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WHO assures that COVID-19 is still a global threat

Aug 11. WHO Director General Tedros Adhanom Ghebreyesus said that in the last month only 25 percent of the nations and territories reported deaths from the disease, and only 11 percent reported hospitalizations and admissions in intensive care units.

He pointed out that three months ago, he declared the end of COVID-19 as a global health emergency, although it is still a threat to world health.

The UN official acknowledged that there is no doubt that the risk of serious disease and deaths from COVID-19 is much lower than a year ago, due to the increase in immunity of the population through vaccination and early diagnosis with improved clinical care.

However, he recalled that the WHO continues to assess as high the risk posed by the presence of the SARS-CoV-2 coronavirus that generates it, since it circulates in all countries, continues to kill and mutates.

In fact, he reported that the UN health agency is tracking different variants of the virus, including the EG.5, with the threat of the emergence of a more dangerous one that could cause a sudden increase in cases and deaths. The WHO chief advised updating national COVID-19 programs based on the organization's Strategic Plan for Preparedness and Response to move towards longer-term sustained management.

He also urged all countries to maintain collaborative disease surveillance to detect significant changes in the virus, as well as trends in disease severity and human immunity.

The director general also called for data on COVID-19 to be reported to WHO itself or in open sources, especially on mortality and severe disease, genetic sequences, and data on vaccine efficacy.

Finally, countries should work to ensure equitable access to safe, effective and quality vaccines, tests and treatments for this disease.

Fuente: Escambray. Disponible en https://goo.su/1aH4fY

Aumenta un 80 % los nuevos casos de COVID-19 en todo el mundo, y también en España

13 ago. La Organización Mundial de la Salud (OMS) informa que en los últimos 28 días (del 10 de julio al 6 de agosto de 2023), se han notificado cerca de 1,5 millones de nuevos casos de COVID-19 y más de 2.500 defunciones en todo el mundo.

Esto representa un aumento del 80 % en los nuevos casos, pero una disminución del 57 % en las muertes en comparación con los 28 días anteriores. Hasta la fecha del 6 de agosto de 2023, se han registrado más de 769 millones de casos confirmados y más de 6,9 millones de defunciones en todo el mundo.

A nivel regional, se ha observado una disminución en el número de nuevos casos notificados en un período de 28 días en cinco de las seis regiones de la OMS: Región de África (-77 %), Región de Asia Sudoriental (-57 %), Región del Mediterráneo Oriental (-50 %), Región de Europa (-46 %) y Región de las Américas (-42 %). En contraste, la Región del Pacífico Occidental ha experimentado un aumento del 137 % en los casos.

Las muertes notificadas en un período de 28 días han disminuido en las seis regiones: Región de Europa (-71 %), Región del Sudeste Asiático (-65 %), Región de África (-62 %), Región del Mediterráneo Oriental (-51 %), Región de las Américas (-49 %) y Región del Pacífico Occidental (-42 %).

Por países, en el período de 28 días, la República de Corea ha tenido el mayor número de nuevos casos notificados (1.278.065 nuevos casos; +243 %), seguida por Brasil (34.402 nuevos casos; -39 %), Australia (19.754 nuevos casos; -77 %), Singapur (18.914 nuevos casos; -43 %) e Italia (15.769 nuevos casos; -22 %). En cuanto a las nuevas defunciones, Brasil encabeza la lista (500 nuevas defunciones; -42 %), seguido por la República de Corea (340 nuevas defunciones; +91 %), Rusia (205 nuevas defunciones; -52 %), Perú (161 nuevas defunciones; -61 %) y Australia (151 nuevas defunciones; -82 %).

Hospitalizaciones y UCI

El director general de la OMS, Tedros Adhanom Ghebreyesus, ha advertido que los casos notificados no reflejan con precisión las tasas de infección debido a la disminución en las pruebas y la notificación a nivel mundial. En una rueda de prensa, mencionó que solo el 25 % de los países y territorios han informado muertes por COVID-19 a la OMS, y solo el 11 % ha notificado hospitalizaciones e ingresos en UCI. El número de países que notifican a la OMS ha disminuido desde mediados de 2022.

Durante el período analizado de 28 días (del 3 de julio al 30 de julio de 2023), se notificaron a la OMS 36.533 nuevas hospitalizaciones y 580 nuevos ingresos en unidades de cuidados intensivos (UCI). Esto representa una disminución del 27 % y del 68 % en hospitalizaciones e ingresos en UCI, respectivamente, en comparación con los 28 días anteriores (del 5 de junio al 2 de julio de 2023).

Variantes

En términos de variantes, la XBB.1,16 sigue siendo la más prevalente, notificada en un total de 101 países. Representó el 25,2 % de las secuencias en la semana epidemiológica 29 (del 17 al 23 de julio de 2023), en comparación con el 22,2 % en la semana 25. Por otro lado, la XBB.1.5, notificada en 121 países, muestra una tendencia descendente. Representó el 12,7 % de las secuencias en la semana 29, por debajo del 16,8 % en la semana 25.

España experimenta un aumento de la circulación de la COVID-19

España está experimentando un aumento en la circulación del virus SARS-CoV-2 durante la semana del 31 de julio al 6 de agosto, según indica un informe del Instituto de Salud Carlos III (ISCIII) publicado hoy. Aunque este incremento no se ha traducido en un aumento en las tasas de hospitalización. Según las estimaciones del ISCIII, la tasa de hospitalización por COVID-19 es de 2,04 casos por cada 100.000 habitantes. En Atención Primaria, la tasa es de 88 casos por cada 100.000 habitantes, habiendo aumentado desde la semana del 26 de junio al 2 de julio (29,3 casos por cada 100.000 habitantes). Las tasas más altas se observan en el grupo de menores de cinco años.

La variante predominante del SARS-CoV-2 en las últimas cinco semanas es la XXB (33 %), seguida por las variantes BQ.1 (32 %), XBB.1.5 (31%), XBB (14 %), y BA.5 (9 %) desde el comienzo de la temporada 2022-23.

En relación a las variantes de SARS-CoV-2 identificadas mayoritariamente en pacientes hospitalizados en las últimas cinco semanas, se encuentran XBB.1.5 (38 %), BA.2 (38 %), y XBB (13 %), con las variantes BQ.1 (30 %), XBB.1.5 (25 %), y XBB (12 %) siendo las más predominantes desde el inicio de la temporada.

En términos de la gripe, las tasas en Atención Primaria se mantienen en niveles basales desde la semana del 15 al 21 de mayo, y también en hospitalizados desde la semana del 29 de mayo al 4 de junio. En esta temporada, el virus de la gripe tipo A (84 %) ha sido identificado en mayor proporción, con un 62,9 % correspondiendo a A(H3) y un 37,1 % a A(H1)pdm09 en términos de subtipos.

Además, la infección por virus respiratorio sincitial (VRS) se ha mantenido en niveles basales durante semanas, tanto en Atención Primaria como en hospitales. Las tasas de incidencia más altas en consultas de Atención Primaria y hospitales se registraron en menores de 5 años durante las semanas del 21 al 27 de noviembre de 2022, con 160.9 casos por cada 100.000 habitantes, y en la semana del 28 de noviembre al 4 de diciembre con 9,2 casos por cada 100.000 habitantes, respectivamente.

Fuente: Ecoavant. Disponible en https://goo.su/1bCNM9b

New Covid Strain Arrives as Vaccine Makers Gear Up

Aug 14. As summer vacations wind down and people return to work and school, a new strain of COVID-19 is boosting cases yet again.

The latest version, which some are calling Eris, is now a “variant of interest” at the World Health Organization, having been reported in at least 51 countries since early August, including China, the U.S., Korea, Japan, and Canada.

The good news is WHO called the public health risk from the new variant low at a global level.

Eris makes up about 17% of the Covid cases in the U.S., according to estimates from the Centers for Disease Control and Prevention. COVID-19 hospitalizations are rising but off low levels. Covid stopped being a federal public health emergency in May.

Pfizer (ticker: PFE), Moderna (MRNA), and Novavax (NVAX) are getting ready to roll out updated Covid-19 vaccines this fall that will target recent strains, though not specifically the most recently identified Eris. They are all descendants of the same strain, however.

This fall’s vaccine campaign is notable for what has changed: Instead of the government buying the doses and distributing them, pharmaceutical makers are making them available to pharmacies and medical offices through the commercial market.

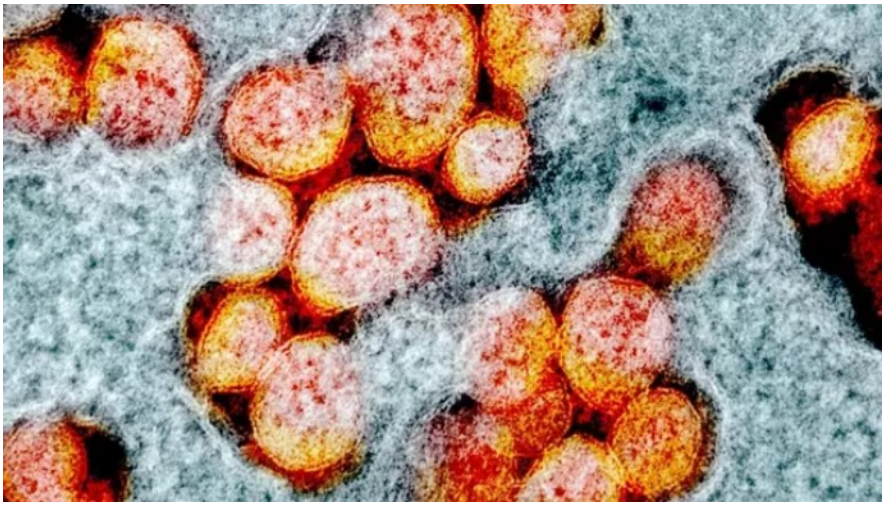
Vaccine makers expect to be ready when respiratory vaccine demand picks up this fall in anticipation of winter flu season. Pfizer CEO Albert Bourla told investors in August that they expect to make their updated Covid vaccine commercially available in September, after securing the needed regulatory approvals this month.

They aren’t so sure about demand, however. “Obviously, the severity of disease and people’s desire for treatment also will be factors,” Bourla told investors.

Fuente: Barron´s. Disponible en https://goo.su/tVcHh

Un nuevo descubrimiento sobre la COVID-19 ayuda a explicar cómo los coronavirus saltan de especie

14 ago. Investigadores de la Universidad de Virginia (Estados Unidos) han realizado un nuevo e inesperado descubrimiento sobre la forma en que la COVID-19 infecta las células, lo que podría ayudar a explicar por qué los coronavirus son tan buenos saltando de una especie a otra.



Archivo - Micrografía electrónica de transmisión de partículas del coronavirus SARS-CoV-2, aisladas de un paciente en los primeros meses de la pandemia.- NIAID/NIH - Archivo

A lo largo de la pandemia, se ha discutido mucho sobre cómo la COVID-19 se infiltra en las células secuestrando una proteína llamada ACE2 que se encuentra en las células humanas.

Pero esta nueva investigación, publicada en la revista científica 'Chemical Science', revela que la ACE2 no es necesaria para la infección. En su lugar, el virus dispone de otros medios para infectar las células. Esa versatilidad sugiere que los coronavirus pueden utilizar múltiples "puertas" para entrar en las células, lo que podría explicar por qué son tan buenos infectando a distintas especies.

"El virus que causa la COVID-19 utiliza ACE2 como puerta principal para infectar las células, pero hemos descubierto que si la puerta principal está bloqueada, también puede utilizar la puerta trasera o las ventanas. Esto significa que el virus puede seguir propagándose al infectar a una nueva especie hasta que se adapte a utilizar la puerta principal de una especie concreta. Así que tenemos que estar atentos a nuevos virus que hagan lo mismo para infectarnos", ha explicado uno de los responsables de la investigación, Peter Kasson.

Los investigadores querían entender mejor cómo el virus responsable de la COVID-19, el SARS-CoV-2, puede entrar en las células humanas. Los científicos saben que el virus llama a la puerta de la célula uniéndose a las proteínas ACE2. Estas proteínas abundan en las superficies de las células que recubren la nariz y los pulmones.

Sin embargo, el SARS-CoV-2 también puede unirse a otras proteínas. Se preguntaban los científicos si era posible que utilizara esas otras proteínas para infiltrarse en las células. La respuesta fue afirmativa. La ACE-2 era la vía más eficaz, pero no la única. Y eso sugiere que el virus puede unirse e infectar incluso células sin ningún tipo de receptores ACE-2.

