ENABLE MUCOSAL AND HEMATOLOGICAL BASED IMMUNITY/PROTECTION VIA GENE THERAPY FOR ALLERGENS, VIRUSES, HIV, BACTERIA, PNEUMONIA, INFECTIONS, PATHOLOGY ASSOCIATED PROTEINS, SYSTEMIC PATHOLOGIES, CANCER, TOXINS AND UNNATURAL VIRUSES. CAR ENGINEERED AND NON-CAR ENGINEERED IMMUNE CELL EXPRESSION OF DIMERIC IMMUNOGLOBULIN A AND POLYMERIC IMMUNOGLOBULIN A
WO - 05.01.2023
Clasificación Internacional C12N 15/86 Nº de solicitud PCT/US2022/073525 Solicitante SWARTZ, Roger Inventor/a SWARTZ, Roger
The present invention contemplates mRNA, episomal and retroviral genomic gene therapy based short-term, intermediate or long-term up to multidecade vaccine, immunization or immune protection — that can also be administered as a retroviral genomic gene therapy both in vivo and ex vivo — method to provide epithelial and hematological protection to humans to protect against cancer especially carcinomas, viruses, bacterial infections, allergens or the cause of allergic reactions, systemic pathological conditions, cancer and anti-biowarfare agents (e.g. natural and unnatural viruses and toxins) where mucosal immunity and for some diseases hematological immunity is achieved through mRNA, episomal or genomic integrated lentiviral and gammaretroviral vector expression of dimeric immunoglobulin Al (dlgAl), dimeric immunoglobulin A2 (dlgAl) and engineered variants. Additionally, in some embodiments a method to agglutinate cancers including carcinomas and hematological cancers to prevent metastasis with polymeric immunoglobulin A, dlgA and engineered variants such as but not limited to engineering the hinge region of the immunoglobulin. The present invention provides vector constructs to express dlgA and polymeric immunoglobulins A with therapeutically relevant activity (e.g. such as based on complementarity determining Regions (CDRs) or V-regions) against its target in human. Antibody V-

regions or CDR regions may be discovered in human. Alternatively, combinatorial libraries using single chain variable fragments (scFv) derived from human B-cells or other animal B-cells where phage display technology and mutagenesis may be used further enables the identification of potent VH and VL fragments that can be incorporated into full-length or reduced length immunoglobulin heavy and light chains. Further, mice or other animals with humanized immune systems or transgenic mice or other non-human vertebrate such as rabbits or hamsters capable of producing fully human antibodies from exposure to antigen may be used to identify potent immunoglobulins or potent immunoglobulin binding regions or potent immunoglobulin complementarity determining regions (CDRs) for fusion with human antibodies giving rise to chimeric antibodies. The identified immunoglobulins from these methods will optionally be further optimized through mutagenesis techniques and will be expressed in the recipient via mRNA, via an episome or via retroviral insertion into their genomic DNA of the cells of interest to be expressed via intramuscular administration, intravenous administration, endoscopy based administration to the lamina propria of the stomach and/or small intestine or even the lung, via ingestion or administration proximal to lymph nodes or as an ex vivo administration into any of B-cells, T-cells, Natural Killer (NK) Cells and other immune cell types. Preferred cells to target to receive the vector include muscle cells, liver cells especially hepatocytes and B-cells including memory B-cells, Germinal Center B-cells, memory plasma B-cells (also referred to as a long-lived plasma cell), naive B-cells, NK cells, T-cells, including chimeric antigen receptor T-cells (CAR T-cells) as well as any CAR engineered immune cell. Additionally, the vector may encode for both the CAR and the polymeric and dimeric immunoglobulin in a single vector construct. When designing an mRNA, AAV viral vector, adenovirus vector, integration deficient lentivirus retroviral vector or gammaretroviral vector, integration deficient lentivirus retroviral vector or gammaretroviral vector, encoding for dIgAI, dIgA2 or polymeric immunoglobulin A a single DNA- based vector or one or more mRNA vectors will code for the entire immunoglobulin and J Chain (Joining Chain) expression for dIgAI or dIgA2, where expression may occur with a single start codon and stop codon for each transgene and in some embodiments a second start codon for J Chain expression. The use of a single start and stop codon is enabled by placing in the 5' to 3' direction a furin cleavage site concomitantly followed by a 2A self-processing peptide or furin cleavage site between each gene of any number of consecutive transgenes as a single open reading frame.