Este hallazgo inesperado puede ayudar a explicar por qué los coronavirus son tan adeptos al salto de especie, según Kasson. Y eso hace aún más importante que los científicos los vigilen de cerca.

"Coronavirus como el SARS-CoV-2 ya han causado una pandemia y varios casos de los que tenemos constancia. Eso sugiere que hay más ahí fuera, y tenemos que aprender cómo se propagan y a qué prestar atención", ha remachado el investigador.

Fuente: Infosalus. Disponible en https://goo.su/DxPYJxV

Qué es Fornax, la nueva subvariante F1.5.1 del coronavirus que avanza en el mundo

14 ago. Otra subvariante de Ómicron, Fornax, empezó a llamar la atención de los científicos que monitorean la evolución del virus SARS-CoV-2, que causa la COVID-19 y produjo la pandemia global que sorprendió al mundo en 2020.

Su nombre oficial es FL.1.5.1. Es un pariente de la otra subvariante Eris (EG.5.1), que está avanzando en más de 50 países, incluyendo la Argentina, Colombia, Ecuador, México y los Estados Unidos.

De acuerdo a Ryan Gregory, profesor de biología en la Universidad de Guelph en Ontario, Canadá, el nuevo sublinaje se denomina de manera coloquial como Fornax.

Desde que se detectó en noviembre de 2021, Ómicron se propagó y predominó en el mundo. Desde entonces, han ido variando sus sublinajes. Gregory le ha puesto nombres a los que han ido predominando. En este caso le llamó Fornax, que es el nombre de una constelación de estrellas que se observa desde el hemisferio sur.

El 9 % de los pacientes con COVID-19 tiene el sublinaje FL.1.5.1 según informaron los Centros para el Control y la Prevención de las Enfermedades (CDC) (Getty Images)

En las muestras que se analizan en los Estados Unidos, ya el 9 % de los pacientes tiene el sublinaje FL.1.5.1 según informaron los Centros para el Control y la Prevención de las Enfermedades (CDC).

"La variante EG.5 sigue mostrando una ventaja de crecimiento en la última vigilancia genómica de EE.UU., del 11 a 17 % en las últimas 2 semanas. FL.1.5.1 también en aumento. Los XBB están en declive", había mencionado el científico estadounidense Eric Topol el 5 de agosto pasado.

De acuerdo con el doctor Gregory, la pandemia hoy adquiere otra dinámica. "Por muy importante que sea seguir rastreando las variantes de la COVID-19, tenemos que reconocer que ahora las cosas son diferentes. Antes se trataba de una variante, una ola (Alfa, Delta, Ómicron BA.1, BA.2), pero desde el verano de 2022 se trata más de la "sopa" y del alto nivel del mar que de tsunamis", aclaró Gregory en su cuenta en la red social X.

FL.1.5.1 o Fornax es la principal variante notificada actualmente en Nueva York, que es considerado un estado de referencia por los expertos en vigilancia de variantes. Allí, los niveles de aguas residuales y las hospitalizaciones están aumentando, señaló Raj Rajnarayanan, decano adjunto de investigación y profesor asociado en el campus del Instituto de Tecnología de Nueva York en Jonesboro.

En todo el país, los niveles de aguas residuales permiten identificar al coronavirus y han alcanzado aparentemente una media ola relativamente pequeña. El oleaje actual se sitúa por encima de los niveles de aguas residuales en puntos bajos anteriores de la pandemia, incluida la primavera del año pasado e incluso mayo de 2020.

De acuerdo con el doctor Gregory, "No cabe duda de que veremos nuevas variantes y mutaciones este

otoño boreal, y puede que también veamos un cambio en el escenario de la COVID-19".

Mientras que -afirmó- "apodos como Eris, Arcturus y Kraken han sido noticia últimamente, la conversación se centrará probablemente en los nombres de las mutaciones problemáticas, como las que hacen que el virus sea más transmisible o más grave. Es probable que las variantes que tengan éxito recojan las mismas mutaciones".

Ya hay un par de mutaciones que están en el punto de mira de los rastreadores de variantes, por su capacidad para evadir aún más la inmunidad y para infectar células humanas incluso mejor cuando se combinan.

A partir de marzo pasado, los sublinajes de la variante Ómicron son clasificados de manera independiente en el sistema OMS de seguimiento de variantes como "variantes bajo vigilancia", "variantes de interés" o "variantes preocupantes". EG.5 es, entonces hoy, considerada una variante de interés tras la evaluación de riesgo que hicieron expertos de esa agencia sanitaria.

En la plataforma GISAID ya se depositaron 7354 secuencias de Ómicron EG.5 procedentes de 51 países. La mayor parte de las secuencias de EG.5 proceden de China. Los demás países con al menos 100 secuencias son: Estados Unidos de América, Corea del Sur, Japón, Canadá, Australia, Singapur, el Reino Unido, Francia, Portugal y España. EG.5 ya está en México, Argentina, Colombia y Ecuador.

A nivel mundial, hubo un aumento constante de la proporción de EG.5 en los casos de COVID-19. Durante la semana del 17 al 23 de julio la prevalencia de EG.5 fue del 17,4 %. "Se trata de un aumento notable con respecto a los datos notificados cuatro semanas antes, cuando la prevalencia global de EG.5 fue del 7,6 %", según informó la Organización Mundial de la Salud.

En base a la información disponible, los expertos de la agencia sanitaria consideraron que el riesgo para la salud pública que plantea EG.5 se evalúa como "bajo" a nivel mundial, en consonancia con el riesgo asociado con XBB.1.16 y los otros sublinajes actualmente en circulación.

En el reporte, la agencia sanitaria informó que entre las variantes de interés y las variantes bajo monitoreo que presentan la mutación F456L y para el período comprendido entre el 19 de junio y el 23 de julio pasado, EG.5 era el sublinaje más notificado, con un 49,1 %, en comparación con otros. En ese período, Fornax ó FL.1.5.1 había sido encontrado en el 4.41 % de las muestras secuenciadas y subidas a la plataforma global.

Tanto EG.5 como FL.1.5.1 comparten una mutación de evasión inmune a los anticuerpos por haber tenido la infección o por la vacunación.

Los científicos han apodado a la combinación de esas mutaciones "FLip", porque ambas invierten las posiciones de dos aminoácidos, etiquetados como F y L. Aunque estas variantes FLip representan sólo una pequeña proporción de los casos de COVID-19 en la actualidad, podrían desencadenar un mayor aumento de las infecciones en los próximos meses.

"En general, me preocupa mucho el ritmo general de evolución del SARS-CoV-2- dijo el doctor Trevor Bedford, profesor de la división de vacunas y enfermedades infecciosas del Centro Oncológico Fred Hutchinson, en diálogo con el diario *The New York Times*-. "Ninguna variante individual ha tenido tanto impacto, pero la acumulación general de estas mutaciones está teniendo un impacto significativo".

Para prevenir cuadros graves por COVID-19 y muerte, es clave estar al día con las dosis de refuerzo de vacunación.

Fuente: infobae. Disponible en https://goo.su/RFaE7

Emerging Infectious Diseases Prompt a Layered Response

Aug 15. The National Institute of Allergy and Infectious Diseases says that the list of emerging infectious diseases is hardly limited to outbreaks of previously unknown pathogens. It also includes known diseases that gain in numbers or geographic extent, or that persist and remain uncontrolled. The list includes chikungunya, HIV, and dengue infections as well as the reappearing influenza and pneumococcal diseases. Industry, government, and academia are attempting to stay one step ahead of these diseases by developing new vaccines, technologies, and therapeutics. This article describes some of these creative approaches and emphasizes the contributions of industry players.

Because viruses often mutate, some new vaccines are targeting updated serotypes currently in circulation. For example, an earlier pneumococcal vaccine targeted serotypes responsible for about 4% of today's adult illness, while a new vaccine in clinical trials targets serotypes responsible for 85%. Another strategy for vaccine development is to employ several platforms. One company is utilizing two approaches: a large vector -based vaccine and a virus-like particle (VLP). The former can incorporate elements that encode different viral proteins. The latter can incorporate structures that allow it to mimic wild-type viruses.

Other vaccine developers are interested in countering the increasing danger of antibiotic-resistant bacteria. For example, vaccines are being built that incorporate multiple inactivated staphylococcus toxins.

Besides developing innovative technologies, industry players are collaborating with government entities. For example, Johnson & Johnson Innovation—JLABS has launched Blue Knight, a collaboration with the Biomedical Advanced Research and Development Authority (BARDA), part of the Administration for Strategic Preparedness and Response at the U.S. Department of Health and Human Services.

Invasive pneumococcal disease

The medical history is long on humans and Streptococcus pneumoniae, or pneumococcus, yet new chapters continue to be written on treating the disease in both children and adults. Although pneumococcus is commonly a part of the oral microbiome, it also has the potential to become a deadly pathogen, especially in infants, young children, and older adults. Pneumococcal diseases range, for example, from sinusitis to life-threatening pneumonia, sepsis, or meningitis.

"Pneumococcus has been responsible for an enormous amount of disease consistently, and vaccines have been the way we have reduced that public health disease burden," stresses Heather Platt, MD, distinguished scientist, Merck. "Considering pneumococcus as an emerging disease is appropriate because the pathogen still imposes an important unmet disease burden in adults."

The first pneumococcal vaccines in 1909 used whole cells, and contemporary vaccines often target its serotype-specific polysaccharide coat. Coupled with a nontoxic carrier protein, such polysaccharide conjugate vaccines (PCVs), however, protect against only the specific serotypes incorporated. "Over time, the serotypes differ," Platt notes. "For example, PCV7 was the first conjugate vaccine. Yet today, the serotypes in that vaccine are responsible for only about 4% of adult disease in the United States."

Merck's current 21-valent candidate, V116, includes 8 serotypes not in any currently licensed PCV. Platt elaborates, "V116 was designed to specifically look at what serotypes are causing disease. While some of those are in current vaccines, other serotypes are not.

"We have examined epidemiology in the United States and major countries that have good surveillance systems, and we've taken that as part of the way to design an improved vaccine. The serotypes in V116 are responsible for about 85% of adult disease. That is a substantial jump. We are excited that this vaccine has the potential to have a really positive public health impact."

The vaccine candidate, currently in Phase III trials, should provide readouts before the end of the year. Merck is also focusing on other programs in areas of high interest such as dengue and respiratory syncytial virus (RSV). Platt concludes, "We continue our investments in exploring how to develop and use vaccines that examine specific populations of people who will benefit."

Multiple approaches

With a host of potential disease threats on the horizon, how do companies choose which to pursue? Paul Chaplin, PhD, president and CEO, Bavarian Nordic, highlights several considerations: "It's all about people and patients with unmet medical needs in an area that needs a new or improved vaccine. Additionally, we consider if we have a scientific approach likely to work, or even a potentially different platform to which we can gain access. Of course, it is also important to develop public and private partnerships to fund such projects."

Bavarian Nordic is focusing on several targets and using multiple approaches. In one program, the company is employing its proprietary platform, MVA-BN, whose basis is a nonreplicating, modified vaccinia Ankara (MVA) vector–based vaccine. The company is using this platform to advance an RSV vaccine (MVA-BN-RSV)—currently the subject of a Phase III trial—and several other programs, including one for an approved smallpox/monkeypox vaccine.

"MVA has several benefits," Chaplin explains. "For example, it can incorporate a larger number of encoded viral proteins. The RSV vaccine incorporates five different RSV antigens. Further, MVA not only generates antibodies, but it also stimulates T cells. We believe that for some diseases, including RSV, this is quite important."

The company is also working on a vaccine against chikungunya virus, CHIKV, an ongoing public health threat that can cause severe and debilitating symptoms including rash, fever, and arthralgias (joint pain). Currently unopposed by any vaccine or treatment, CHIKV has been found in more than 100 countries, and it is emerging in previously unaffected areas, including those often visited by travelers. The two main mosquitoes that transmit the viruses (Aedes aegypti and Aedes albopictus) have been expanding their habitat range—a change attributed to climate change as well as modern shipping and transportation.

The first vaccine for CHIKV could come from Bavarian Nordic, which has an adjuvanted VLP-based vaccine candidate in Phase III testing. Although the CHIKV VLP is structured nearly identically to a wild-type virus, it cannot replicate because no viral genetic material is incorporated. "This is a very efficient way for B cells to produce antibodies," Chaplin asserts. "The VLP works well for generating a strong and lasting antibody response against the virus and has an excellent safety profile." The company expects to complete the Phase III study this year.

Structure-guided design

There's little need to wonder what AbVacc does. The company makes that clear with its admirably descriptive name: "Ab" stands for antibodies, and "Vacc" stands for vaccines. AbVacc's president and chief scientific

officer, Javad Aman, PhD, points out that the company's antibody development programs and vaccine development programs are mutually integrated. "Our aim," he emphasizes, "is to both prevent and/or treat a variety of infectious diseases."

AbVacc leverages structural information about protective and distractive/decoy epitopes to design novel immunogens that focus the immune response on the protective epitopes, and that blunt the immune responses to the nonprotective epitopes. The company also extends its rational vaccine development work to antibody discovery. For example, the company leverages Smart Immunogens to serve as Smart Probes that interrogate the immune repertoire of humans and vaccinated macaques. Doing so allows AbVacc to identify the best antibodies, excluding undesirable antibodies in the discovery process and finding the low-frequency, high-value monoclonal antibodies (mAbs).

The company has developed a Staphlococcus aureus (SA) vaccine called IBT-V02. It is a five-component, rationally designed toxoid vaccine. (A toxoid is a chemically or heat-inactivated toxin.)

IBT-V02, which covers about 15 different SA toxins, was evaluated in preclinical studies for its ability to prevent acute skin infections of SA, as well as to protect against subsequent infections.

"Immunization of mice and rabbits with IBT-V02 generated antibodies with strong neutralizing activity against toxins included in the vaccine, as well as cross-neutralizing activity against multiple related toxins, and protected against skin infections by several clinically relevant SA strains," Aman and colleagues reported in Frontiers in Immunology (2021; 2: 624310). "Efficacy of the vaccine was also shown in non-naïve mice pre-exposed to SA. Furthermore, vaccination with IBT-V02 not only protected mice from a primary infection but also demonstrated lasting efficacy against a secondary infection."

SA is one of the most common pathogens in healthcare and community settings. It can cause a wide range of diseases and outcomes from minor skin irritations to invasive infections, sepsis, and death. Both methicillin-resistant and multidrug-resistant strains are emerging, making a difficult situation even worse. Although multiple candidate vaccines have been tested in clinical trials, none of them has been efficacious.

Aman hopes to break that losing streak: "We expect to enter clinical trials later this year. Our next steps after Phases I and II are completed would be to assess the vaccine in HIV patients, diabetics, and the pediatric population. For children susceptible to SA, a vaccine administered early in life could lead to a lifetime buildup of immunity."

Leveraging its SA antigen development, the company is working on a mAb cocktail against SA bacteremia. The cocktail could serve as an adjunct to surgical procedures, or as a treatment for SA infections associated with prosthetic devices. "We collaborate with EliteImmune to identify the optimal mAb cocktail that can be given as a treatment," Aman says. "And then we introduce mutations to increase the mAb half-life and extend the therapeutic value."

The company is also conducting research programs to pit its mutually integrated approach against an array of targets. These include Ebola virus, Marburg virus, Nipah virus, influenza viruses, Clostridium difficile, and Bacillus anthracis.

The Blue Knight program

"Anticipate, Activate, Amplify." Those words describe the quest of the Blue Knight program, a collaboration between Johnson & Johnson Innovation—JLABS and BARDA. Blue Knight is designed to create

opportunities for early-stage companies to develop next-generation technologies, vaccines, and therapeutics. When Blue Knight launched in August 2020, it had seven companies in its portfolio. Today, the program includes 37 companies.

“Blue Knight supports early-stage companies that are strategically aligned to both Johnson & Johnson and BARDA,” says Rachel Rath, director of the BARDA Alliance at Johnson & Johnson Innovation—JLABS. She adds that for the most part, these companies have expertise in emerging infectious diseases and in enabling technologies for next-generation therapeutics and vaccines.

Rath notes that the technologies include (but are not limited to) those that could facilitate early detection, clinical trial diversity and enrollment, and manufacturing and distribution. She explains, “Companies may have access to space within JLABS, fee assistance for access to JLABS residency, mentorship from the Johnson & Johnson family of companies and BARDA, equipment at select JLABS locations, and dedicated programming and engagement opportunities.”

Rath notes the application for Blue Knight is open to early-stage companies that can apply on a rolling basis. She summarizes, “We hope to help support next-generation technologies so that we can more rapidly address emerging threats in the future through detection, prevention, and treatment approaches.”

Broad-spectrum attack

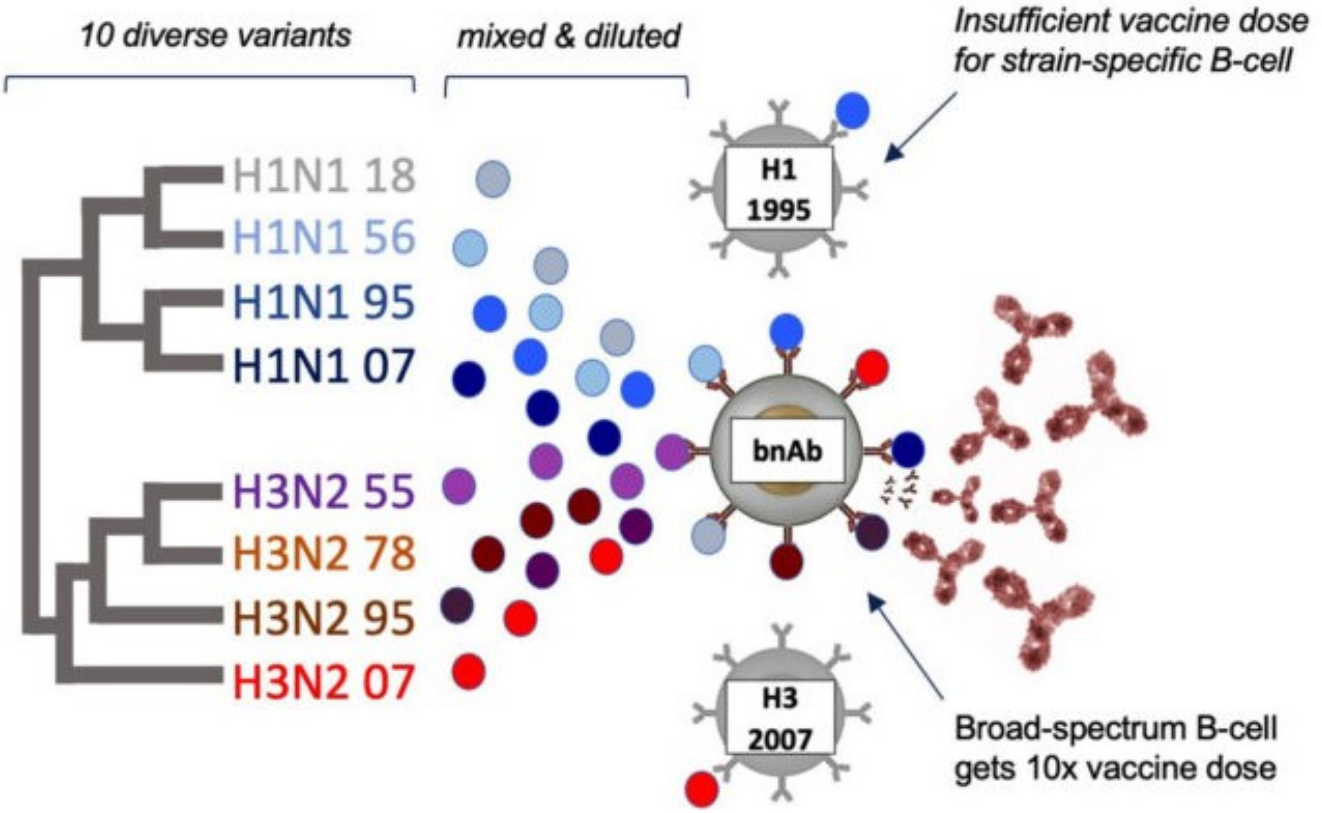
With respect to emerging infectious diseases, the holy grail of vaccine and therapeutic development is to achieve broad coverage. Those seeking this object include Centivax, a recent awardee of the Blue Knight program. The company’s co-founder and CEO, Jacob Glanville, PhD, explains the importance of broad coverage as follows: “Many pathogens evolve and mutate rather quickly, causing vaccines to become rapidly obsolete. For example, even updated vaccines, such as the flu vaccine, can be ineffective by the time the flu season comes around.”

Glanville believes that focusing on a pathogen’s conserved sites is the key. “If you can focus on conserved sites that don’t often mutate, you can create a more universal vaccine,” he says. “However, it turns out to be very difficult to target these sites since they are non-immunodominant.”

The company overcomes this challenge by applying “Computational ImmunoEngineering.” Glanville elaborates, “We use computational methods to select—and in many cases design—a library of natural and synthetic variants of a pathogen target protein. The library contains many diverse combinations of mutations that we know are tolerated on the protein, but they all share at least one conserved site that the pathogen cannot mutate.” The company then identifies the best 8–18 candidates and formulates a vaccine for injection.

“A vaccine will typically induce more than 100 different antibodies,” Glanville points out. “Our technology causes those 100 antibodies to target the conserved sites on the pathogen, essentially creating a 100-valent broad-spectrum multidrug cocktail that your own body produces after being vaccinated.”

In some cases, these vaccine-elicited, broadly neutralizing antibodies can themselves be isolated and used as mAb therapeutics. The company capitalizes on the production of these antibodies again using its immunoengineering capability. “Bioengineering of antibodies helps us to enhance the properties of antibodies such as thermostability and extended half-life,” Glanville notes. “These advances will help transform access to biologic medicine for patients globally.”



Centivax is developing a vaccine approach that can elicit broadly neutralizing antibodies (bnAbs) by focusing on conserved sites of viruses. In a recent study, the company used a computational model to demonstrate how this approach could work on influenza. According to the company, providing a higher vaccine dose of highly conserved regions, solely by limiting dilution of a diverse pool of vaccine components, bypasses the need to perform any special engineering of the components or to know the locations of conserved regions on the antigen.

The company's portfolio currently consists of vaccine candidates in preclinical development. The most advanced candidate, an influenza vaccine, is scheduled to graduate to clinical trial production toward the end of 2024. Glanville anticipates that in the near future, emerging infectious diseases could be countered by emerging Centivax vaccines. "There are over 25 pathogens that we could uniquely address with our broad-spectrum vaccine platform," he declares. "We are in vivo with Centi-Flu (influenza), Centi-COV (coronaviruses), and Centi-HIV programs." He expects that there will be additional programs, including vaccines for dengue virus, Zika virus, Ebola virus, Marburg virus, human papilloma virus, and herpes virus, as well as a combination broad-spectrum flu/COVID-19/RSV vaccine."

Fuente: GEN Genetic Engineering & Biotechonology News. Disponible en https://goo.su/7Hmlz

New vaccines this fall could curb covid variant, respiratory viruses

Aug 17. Health officials are unveiling a new arsenal of vaccines to protect vulnerable Americans and exhausted health-care workers from an expected wave of covid, flu and RSV as the fall respiratory virus season begins.

An updated covid booster should be available by late September. Flu shots are arriving at doctors' offices. And for the first time, infants and seniors could be immunized against respiratory syncytial virus (RSV), a persistent foe that public health officials had few ways to prevent. But effectively deploying these shields is challenging and confusing.

"It's absolutely overwhelming, especially for our patients," said Sterling Ransone, a doctor in rural Virginia and board chair of the American Academy of Family Physicians.

The coming vaccine campaign is rife with complications that include higher costs for insurers and health practices because the federal government is no longer buying coronavirus vaccines for everyone — as well as outstanding questions about how to best time these shots, who is going to pay for them and other issues that can't be addressed until all vaccines are formally approved.

Doctors have to figure out how to explain the nuances and unknowns of new vaccines at a time of rampant misinformation. Patients perplexed by changing coronavirus vaccine guidance now have more shots to consider. Public health officials worry a messy rollout could further erode confidence in routine vaccination and risk overwhelming the health-care system with preventable cases of RSV, flu and covid.