26.4112074PARENTERALE NOROVIRUS-IMPFSTOFFFORMULIERUNGEN
EP - 04.01.2023
Clasificación Internacional A61K 39/125 Nº de solicitud 22176978 Solicitante TAKEDA VACCINES INC Inventor/a RICHARDSON CHARLES

27.20230002461PEPTIDES AND COMBINATION OF PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST LUNG CANCER, INCLUDING NSCLC, SCLC AND OTHER CANCERS
US - 05.01.2023
Clasificación Internacional C07K 14/47 Nº de solicitud 17886752 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.

28.WO/2023/275538BETA-CORONAVIRUS VACCINES
WO - 05.01.2023

Clasificación Internacional C07K 16/10 Nº de solicitud PCT/GB2022/051663 Solicitante DIOSYNVAX LTD Inventor/a VISHWANATH, Sneha
Vaccines that induce a broadly neutralising immune response to protect against disease caused by beta-coronaviruses, especially beta-coronaviruses of the sarbecovirus and merbecovirus lineages, are described. The vaccines are provided by use of phylogenetically-, and epitope-optimised sarbecovirus and merbecovirus RBD subunits. The vaccines are provided as nucleic acid vaccines, either as separate polynucleotides, each encoding a different RBD subunit (or RBD dimer), or pieced together in a string as a single polynucleotide encoding all of the RBD subunits (or RBD dimers). The separate polynucleotides may be administered as a mixture together, co-administered, or administered sequentially in any order. Polynucleotides, polypeptides, vectors, cells, fusion proteins, pharmaceutical compositions, combined preparations, and their use as vaccines against viruses of the coronavirus family are described. Methods of inducing an immune response to, or immunising a subject against, a beta-coronavirus in a subject by administering an effective amount of a vaccine to the subject are also described.

29.20230002473NOVEL PEPTIDES AND COMBINATION OF PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST OVARIAN CANCER AND OTHER CANCERS
US - 05.01.2023
Clasificación Internacional C07K 14/74 Nº de solicitud 17465381 Solicitante Immatics Biotechnologies GmbH Inventor/a Heiko SCHUSTER
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.

30.4110386REKOMBINANTER POCKENVIRUS-IMPFSTOFF GEGEN DAS SARS-COV-2-VIRUS
EP - 04.01.2023
Clasificación Internacional A61K 39/215 Nº de solicitud 21715007 Solicitante TONIX PHARMA LTD Inventor/a LEDERMAN SETH
The invention relates in various aspects to a recombinant poxvirus comprising a nucleic acid encoding a SARS-CoV-2 virus protein, methods for producing such viruses and the use of such viruses. The recombinant poxviruses are well suited, among others, as protective virus vaccines against SARS-CoV-2 virus.

31.4110401GEN-ABGABESYSTEM
EP - 04.01.2023
Clasificación Internacional A61K 47/62 Nº de solicitud 21760109 Solicitante SYMVIVO CORP Inventor/a GRAVES HERBERT ALEXANDER
A system for delivering a payload nucleic acid into target cells of a subject and production of a payload (or payloads) encoded by the payload nucleic acid in the cells. The system includes a *Bifidobacterium sp*. bacterium comprising a plasmid and a transporter nucleic acid, the transporter nucleic acid configured for expression in the bacterium. The transporter nucleic acid encodes a transporter polypeptide comprising, in an amino-terminal to carboxy-terminal order, a bacterial secretion signal peptide, a DNA-binding domain to bind the plasmid, and a cell penetrating peptide. The transporter polypeptide complexes with the plasmid and transports the plasmid from the bacterium into the target cells. The plasmid encodes one or more payloads (protein and/or ribonucleic acid) for production in the target cells. The target cells may be colonic cells. When the payload(s) include an antigen, the system may be a DNA vaccine.

32.20230002474NOVEL PEPTIDES AND COMBINATION OF PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST OVARIAN CANCER AND OTHER CANCERS
US - 05.01.2023
Clasificación Internacional C07K 14/74 Nº de solicitud 17465426 Solicitante Immatics Biotechnologies GmbH Inventor/a Heiko SCHUSTER
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.

33.20230000978haNK Cetuximab Combinations And Methods
US - 05.01.2023
Clasificación Internacional A61K 39/395 Nº de solicitud 17901391 Solicitante NantCell, Inc. Inventor/a Patrick Soon-Shiong
Contemplated cancer therapies comprise co-administration of aldoxorubicin with an immune therapeutic composition that preferably comprises a vaccine component and a cytotoxic cell component.

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