"If we learned nothing else from the pandemic, public health credibility is everything in how people will take your recommendations," said Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota. Clinicians need clearer guidance on how to space the shots and explain the risks of co-administering them, he said.

The updated covid booster, designed for the XBB lineage of the coronavirus that became dominant this year, marks the shift from a staggered release of boosters to an annual vaccination for all age groups, similar to the fall flu vaccine. Officials say this approach would ease confusion about which Americans should be getting boosted and when.

But that plan has also drawn criticism because the coronavirus can surge in spring and summer, when immunity from a fall booster has waned, and evolve into versions a fall booster was not designed to target. That scenario is happening now as infections increase with a new subvariant — EG.5 — on the rise, and seniors and immunocompromised people weigh whether to get a second booster shot designed for the long-gone BA.5 subvariant or wait for the new one.

Some Biden administration officials have questioned whether approval for the updated covid boosters could have been expedited given the recent uptick in covid cases, according to three people with direct knowledge of internal conversations. Covid-related hospitalizations and emergency room visits have increased for the first time since the public health emergency ended in May.

Pfizer, one of the booster manufacturers, had said in June it could have begun distributing its updated booster by the end of July if regulators approved. But neither the Centers for Disease Control and Prevention nor the Food and Drug Administration have acted yet.

The FDA is expected to sign off on the updated covid boosters by mid-September, according to officials familiar with the plan. The CDC's vaccine advisory panel is expected to meet shortly thereafter to recommend who should get the shots — probably everyone 6 months and older. Babies under 6 months are assumed to have antibodies passed along from their mothers. CDC Director Mandy Cohen has said the vaccines should be available for most people by the third or fourth week of September.

Don Wind, a 67-year-old Texan who is more attuned to the vaccine campaign than the average American because he regularly reads covid news and listens to health policy podcasts, struggled to figure out when to get his next booster. Wind had his last coronavirus shot in November and delayed getting another one ahead of his vacation to Cape Cod in August, thinking the release of the updated formula was imminent.

He tested positive for covid on Sunday, forcing him to cancel the second leg of his vacation in New York. He said he wished the CDC had provided a clearer timeline for vaccination and made updated vaccines available earlier if the manufacturers were ready to distribute them.

“The messaging needs to be clear and simple and ubiquitous,” Wind said in a phone interview while he washed clothes he had sweat through in the middle of the night.

This will also be the first time the federal government is not buying all the coronavirus vaccines and distributing them free.

A federal program to provide free shots to uninsured people at pharmacies probably won’t launch until mid-October, the CDC has said. While it will be free to consumers with health insurance, doctor’s offices and other vaccine administrators will be on the financial hook for securing them and hoping there’s enough demand to get reimbursed. Demand for coronavirus vaccination has declined since they first became available, with fewer than 1 in 5 Americans receiving the last booster.

Another messaging challenge ahead is how covid boosters should be administered alongside a flu shot and a new RSV vaccine for people over 60 years old. There’s a tension between providing maximum protection vs. maximum convenience. The ideal timing for a covid booster varies for each person, depending on when they last received a booster, were infected with covid or want to maximize protection.

A flu shot is usually recommended before Halloween, ahead of the usual flu season. And RSV vaccines are best administered as soon as possible. But three visits to the doctor or pharmacy for shots could be unfeasible, especially for seniors with mobility issues or poor access to health providers.

“Will that be seen as overly onerous to get three shots and will that discourage people from getting vaccinated?” said Celine Gounder, an infectious-disease specialist at Bellevue Hospital in New York and editor-at-large for public health at KFF Health News. “We should make it as easy as possible for these elderly patients to come in and get all three if they want to and also to space them apart if they want.”

The CDC says it has not seen data suggesting safety concerns co-administering covid and flu shots, which could improve uptake of both vaccines. But clinical trials for the RSV vaccines found rare instances of severe side effects in people who received an influenza vaccine at the same time. It’s unclear if it was a statistical fluke or a consequence of co-administering the vaccines. Still, providers must weigh the potential for rare side effects against the potential harm of seniors contracting a severe case of a virus they are not vaccinated against.

Health officials and clinicians worry any negative effects, no matter how rare, will be weaponized to fuel vaccine skepticism amid increasing anti-vaccine sentiment, especially around the coronavirus vaccine, and make it even more challenging to convince consumers of the benefits of another covid shot.

Health officials say maintaining public trust is critical because the new respiratory virus vaccines can save lives if widely administered. The CDC estimates the annual death toll from flu ranges between 12,000 and 52,000, and RSV kills between 6,000 and 10,000 seniors and 100 and 300 young children each year.

Children’s hospitals and pediatric offices were slammed by a surge in RSV cases last year. Officials hope that wave was an anomaly caused by unusually high levels of susceptible children who were not previously exposed to RSV while their families took covid precautions.

Earlier this summer, the FDA approved the monoclonal antibody treatment Beyfortus that acts like a vaccine

by protecting against severe disease for a single RSV season. The CDC in August recommended the treatment as an immunization for infants under the age of 8 months and young children up to 19 months who are at risk for severe disease.

But the drug manufactured by AstraZeneca and marketed by Sanofi is expensive — at $495 per dose. It's unclear if insurers or the Vaccines for Children program for low-income families will be prepared to cover the costs ahead of the upcoming respiratory virus season, which usually starts in the fall and peaks over the winter.

Sandy Chung, president of the American Academy of Pediatrics, said cash-strapped pediatric offices would have to pay for the costs of the treatment up front and hope enough are used and reimbursed to avoid financial losses. They've faced similar challenges with unused flu shots and also have to weigh whether it's worth buying updated covid shots when booster rates in children are low.

"As pediatricians we want to save babies, we want to prevent kids from going into the hospital, but what is being asked of us just isn't financially feasible," said Chung, who is also chief executive of Trusted Doctors, a pediatric physician group in the D.C. area. "If your pediatrician can't afford it, then the people to look to are the manufacturers and our health-care payment system."

A maternal vaccine for RSV is still awaiting regulatory approval but could go on the market this fall. The manufacturer Pfizer has previously released data showing administering the vaccine during the third trimester of pregnancy reduced the risk of severe RSV illness in infants.

Claire Hannan, executive director of the Association of Immunization Managers, said it's difficult to deploy the new RSV immunizations for this upcoming respiratory virus season when questions remain about costs and how to administer them — issues that can't be sorted out until the immunizations are formally approved by federal regulators.

She said states would be better prepared if the federal government provided advance notice on vaccine storage and handling requirements and dosing, as it did for the initial coronavirus vaccine rollout.

"It's very beneficial to be at the table and discuss some of the planning and the decisions being made than be informed afterward," Hannan said.

Fuente: The Washington Post. Disponible en https://goo.su/GtdO

La vacuna actualizada de Moderna contra la COVID-19 genera respuesta inmunitaria "robusta" frente a EG.5

18 ago. Moderna ha anunciado que los datos preliminares de un ensayo clínico confirman que su vacuna actualizada contra la COVID-19 para la temporada de vacunación de otoño de 2023 muestra un aumento "significativo" en los anticuerpos neutralizantes contra las variantes EG.5 y FL.1.5.1 de la COVID-19.

Así, estos resultados sugieren que la vacuna contra la COVID-19 actualizada de Moderna "puede dirigirse eficazmente contra las variantes circulantes

previstas durante la próxima temporada de vacunación", según ha asegurado la compañía a través de un comunicado.

Moderna ha presentado su vacuna actualizada a la Administración de Alimentos y Medicamentos de Estados Unidos (FDA, por sus siglas en inglés), a la Agencia Europea del Medicamento (EMA, por sus siglas en inglés) y a otros organismos reguladores de todo el mundo.

La compañía señala que, aunque esté pendiente de autorización, "estará lista para la vacunación de otoño con un suministro mundial suficiente".

La Organización Mundial de la Salud (OMS) ha clasificado recientemente la cepa EG.5, o 'Eris', como variante de interés. Según los Centros para el Control y la Prevención de Enfermedades de Estados Unidos (CDC, por sus siglas en inglés), EG.5 es actualmente la variante dominante en Estados Unidos y otros países, al tiempo que representa una proporción cada vez mayor de casos en todo el mundo. La variante FL 1.5.1, o 'Fornax', también está empezando a surgir en algunas partes.

"Estos nuevos resultados, que demuestran que nuestra vacuna actualizada contra la covid-19 genera una respuesta inmunitaria robusta contra las cepas EG.5 y FL 1.5.1, que se están propagando rápidamente, y refleja la capacidad de nuestra vacuna actualizada para hacer frente a las amenazas emergentes de la covid-19", ha comentado el presidente de Moderna, Stephen Hoge.

Además de demostrar una respuesta inmune humana contra las cepas EG.5 y FL 1.5.1, Moderna presentó previamente los únicos datos de ensayos clínicos que confirman que su vacuna actualizada genera respuestas inmunes humanas "robustas" a través de las cepas XBB circulantes clave. Con estos nuevos datos del ensayo, Moderna ha confirmado ahora una respuesta de anticuerpos contra las cepas actuales de interés.

Fuente: Heraldo Salud. Disponible en https://goo.su/GtdO

La vacuna actualizada de Moderna contra la COVID-19 genera respuesta inmunitaria "robusta" frente a EG.5

18 ago. El coronavirus no deja de dar sorpresas. La Organización Mundial de la Salud (OMS) decidió considerar más a un nuevo sublinaje de la variante Ómicron del virus.

El sublinaje se llama BA.2.86, y la agencia sanitaria la clasificó como “variante bajo monitoreo”. Argumentó que si bien hay solo 3 secuencias disponibles a partir de muestras de pacientes, la decisión de darle esa categoría en su clasificación obedece al gran número de mutaciones que tiene el sublinaje. Tiene 36 mutaciones.

Desde noviembre de 2021 predomina la variante Ómicron del coronavirus. Ha variado el predominio de sublinajes desde entonces en los pacientes diagnosticados con COVID-19 (Getty Images)

Primero fue detectado en Israel y Dinamarca, y esta semana se lo encontró también en los Estados Unidos, específicamente en el estado de Michigan. Además, esta mañana se conoció el caso de una persona

hospitalizada en Londres, Reino Unido, a quien se le detectó la subvariante.

El director general de la OMS, el doctor Tedros Adhanom Ghebreyesus, afirmó que el COVID-19 sigue siendo una "amenaza sanitaria mundial", aunque ya no está declarada la emergencia de salud pública de importancia internacional.

El 9 de agosto, se había clasificado a la subvariante Eris o EG.5 como "variante de interés". Ese sublinaje estaría detrás de los aumentos de casos de COVID que se han registrado en Europa, América del Norte, y en la Argentina, durante julio pasado.

En su intervención en la ceremonia inaugural de la Reunión de Ministros de Sanidad del G20 en el centro de convenciones Mahatma Mandir de Gandhinagar, capital de Gujarat, Tedros enfatizó: "Aunque el COVID-19 ya no es una emergencia sanitaria mundial, sigue siendo una amenaza para la salud mundial".

En tanto, en los Estados Unidos, los Centros para el Control y la Prevención de Enfermedades (CDC) anunciaron ayer jueves que también estaban realizando un seguimiento de al sublinaje BA.2.86, después de que los expertos descubrieran un caso en Michigan.

"Hoy estamos más preparados que nunca para detectar y responder a los cambios del virus COVID-19. Los científicos están trabajando ahora para comprender mejor el linaje recién identificado en estos 4 casos y compartiremos más información a medida que esté disponible", declaró Kathleen Conley, portavoz de los CDC, en un comunicado a CBS News.

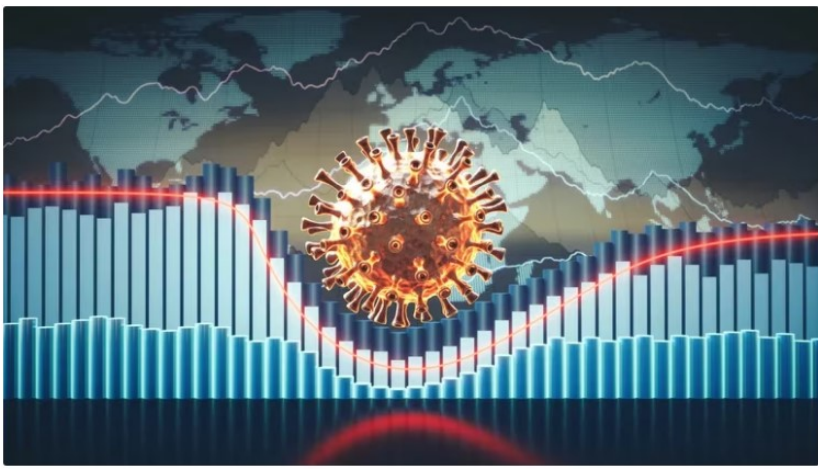
El rápido ascenso de un sublinaje a la categoría de "variante bajo vigilancia" de la OMS no es habitual. Los expertos que vigilan al virus designaron oficialmente la cepa como BA.2.86 esta semana.

Es demasiado pronto para decir si la variante será más peligrosa que las cepas del virus que circulan actualmente. La agencia de la ONU afirma que se necesitan más datos para comprender la amenaza que podría suponer BA.2.86, pero había acelerado la clasificación debido a su gran número de cambios.

Sus mutaciones incluyen algunos cambios en partes clave del coronavirus que podrían ayudarle a esquivar mejor la inmunidad del organismo frente a infecciones previas o a la vacunación.

De acuerdo con Jesse Bloom, biólogo evolutivo del Centro Oncológico Fred Hutch, en EE.UU. en una presentación de diapositivas, "un análisis profundo de las mutaciones indica que la variante BA.2.86 escapará igual o más que la XBB.1.5 a los anticuerpos provocados por las variantes pre-Omicron y Ómicron de primera generación".

La XBB.1.5 es la variante de la que han descendido muchos sublinajes recientes, y los funcionarios de la Administración de Alimentos y Medicamentos (FDA) habían elegido previamente la XBB.1.5 para las vacunas de refuerzo que empezarán a aplicarse en septiembre en los Estados Unidos. BA.2.86 tiene 36 mutaciones en relación con la variante XBB.1.5, según Bloom.



Desde la OMS se instó a los países a negociar el acuerdo para la prevención y la respuesta ante futuras pandemias (Getty)

Los expertos afirman que como ya se la encontró en pacientes de Dinamarca, Israel y EE.UU. se trata

de un sublinaje que es capaz de transmitirse ampliamente y podría haber estado propagándose sin ser detectada durante algún tiempo.

El primer caso estadounidense de BA.2.86 fue notificado por un laboratorio de la Universidad de Michigan. Según los registros adjuntos a la secuencia cargada en GISAID, una base de datos mundial de virus, la muestra fue secuenciada por el laboratorio de microbiología clínica de la universidad durante la "vigilancia de referencia".

Con la designación del sublinaje como "variante de monitoreo", la agencia sanitaria de Naciones Unidas llamó a los países a hacer más testeos de las personas con síntomas y más estudios genómicos de muestras que permiten identificar los linajes circulantes e identificar nuevos.

El Jefe de la OMS también instó a todos los países a acelerar el proceso de finalización del "Acuerdo sobre Pandemias" para que pueda adoptarse en la Asamblea Mundial de la Salud, cuya celebración está prevista para el año próximo.

"COVID-19 nos ha enseñado a todos una lección importante: cuando la salud está en peligro, todo está en peligro. El mundo está aprendiendo las dolorosas lecciones de la pandemia", sostuvo.

Fuente: Infobae. Disponible en https://goo.su/pxYK9Il

La FDA aprobó la primera vacuna para embarazadas que protege a los bebés contra el virus sincicial respiratorio

21 ago. Los reguladores estadounidenses aprobaron el lunes la primera vacuna contra el virus sincicial respiratorio (VSR) para mujeres embarazadas para que sus bebés nazcan protegidos contra la temible infección respiratoria.

La temporada de VSR del año pasado fue extremadamente dura en los EEUU .

El VSR es conocido por llenar los hospitales con bebés con sibilancias cada otoño e invierno. La Administración de Alimentos y Medicamentos autorizó la vacunación materna de Pfizer para protegerse contra un caso grave de VSR cuando los bebés son más vulnerables, desde el nacimiento hasta los 6 meses de edad.

El siguiente paso: los Centros para el Control y la Prevención de Enfermedades deben emitir recomendaciones para el uso de la vacuna, llamada Abrysvo, durante el embarazo. (Las vacunas para adultos mayores, también en alto riesgo, comenzarán este otoño con la misma inyección de Pfizer más otra del competidor GSK).

"La vacunación materna es una forma increíble de proteger a los bebés", dijo la Dra. Elizabeth Schlaudecker del Cincinnati Children's Hospital, investigadora del estudio internacional de Pfizer sobre la vacuna. Si los disparos comienzan pronto, "creo que podríamos ver un impacto para esta temporada de VSR".

El VSR es una molestia similar al resfriado para la mayoría de las personas sanas, pero puede poner en peligro la vida de los más pequeños. Inflama las diminutas vías respiratorias de los bebés, lo que dificulta la respiración o provoca neumonía. Solo en los EE. UU., entre 58000 y 80000 niños menores de 5 años son hospitalizados cada año y varios cientos mueren a causa del virus respiratorio sincitial.

La temporada de VSR del año pasado fue extremadamente dura en los EE. UU. y comenzó a enfermar a los niños en el verano, mucho antes de lo habitual.

Los bebés nacen con un sistema inmunitario inmaduro, que durante los primeros meses depende de la protección de la madre.

Cómo funcionará la vacuna contra el VSR: una sola inyección al final del embarazo da tiempo suficiente para que la futura mamá desarrolle anticuerpos que combaten el virus que pasan a través de la placenta al feto, listos para trabajar al nacer.

De la misma manera, las mujeres embarazadas transmiten protección contra otras infecciones. Durante mucho tiempo se ha instado a las mujeres embarazadas a que se vacunen contra la gripe y la tos ferina, y más recientemente, se vacunen contra el COVID-19.

El estudio de Pfizer incluyó a casi 7400 mujeres embarazadas y sus bebés. La vacunación materna no previno la infección leve por VSR, pero demostró una eficacia del 82 % en la prevención de un caso grave durante los primeros tres meses de vida de los bebés. A la edad de 6 meses, todavía demostraba una eficacia del 69 % contra enfermedades graves.

Las reacciones a la vacuna fueron principalmente dolor y fatiga en el lugar de la inyección. En el estudio, hubo una ligera diferencia en el nacimiento prematuro, solo unas pocas semanas antes, entre las madres vacunadas y las que recibieron una inyección ficticia, algo que Pfizer ha dicho que se debió al azar. La FDA dijo que para evitar la posibilidad, la vacuna debe administrarse solo entre las semanas 32 y 36 de embarazo, unas semanas más tarde que durante el ensayo clínico.

Si se vacunan suficientes mujeres embarazadas, Pfizer ha pronosticado que EE. UU. podría evitar hasta 20 000 hospitalizaciones de bebés al año y 320 000 visitas al médico.

La única otra opción para proteger a los bebés del VSR: darles anticuerpos fabricados en laboratorio. La FDA aprobó recientemente un nuevo medicamento que es la primera versión de una sola dosis, recomendado para todos los bebés menores de 8 meses antes de que comience su primera temporada de VSR. Se espera que Beyfortus, de Sanofi y AstraZeneca, esté disponible este otoño.

Schlaudecker de Cincinnati, especialista en enfermedades infecciosas pediátricas, dijo que tanto el nuevo fármaco de anticuerpos como la vacuna materna se esperan con entusiasmo, y pronosticó que los médicos probarán una combinación para brindar la mejor protección a los bebés según su edad y riesgo durante la temporada de VSR.

Otra médica de Cincinnati Children's que atendió a pacientes con VSR gravemente enfermos se ofreció como voluntaria para participar en el estudio de vacunas de Pfizer cuando quedó embarazada.

"Lo último que un padre quiere ver es que su hijo tenga dificultades para respirar", dijo la doctora María Deza León. "También corría el riesgo de ser la persona que podría contraer el VSR y dárselo a mi hijo sin siquiera darme cuenta".

Deza León recibió su inyección a fines de enero de 2022 y su hijo Joaquín nació al mes siguiente. Si bien aún no sabe si recibió la vacuna o una inyección ficticia, Joaquín ahora es un niño sano al que nunca le han diagnosticado VSR.

Fuente: Infobae. Disponible en https://goo.su/KNRg2El

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Patentes registradas en Patentscope

Estrategia de búqueda: *Vaccine in the title or abstract AND 20230811:20230821 as the publication date 45 records*

1.20230260660VACCINE HESITANCY PREDICTION METHOD BASED ON EMERGENCY VACCINE
US - 17.08.2023
Clasificación Internacional G16H 50/30 Nº de solicitud 18140648 Solicitante Zhengzhou University Inventor/a Jian WU
A vaccine hesitancy prediction method based on emergency vaccine is provided, including: collecting multi-dimensional variables of initial vaccine hesitancy influencing factors, screening the variables and constructing the model, and using the vaccine hesitancy prediction model to accurately identify high-risk groups of vaccine hesitancy. It can help to find the high-risk population of anti-vaccination, provide guidance for vaccination intervention, provide important technical support for the construction of “immune barrier”, and provide technical enlightenment for the prediction of vaccine hesitancy, which has certain economic and social benefits.

2.20230256079ONCOLYTIC VIRUS VACCINE AND DRUG FOR TREATING TUMORS BY COMBINING ONCOLYTIC VIRUS VACCINE WITH IMMUNE CELLS
US - 17.08.2023
Clasificación Internacional A61K 39/145 Nº de solicitud 18054597 Solicitante JOINT BIOSCIENCES (SH) LTD. Inventor/a Guoqing ZHOU
The present application relates to an attenuated oncolytic virus strain, an oncolytic virus vaccine and a drug for treating tumors by combining the oncolytic virus vaccine with immune cells. The present application provides a new attenuated oncolytic virus strain by a site-directed mutation of a matrix protein M of a VSV wild-type virus. On the basis of the attenuated oncolytic virus strain, the present application further provides a vaccine that can be used in tumor treatment. On the basis of the vaccine, the present application further provide a drug that can effectively treat multiple kinds of tumors by combining the vaccine with immune cells.

3.WO/2023/153763CANCER VACCINE COMPRISING EPITOPE OF C-MET AND EPITOPE OF HIF1ALPHA, AND USE THEREOF
WO - 17.08.2023

Clasificación Internacional A61K 39/00 Nº de solicitud PCT/KR2023/001715 Solicitante KOREA UNIVERSITY RESEARCH AND BUSINESS FOUNDATION Inventor/a PARK, Kyong Hwa
The present invention relates to: a use of an epitope of c-MET and an epitope of HIF1α as a cancer vaccine; and a use of said cancer vaccine. The cancer vaccine according to the present invention decreases the expression level of HIF1α and/or c-MET and the expression of angiogenesis-related markers in various types of cancer known to overexpress the protein, and can inhibit tumor growth and furthermore, activates T1 cells and induces infiltration of the tumor, and thus can be used as a general-purpose cancer vaccine for suppressing the progression of cancer and preventing the metastasis thereof without being limited to the above-mentioned cancer types. In addition, the vaccine according to the present invention can more effectively inhibit the growth and progression of cancer and the formation of metastatic cancer by being administered in combination with an immune checkpoint inhibitor.

4.20230256071VIRULENT AEROMONAS VACCINES AND METHODS
US - 17.08.2023
Clasificación Internacional A61K 39/02 Nº de solicitud 17829033 Solicitante Mississippi State University Inventor/a Mark L. Lawrence
Aeromonas hydrophila is a reemerging pathogen of channel catfish (Ictalurus punctatus); recent outbreaks from 2009 to 2014 have caused the loss of more than 12 million pounds of market size catfish in Alabama and Mississippi. Genome sequencing revealed a clonal group of A. hydrophila isolates with unique genetic and phenotypic features that is highly pathogenic in channel catfish. Comparison of the genome sequence of a representative catfish isolate (ML09-119) from this virulent clonal group with lower virulence A. hydrophila isolates revealed four fimbrial proteins unique to strain ML09-119. In this work, we expressed and purified four A. hydrophila fimbrial proteins (FimA, Fim, MrfG, and FimOM) and assessed their ability to protect and stimulate protective immunity in channel catfish fingerlings against A. hydrophila ML09-119 infection for vaccine development. Our results showed catfish immunized with FimA, Fim, FimMrfG, and FimOM exhibited 59.83%, 95.41%, 85.72%, and 75.01% relative percent survival, respectively, after challenge with A. hydrophila strain ML09-119. Bacterial concentrations in liver, spleen, and anterior kidney were significantly ($p < 0.05$) lower in vaccinated fish compared to the non-vaccinated sham groups at 48 h post-infection. However, only the Fim immunized group showed a significantly higher antibody titer in comparison to the non-vaccinated treatment group ($p < 0.05$) at 21 days post-vaccination. Altogether, Fim and FimMrfG recombinant proteins have potential for vaccine development against virulent A. hydrophila infection. Genomic subtraction revealed three outer membrane proteins present in strain ML09-119 but not in the low virulence reference A. hydrophila strain; the major outer membrane protein OmpAI (OmpA1), TonB-dependent receptor (TonB-DR), and transferrin-binding protein A (TbpA). Here, the genes encoding OmpAI, tonB-DR, and tbpA were cloned from A. hydrophila ML09-119 and were expressed into Escherichia coli. The purified recombinant OmpA, TonB-DR, and TbpA proteins had estimated molecular weights of 37.26, 78.55, and 41.67 kDa, respectively. Catfish fingerlings vaccinated with OmpA1, TonB-DR, and TbpA emulsified with non-mineral oil adjuvant were protected against the subsequent A. hydrophila ML09-119 infection with 98.59%, 95.59%, and 47.89% relative percent survival (RPS), respectively. Furthermore, the mean liver, spleen, and anterior kidney bacterial loads were significantly lower in catfish vaccinated with the OmpA1 and TonB-DR than the non-vaccinated control group. ELISA demonstrated that catfish immunized with OmpA1, TonB-DR, and TbpA produce significant antibody response by 21 days post-immunization. Therefore, data generated during the study suggest that OmpAI and TonB-DR proteins could be used as potential candidates for vaccine development against A. hydrophila epidemic strain infection. However, TbpA protein failed to provide such strong protection. Recombinant ATPase from A. hydrophila also showed promise as a vaccine antigen. A live attenuated vaccine was prepared that combined the advantages of a live attenuated vaccine (ESC-

NDKL1 (ΔgcvPΔsdhCΔ*f*tdA) mutant of Edwardsiella ictaluri) against enteric septicemia of catfish (ESC) and three immunogenic recombinant proteins (Fim, FimMrfg, and ATPase) against A. hydrophila infection. Our results showed channel catfish fingerlings immersion-vaccinated with ESC-NDKL1::pETfim, ESC-NDKL1::pETmrfG, and ESC-NDKL1::pETATPase exhibited 100%, 91.67%, and 100% percent survival after challenge with the A. hydrophila ML09-119, which was significantly less than non-vaccinated group (88.89% mortality). In a second study, Catfish immunized with NDKL1::pETfim, ESC-NDKL1::pETmrfG, ESC-NDKL1::pETATPase had significantly ($p < 0.05$) lower mortalities than sham-vaccinated group.

5.WO/2023/151800VACCINE AGAINST CAMPYLOBACTER JEJUNI
WO - 17.08.2023
Clasificación Internacional A61K 39/02 Nº de solicitud PCT/EP2022/053293 Solicitante ENVIROTECH INNOVATIVE PRODUCTS LIMITED Inventor/a WARD, Patrick
The invention provides a polypeptide that is antigenic in a host. The invention also provides a vaccine for use in reducing or preventing Campylobacter colonization in a host. The vaccine comprises a polypeptide of the present invention and / or antibodies against the polypeptide of the present invention. The host may be a human, cow, sheep, goat, and chicken. The invention has particular application for reducing or preventing Campylobacter jejuni colonization in poultry. The invention also provides a vaccine for use in reducing or preventing campylobacteriosis; and a vaccine composition comprising the polypeptide of the present invention; or antibodies raised against the polypeptide of the present invention, in association with a pharmaceutically acceptable vehicle useful for inducing an immune response in a host.

6.2615687Novel trypanosomal vaccine
GB - 16.08.2023
Clasificación Internacional A61K 39/005 Nº de solicitud 202306884 Solicitante GENOME RES LTD Inventor/a GAVIN WRIGHT
The present invention relates to a trypanosomal vaccine comprising an FLA1 binding protein, as well as to pharmaceutical compositions comprising said vaccine and their uses in vaccination to prevent or treat trypanosomal infection in a mammal. Thus, also provided are a method of preventing or treating trypanosomal infection comprising administering said vaccine and a kit of parts comprising a medical instrument or other means for administering.

7.4226947KOVALENTE KONJUGATE DER SARS-COV-2-REZEPTORBINDUNGSDOMÄNE UND EINES TRÄGERPROTEINS UND IMPFSTOFFZUSAMMENSETZUNGEN DAMIT
EP - 16.08.2023
Clasificación Internacional A61K 47/64 Nº de solicitud 21820101 Solicitante INST FINLAY DE VACUNAS Inventor/a VALDÉS BALBÍN YURY
This invention pertains to biotechnology, more specifically to the field of human health. This document describes in particular conjugates of the SARS-CoV-2 receptor binding domain covalently conjugated to a carrier protein, the method used to obtain them, and the vaccine compositions that contain them. The vaccine compositions described in this invention are useful for the prevention of the SARS-CoV-2 infection as they induce a strong response of neutralizing antibodies.

8.WO/2023/153773CANCER VACCINE COMPRISING EPITOPE OF C-MET AND USE THEREOF
WO - 17.08.2023
Clasificación Internacional C07K 14/71 Nº de solicitud PCT/KR2023/001766 Solicitante KOREA UNIVERSITY RESEARCH AND BUSINESS FOUNDATION Inventor/a PARK, Kyong Hwa
The present invention has been completed by identifying an epitope of a c-Met protein which functions as a tumor antigen, and relates to the use of an epitope peptide as a cancer vaccine, and the like. The epitope peptide of c-Met according to the present invention is a cancer vaccine for suppressing cancer

progression and preventing cancer metastasis by inducing the activation of antigen-specific T1 cells, and can be administered in combination with an immune checkpoint inhibitor.

9.20230256087CORONAVIRUS VACCINE COMPRISING A MOSAIC PROTEIN
US - 17.08.2023
Clasificación Internacional A61K 39/215 Nº de solicitud 18156982 Solicitante Vaxthera SAS Inventor/a Jorge E. OSORIO
Disclosed herein are mosaic coronavirus (MoCoV) spike (S) proteins or antigenic fragments thereof. Also disclosed herein are nucleic acid constructs comprising one or more nucleic acid sequences encoding a MoCoV S protein or antigenic fragment thereof. Also disclosed herein are coronavirus vaccine vectors comprising one or more polynucleotides encoding a MoCoV S protein or antigenic fragment thereof. Also disclosed herein are coronavirus vaccines comprising one or more MoCoV S proteins or antigenic fragments thereof and one or more carriers. Also disclosed herein are pharmaceutical compositions, host cells, and kits comprising one or more of the MoCoV S proteins or antigenic fragments thereof, nucleic acid constructs, coronavirus vaccine vectors, and/or coronavirus vaccines. Also disclosed herein are methods of eliciting an immune response in a subject against one or more coronavirus antigens and methods of preventing, reducing the incidence of, attenuating, or treating coronavirus infection in a subject in need thereof.

10.20230257425VACCINE COMPOSITION FOR PREVENTING OR TREATING INFECTION OF SARS-COV-2
US - 17.08.2023
Clasificación Internacional C07K 14/165 Nº de solicitud 17922407 Solicitante SK BIOSCIENCE CO., LTD. Inventor/a Teawoo KWON
Provided is a recombinant protein for preventing or treating infection of SARS-Coronavirus-2 antigen comprising an extended receptor binding domain (RBD) of a spike protein of SARS-Coronavirus-2, and a vaccine composition comprising thereof. Also the present invention relates to a method for preventing infection of SARS-Coronavirus-2 by administering the recombinant antigen protein to a subject. The present invention can prevent COVID-19 infection. The present invention can be used as a vaccine.

11.4226938CORONAVIRUS-IMPFSTOFF
EP - 16.08.2023
Clasificación Internacional A61K 39/12 Nº de solicitud 22210373 Solicitante BIONTECH SE Inventor/a MUIK ALEXANDER
This disclosure relates to the field of RNA to prevent or treat coronavirus infection. In particular, the present disclosure relates to methods and agents for vaccination against coronavirus infection and inducing effective coronavirus antigen-specific immune responses such as antibody and/or T cell responses. Specifically, in one embodiment, the present disclosure relates to methods comprising administering to a subject RNA encoding a peptide or protein comprising an epitope of SARS-CoV-2 spike protein (S protein) for inducing an immune response against coronavirus S protein, in particular S protein of SARS-CoV-2, in the subject, i.e., vaccine RNA encoding vaccine antigen.

12.20230256080VACCINE AND THERAPEUTIC COMPOSITIONS COMPRISING ANTIGEN-CONJUGATED VIRAL CAPSIDS
US - 17.08.2023
Clasificación Internacional A61K 39/21 Nº de solicitud 17712600 Solicitante Board of Trustees of Michigan State University Inventor/a Xuefei Huang
Provided herein are vaccine composition comprising a bovine leukemia virus (BLV) antigen conjugated to a capsid, wherein the capsid comprises wild type or native sequence. Provided herein are also vaccine composition comprising a BLV antigen conjugated to a capsid, wherein said capsid comprises at least

one mutation, such as a non-natural mutation. Such compositions are useful in the treatment and prevention of BLV infection and associated sequelae, e.g. cancer, immunosuppressive, and inflammatory diseases.

13.20230258638METHODS AND KITS FOR DETECTING OR DETERMINING AN AMOUNT OF AN ANTI-B-CORONAVIRUS ANTIBODY IN A SAMPLE
US - 17.08.2023
Clasificación Internacional G01N 33/569 Nº de solicitud 18045845 Solicitante Abbott Laboratories Inventor/a A. Scott Muerhoff
Disclosed herein are methods, kits, systems, algorithms and improvements for detecting the presence of or determining an amount, quantity, concentration and/or level of an antibody against at least one type of β-coronavirus, such as, for example, an antibody against SARS-CoV or SARS-CoV-2, in one or more samples obtained from a subject. In some aspects, the methods, kits and systems relate to detecting the presence of or determining an amount, quantity, concentration and/or level of at least one type of anti-β-coronavirus antibody, such as an IgG and/or IgM antibody, in one or more samples obtained from a subject. The methods, kits systems, algorithms and improvements can also be used to monitor a subject's response and/or treatment to a β-coronavirus, determine whether or not a subject will develop or experience a cytokine storm, predict outcome in a subject, determine whether a subject can be administered a vaccine for a β-coronavirus, monitoring antibody response in individuals that have received a β-coronavirus vaccine (such as a SARS-CoV-2 vaccine), and/or determine the immune status of a subject.

14.20230256076RSV VACCINE COMPOSITIONS, METHODS, AND USES THEREOF
US - 17.08.2023
Clasificación Internacional A61K 39/12 Nº de solicitud 18009150 Solicitante Sichuan Clover Biopharmaceuticals, Inc. Inventor/a Peng LIANG
Provided are immunogenic compositions including recombinant peptides and proteins comprising respiratory syncytial virus (RSV) viral antigens and immunogens, e.g., RSV F protein peptides. The immunogenic composition comprises a secreted fusion protein comprising a soluble RSV viral antigen joined by in-frame a disulfide bond-linked trimeric fusion protein. The immunogenic compositions are useful for generating an immune response, e.g., for treating or preventing an RSV infection. The immunogenic compositions may be used in a vaccine composition, e.g., as part of a prophylactic and/or therapeutic vaccine. Also provided herein are methods for producing the recombinant peptides and proteins, prophylactic, therapeutic, and/or diagnostic methods, and related kits.

15.2615706Universal bacteriophage T4 nanoparticle platform to design multiplex SARS-CoV-2 vaccine candidates by CRISPR engineering
GB - 16.08.2023
Clasificación Internacional C12N 7/00 Nº de solicitud 202307240 Solicitante UNIV AMERICA CATHOLIC Inventor/a VENIGALLA B RAO
The present disclosure relates to a system for and a method of incorporating SARS-CoV-2 genes and proteins into T4 phages. The present disclosure also relates to vaccine against SARS-CoV-2 containing recombinant T4 phages created using the method provided in the present disclosure.

16.20230257429PEPTIDE ADJUVANT FOR ITS THERAPEUTIC APPLICATIONS IN VIRAL AND TUMOUR VACCINE DEVELOPMENT AND CANCER IMMUNOTHERAPY AND AUTOIMMUNE DISEASE DIAGNOSIS AND TREATMENTS
US - 17.08.2023
Clasificación Internacional C07K 14/47 Nº de solicitud 18016154 Solicitante National University of Singapore Inventor/a Jinhua Lu

The present invention relates to an isolated peptide, comprising or consisting of a glycine and arginine-rich (GAR/RGG) region with alarmin and/or cell penetrating activity, bioactive fragments or mutants thereof, and compositions comprising the peptide and an antigen or cargo molecule for vaccine development, immunotherapy, and/or the delivery of nucleic acids and proteins into cells. Further, the invention provides a method of detection using these peptides, and a process of producing the peptides.

17.20230257426FUSION PROTEIN COMPRISING BP26 AND ANTIGENIC POLYPEPTIDE
US - 17.08.2023
Clasificación Internacional C07K 14/23 Nº de solicitud 18139003 Solicitante KOREA ADVANCED INSTITUTE OF SCIENCE AND TECHNOLOGY Inventor/a Sangyong JON
The present disclosure relates to a fusion protein comprising BP26 and an antigenic polypeptide, and to a nanoarchitecture comprising same. A vaccine composition comprising the fusion protein, nanoarchitecture, or combination thereof of the present disclosure can be used to effectively prevent or treat pathogens or cancer, and thus can be used as a multi-purpose vaccine platform.

18.WO/2023/151172ADENOVIRUS VECTOR VACCINE FOR PREVENTING SARS-COV-2 OMICRON STRAIN
WO - 17.08.2023
Clasificación Internacional C12N 15/50 Nº de solicitud PCT/CN2022/085800 Solicitante GUANGZHOU N BIOMED LTD. Inventor/a CHEN, Ling
The present invention provides an adenovirus vector vaccine for preventing a SARS-CoV-2 Omicron strain. According to the present invention, a new S gene sequence is obtained by means of optimization by using codon usage bias. The new S gene sequence can be efficiently expressed in human cells. An immunized organism can efficiently express an S antigen and generate neutralizing antibodies targeting the SARS-CoV-2 Omicron strain, which effectively protect the organism from Omicron strain infection.

19.20230256082VACCINE AGAINST HUMAN-PATHOGENIC CORONAVIRUSES
US - 17.08.2023
Clasificación Internacional A61K 39/215 Nº de solicitud 17996973 Solicitante ACM BIOLABS PTE LTD Inventor/a Madhavan NALLANI
The present invention relates to a polymersome comprising a soluble encapsulated antigen, wherein the soluble encapsulated antigen is a soluble fragment of a Spike protein of a human-pathogenic coronavirus, as well as a combination of a population of such polymersomes, and a second population of polymersomes comprising an encapsulated adjuvant. The present invention also relates to related methods, such as methods of treatment, kits, compositions, such a vaccine, and medical uses, such as in the treatment of a human-pathogenic coronavirus infection.

20.4225351ZUSAMMENSETZUNG UND VERFAHREN ZUR BEHANDLUNG VON KREBS MIT EINEM IMPFSTOFF ALS ERSTER THERAPEUTISCHER WIRKSTOFF IN KOMBINATION MIT EINEM ZWEITEN WIRKSTOFF
EP - 16.08.2023
Clasificación Internacional A61K 38/19 Nº de solicitud 21880926 Solicitante HPVVAX LLC Inventor/a IOANNIDES TIM
A method for treating or reducing the incidence of recurrence of cancer, benign tumors, or HPV-associated lesions, including skin cancer, and particularly squamous cell carcinoma (SCC and basal-cell carcinoma, by administering to a patient one or more doses of HPV recombinant vaccine as a first active therapeutic agent in combination with a second active therapeutic agent administered concomitantly or as a fixed-dose combination composition.

21.20230256065AUTOLOGOUS STEM CELL VACCINE AND METHODS

US - 17.08.2023
Clasificación Internacional A61K 39/00 Nº de solicitud 17673107 Solicitante Elena RUSYN Inventor/a Elena RUSYN
The invention provides an immunogenic composition and methods for making and using the composition to generate an immune response. The immunogenic composition comprises stem cells pulsed with an antigen against which an immune response is desired. The stem cells can be autologous mesenchymal stem cells (MSCs), hematopoietic stem cells (HSCs), or stromal vascular fraction (SVF) cells. The cellular vaccine composition finds use in generating an immune response against viral, bacterial and parasitic infections, cancer, and senescent cells.

22.20230256068AMHR2-ED CANCER VACCINE FORMULATIONS
US - 17.08.2023
Clasificación Internacional A61K 39/00 Nº de solicitud 18169293 Solicitante The Cleveland Clinic Foundation Inventor/a Vincent K. Tuohy
Provided herein are compositions, systems, kits, and methods of using a composition comprising at least a portion of an Anti-Mullerian Hormone Receptor Type II extracellular domain (AMHR-ED), and an adjuvant comprising: i) squalene oil, ii) a non-ionic surfactant (e.g., Tween 80), iii) an emulsifier (e.g., sorbitan trioleate), and iv) a buffer (e.g., citrate buffer). In certain embodiments, such compositions are administered to a female subject to treat or prevent ovarian or endometrial cancer (e.g., by inducing expression of anti-AMHR2-ED IgG antibodies by the subject in vivo).

23.20230256083SELF-AMPLIFYING SARS-COV-2 RNA VACCINE
US - 17.08.2023
Clasificación Internacional A61K 39/215 Nº de solicitud 18001912 Solicitante Ziphius Vaccines Inventor/a Itishri SAHU
The present invention relates self-replicating RNA molecules comprising a sequence encoding nonstructural alphavirus proteins and a sequence encoding a SARS-CoV-2 protein antigen.

24.20230256086VACCINE USING M2/BM2-DEFICIENT INFLUENZA VECTORS
US - 17.08.2023
Clasificación Internacional A61K 39/215 Nº de solicitud 18017371 Solicitante FluGen, Inc. Inventor/a Michael J. MOSER
The invention provides a recombinant virus comprising an influenza viral backbone, wherein the influenza viral backbone comprises PB1, PB2, PA, NP, M, NS, HA, and NA gene segments, wherein at least one of the PB1, PB2, PA, NP, M, NS, HA, and NA gene segments comprises at least one nucleotide sequence that encodes one or more antigens. The invention provides a recombinant virus wherein the antigen is an immunogenic fragment of SARS-CoV-2 spike glycoprotein. The invention also provides a pharmaceutical formulation and a method of eliciting an immune response.

25.4225359SARS-COV-2-IMPFSTOFFE
EP - 16.08.2023
Clasificación Internacional A61K 39/12 Nº de solicitud 21786510 Solicitante R G C C HOLDINGS AG Inventor/a PAPASOTIRIOU IOANNIS
The present invention concerns a pharmaceutical product for use as a vaccine against a viral disease in a human or animal subject, comprising three compositions comprising activated, autologous dendritic cells, loaded with three different SARS-CoV-2 peptides, to be administered in three separate doses sequentially to the human or animal subject.

26.WO/2023/152260ANTI-ALPHA-SYNUCLEIN THERAPEUTIC VACCINES
WO - 17.08.2023

Clasificación Internacional A61K 39/00 Nº de solicitud PCT/EP2023/053259 Solicitante AC IMMUNE SA Inventor/a PFEIFER, Andrea
The present invention relates to a liposomal vaccine composition comprising: a peptide antigen displayed on the surface of the liposome; a peptide comprising a T-cell epitope; and an adjuvant; wherein the peptide antigen comprises, consists essentially of or consists of the structure: X1-X2-X3-E-X4-X5-P-V-D-P-D-N-E-X6, wherein: E is glutamic acid, P is proline; V is Valine, D is aspartic acid, N is asparagine; X1 is present or not and, if present, is G, wherein G is glycine; X2, is present or not and, if present, is G, wherein G is defined as above; X3 is L, K, or S, wherein L is leucine, K is lysine, and S is serine; X4 is D, K or S, wherein D, K and S are as defined above; X5 is M, wherein M is methionine or methionine sulfoxide; X6 is A, K or S, wherein A is alanine and K, and S are as defined above; with the proviso that X3-E-X4-X5-P-V-D-P-D-N-E-X6 is not L-E-D-M-P-V-D-P-D-N-E-A, and which comprises between 1 and 5 amino acid differences compared with the amino acid sequence G-I-L-E-D-M-P-V-D-P-D-N-E-A, and wherein the peptide antigen does not comprise the dipeptide Y-E immediately following X6, wherein Y is tyrosine and E is as defined above.

27.WO/2023/154105ATTENUATED SARS-COV-2
WO - 17.08.2023
Clasificación Internacional A61K 39/215 Nº de solicitud PCT/US2022/052405 Solicitante BOARD OF REGENTS, THE UNIVERSITY OF TEXAS SYSTEM Inventor/a XIE, Xuping
This composition of this invention is comprised of live attenuated SARS-CoV-2 constructs as vaccines or research tools. Described herein is a highly attenuated SARS-CoV-2 with deleted accessory proteins and modified transcriptional regulator sequences (TRS) that can serve as a live-attenuated vaccine platform and a BSL-2 experimental system. Certain embodiments are directed to a live attenuated SARS-CoV-2 having a modified transcriptional regulatory sequence (TRS) and a deletion of one or more open reading frames selected from ORF3a, ORF3, ORF6, ORF7, and/or ORFS.

28.WO/2023/154960PAN-PNEUMOVIRUS VACCINE COMPOSITIONS AND METHODS OF USE THEREOF
WO - 17.08.2023
Clasificación Internacional A61K 39/155 Nº de solicitud PCT/US2023/062591 Solicitante UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. Inventor/a MOUSA, Jarrod
Chimeric polypeptides, chimeric fusion proteins, immunogenic compositions, and methods of use thereof for pan-pneumovirus vaccination are provided. The chimeric polypeptides typically include immunodominant epitopes of the fusion protein of respiratory syncytial virus (RSV) and human metapneumovirus (hMPV), and preferably include one or more of antigenic sites Ø, V, and II of RSV, and III, IV, and DS7 of hMPV. The chimeric polypeptides can be utilized as the antigenic domain in chimeric fusion proteins include one or more additional domains such as a signal peptide sequence, a trimerization domain, a cleavage site, a purification tag or report sequence, and one or more linker sequences. Nucleic acids encoding the chimeric polypeptides and chimeric fusion proteins are also provided, as are recombinant viruses having the same. Pharmaceutical compositions including one or more of the foregoing compositions, and methods of there use for immunizing subjects against RSV and hMPV are also provided.

29.WO/2023/151202IMMUNOTHERAPY COMBINATION DRUG FOR TREATING SOLID TUMORS
WO - 17.08.2023
Clasificación Internacional A61K 45/06 Nº de solicitud PCT/CN2022/094949 Solicitante SUN YAT SEN UNIVERSITY Inventor/a ZHOU, Xingwang
The present invention relates to the technical field of biological medicines, and in particular relates to an immunotherapy combination drug for treating solid tumors. Provided are an immunotherapy combination

drug and an immune combination therapy for treating solid tumors. The immunotherapy combination drug is composed of a PD-1/PD-L1 inhibitor and a toxoplasma vaccine, wherein the toxoplasma is a non-toxic toxoplasma or/and an attenuated toxoplasma, and the solid tumors are immune-tolerant solid tumors. Further provided are an immunotherapy combination drug and an immune combination therapy for treating solid tumors. It is found that the use of the non-toxic toxoplasma or/and an attenuated toxoplasma in combination with the PD-1/PD-L1 inhibitor can effectively treat the immune-tolerant solid tumors, and the use curative effect and the application range of the PD-1/PD-L1 inhibitor are expanded.

30.20230260594Process for preparation of neopepitope-containing vaccine agents
US - 17.08.2023
Clasificación Internacional G16B 20/20 Nº de solicitud 18007061 Solicitante Evaxion Biotech A/S Inventor/a Thomas Trolle
The present invention presents an improved method for identification of neoepitopes useful in active immunotherapy targeting malignant neoplasms. The method integrates identification of somatic variants of expression product with a balanced evaluation of such variants' 1) ability to bind MHC, 2) ability to induce immune responses, 3) clonal coverage in the tumour tissue, and 4) ability to evade immune responses. Also, the method is complemented by a method for purposive deselection of neoepitopes that could induced undesired immune response against normal cells. Also disclosed is a method for preparing immunogenic compositions, a method for treatment of cancer, and a computer system for identifying neoepitopes and neopeptides

31.20230256069USE OF EPIDERMAL GROWTH FACTOR DEPLETING AGENTS IN THE TREATMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE
US - 17.08.2023
Clasificación Internacional A61K 39/00 Nº de solicitud 18018156 Solicitante Centro de Inmunología Molecular Inventor/a Amparo Emilia Macias Abraham
The present invention is related to the fields of Biotechnology and Medicine. Particularly, it describes the use of epidermal growth factor (EGF) deprivation agents that contribute to lowering and/or depleting serum epidermal growth factor levels, which has implications in the treatment of the chronic obstructive pulmonary disease. These agents can be vaccine compositions comprising as active principle the conjugate between recombinant human EGF and a carrier protein.

32.20230256085COMBINATION VACCINE
US - 17.08.2023
Clasificación Internacional A61K 39/215 Nº de solicitud 18015025 Solicitante SPICONA INC. Inventor/a Reinhard GLUCK
The present invention relates to combination vaccines against both influenza and COVID-19. In particular, the invention relates to combination vaccines comprising one or more influenza virus antigen and one or more SARS-CoV-2 (Coronavirus SARS-CoV-2) antigen, particularly one or more SARS-CoV-2 spike protein antigen, as well as vaccines comprising polynucleotides encoding said antigens, and such vaccines for the treatment or prevention of COVID-19 (SARS-CoV-2 infection) and influenza infection.

33.WO/2023/154402COMPOSITIONS AND METHODS FOR FCRN-TARGETED INTRANASAL CORONAVIRUS VACCINATION
WO - 17.08.2023
Clasificación Internacional C07K 14/165 Nº de solicitud PCT/US2023/012712 Solicitante UNIVERSITY OF MARYLAND, COLLEGE PARK Inventor/a ZHU, Xiaoping
The present disclosure relates generally to novel recombinant coronavirus-based fusion proteins ("RBDs-IgG Fc protein" and "RBDs protein") and vaccine compositions using the same, in which the fusion proteins comprise tandemly arranged coronaviruses receptor binding domains (RBDs).

34.4226935ANTIKÖRPER ZUR NEUTRALISIERUNG DES HUMANEN IMMUNDEFIZIENZVIRUS (HIV)
EP - 16.08.2023
Clasificación Internacional A61K 39/00 Nº de solicitud 23163985 Solicitante THERACLONE SCIENCES INC Inventor/a CHAN-HUI PO-YING
The specification shows a method for obtaining a broadly neutralizing antibody (bNab), including screening memory B cell cultures from a donor PBMC sample for neutralization activity against a plurality of HIV-1 species, cloning a memory B cell that exhibits broad neutralization activity; and rescuing a monoclonal antibody from that memory B cell culture. The resultant monoclonal antibodies may be characterized by their ability to selectively bind epitopes from the Env proteins in native or monomeric form, as well as to inhibit infection of HIV-1 species from a plurality of clades. Compositions containing human monoclonal anti-HIV antibodies used for prophylaxis, diagnosis and treatment of HIV infection are provided. Methods for generating such antibodies by immunization using epitopes from conserved regions within the variable loops of gp120 are provided. Immunogens for generating anti-HIV 1 bNAbs are also shown. Furthermore, methods for vaccination using suitable epitopes are shown.

35.WO/2023/150838CORONAVIRUS VACCINATION REGIMEN
WO - 17.08.2023
Clasificación Internacional A61K 39/215 Nº de solicitud PCT/AU2023/050093 Solicitante THE UNIVERSITY OF MELBOURNE Inventor/a GODFREY, Dale Ian
The present invention relates to novel prime-boost and heterologous boost regimens for immunisation against coronavirus infections. The method involves immunization of a subject or increasing an immune response of a subject previously exposed to coronavirus, comprising administering a therapeutically effective amount of a vaccine comprising a coronavirus spike receptor binding domain (RBD) antigen or a nucleic acid encoding the RBD antigen.

36.20230256075HPV EPITOPES TARGETED BY T CELLS INFILTRATING CERVICAL MALIGNANCIES FOR USE IN VACCINES
US - 17.08.2023
Clasificación Internacional A61K 39/12 Nº de solicitud 17948008 Solicitante Academisch Ziekenhuis Leiden H.O.D.N. LUMC Inventor/a Sjoerd Henricus VAN DER BURG
The present invention relates to novel CD4+ and CD8+ T cell epitopes that are specific for HPV-specific E6 and E7 oncoproteins, to peptides comprising these novel T cell epitopes, and to (vaccine) compositions comprising these peptides for use in methods for the prevention and/or treatment of HPV related diseases. Preferred epitopes are recognized by a T cell that infiltrates a cervical neoplastic lesion or by a T cell from a draining lymph node, and are presented by an HLA-DQ or HLA-DP molecule, or an HLA-B.

37.4225364PRÄFUSIONSSTABILISIERTE HMPV-F-PROTEINE
EP - 16.08.2023
Clasificación Internacional A61K 39/155 Nº de solicitud 21878525 Solicitante UNIV TEXAS Inventor/a MCLELLAN JASON
Provided herein are engineered hMPV F proteins. In some aspects, the engineered F proteins exhibit enhanced conformational stability and/or antigenicity. Methods are also provided for use of the engineered F proteins as diagnostics, in screening platforms, and/or in vaccine compositions.

38.20230256078IMMUNOGENIC COMPOSITION AND VACCINE FOR GENERATING AN IMMUNE RESPONSE TO NOROVIRUS
US - 17.08.2023
Clasificación Internacional A61K 39/125 Nº de solicitud 18179474 Solicitante Icon Genetics GmbH Inventor/a Vesna Blazevic

An immunogenic composition comprising at least one Norovirus antigen and at least one adjuvant which is at least one B subunit of an AB5 toxin such as cholera toxin subunit B (CTB) or the B subunit of heat-labile E. coli exotoxin LT (LTB).

39.4225360IMPFSTOFFZUSAMMENSETZUNGEN
EP - 16.08.2023
Clasificación Internacional A61K 39/12 Nº de solicitud 21790960 Solicitante VIROTHERA LTD Inventor/a GOMPELS URSULA ADELE
A sterile pharmaceutical composition comprising one or more nucleic acid molecules comprising a plurality of immunogen coding regions which collectively encode a plurality of herpesvirus polypeptides, wherein the one or more nucleic acid molecules are capable of expressing the plurality of herpesvirus polypeptides when introduced into a vertebrate cell in an expression vector, wherein each of the plurality of immunogen coding regions has at least 90% sequence identity to a native coding region for a corresponding native full-length herpesvirus polypeptide from the same herpesvirus species, wherein the plurality of herpesvirus polypeptides are: (i) gD of herpes simplex virus 2 or herpes simplex virus 1; gE or gI of varicella zoster virus; gp350 or gp42 of Epstein Barr virus; gp42 of Epstein Barr virus, gO selected from genotypes 1-8 of human cytomegalovirus; gO of human herpesvirus 6A; gO of human herpesvirus 6B; gO of human herpesvirus 7; or K8.1(A/B) of Kaposi's sarcoma associated herpesvirus; and (ii) gB, gH and gL of the respective cognate human herpesvirus; and wherein the pharmaceutical composition is provided in a sealed sterile container for delivery.

40.20230257718METHOD FOR PRODUCTION OF VARICELLA ZOSTER VIRUS SURFACE PROTEIN ANTIGEN
US - 17.08.2023
Clasificación Internacional C12N 7/00 Nº de solicitud 18014296 Solicitante GREEN CROSS CORPORATION Inventor/a Kwang Bae LEE
A method for production of a Varicella Zoster Virus surface protein antigen is disclosed. The method for production of a Varicella Zoster Virus surface protein antigen is an effective production method capable of obtaining the Varicella Zoster Virus surface protein antigen in high yield and high purity. Therefore, the method is useful for production of the Varicella Zoster Virus surface protein antigen for use as a vaccine composition for preventing or treating varicella or herpes zoster.

41.20230256081METHOD FOR PREPARING ATOMIZING SARS-COV-2 NANOVACCINE
US - 17.08.2023
Clasificación Internacional A61K 39/215 Nº de solicitud 17720334 Solicitante Healthina Stem Cell Industry Platform (Tianjin) Limited Inventor/a Bin ZHENG
A method for preparing an atomizing SARS-CoV-2 nanovaccine includes the followings steps: mimicking a structure of SARS-COV-2 with receptor binding domains (RBDs) of SARS-COV-2, by taking Poly(I:C) mimicking viral genetic materials as an immunoadjuvant, and electronegative liposomes that enter pulmonary macrophages efficiently as a viral capsid structure; adding a catalyst and an RBD antigen protein to a liposome solution, linking the antigen protein to a liposome surface, and obtaining a bionic virus nanovaccine after purification and freeze-drying treatment. Compared with conventional intramuscular and subcutaneous inoculation, the SARS-CoV-2 vaccine of the present invention features strong mucosal protection effect, high safety, extensive application, and excellent potential.

42.4225355IMMUNOGENE SCHISTOSOMAZUSAMMENSETZUNGEN
EP - 16.08.2023
Clasificación Internacional A61K 39/00 Nº de solicitud 21876819 Solicitante THE ROYAL INSTITUTION FOR THE ADVANCEMENT OF LEARNING/MCGILL UNIV Inventor/a NDAO MOMAR

The present disclosure provides an immunogenic composition comprising an emulsion of an epitope or a nucleic acid molecule. The emulsion comprises an oil phase and a water phase. The emulsion is an oil-in-water emulsion and/or a nanoemulsion. The epitope is present on a peptide or a polypeptide derived from Schistosoma sp. and can optionally be glycosylated. The immunogenic composition (which can be provided as a pharmaceutical composition or as a vaccine) can be used to prevent, treat or alleviation the symptoms of a Schistosoma sp. infection.

43.WO/2023/151446BETACORONAVIRUS FUSION RECOMBINANT PROTEIN, AND PREPARATION METHOD AND APPLICATION THEREOF
WO - 17.08.2023
Clasificación Internacional C07K 19/00 Nº de solicitud PCT/CN2023/071585 Solicitante BIOPHARMAGEN CORP., FANGZHOU SUZHOU Inventor/a JIANG, Yongping
Disclosed in the present invention is a betacoronavirus fusion recombinant protein comprising an RBD region of an S protein of the novel coronavirus COVID-19 and comprising a COVID19-SF5 fragment; the amino acid sequence of the COVID19-SF5 fragment is the 880th amino acid to the 1084th amino acid of the S protein of the novel coronavirus COVID-19. According to the present invention, a constant conserved fragment (COVID19-SF5) and a receptor binding domain (RBD) fragment are fused and expressed, providing a more-effective stable universal sF vaccine candidate recombinant fusion protein for said type of Coronavirus, and providing broader and better protection measures from the two standpoints of inhibiting receptor recognition and providing universal protection.

44.WO/2023/154821COMPOSITIONS COMPRISING INFLUENZA HEMAGGLUTININ STEM AND METHOD FOR ENHANCING CROSS-PROTECTIVE IMMUNITY
WO - 17.08.2023
Clasificación Internacional C07K 14/11 Nº de solicitud PCT/US2023/062320 Solicitante UNIVERSITY OF WASHINGTON Inventor/a ERASMUS, Jesse
Improved influenza hemagglutinin (HA) antigens that include a stem (HA2) domain and a transmembrane domain to tether the antigen to a cell membrane for improved immunogenicity with vaccination. In embodiments, the tethered, miniature HA antigens include amino acid residue substitutions, additions, and/or deletions for stabler trimerization at the cell membrane and do not include all or part of the HA2 head subdomain. In embodiments, the improved antigens facilitate production of cross-reactive antibodies against the stem domain. In embodiments, the antigens are encoded by RNA of an RNA vaccine and administered to individuals for broad immunogenicity against influenza viruses.

45.WO/2023/154781SARS-COV-2 VACCINE FOR THE PREVENTION AND TREATMENT OF CORONAVIRUS DISEASE (COVID-19)
WO - 17.08.2023
Clasificación Internacional A61K 39/215 Nº de solicitud PCT/US2023/062262 Solicitante VAXXINITY, INC. Inventor/a GUIRAKHOO, Farshad
The invention provides methods of preventing or treating coronavirus disease (COVID-19) using immunogenic compositions described herein.

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