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

- Noticias más recientes en la Web sobre vacunas.
- Artículos científicos más recientes de Medline sobre vacunas.
- Patentes más recientes en Patentscope sobre vacunas.

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Chikungunya Vaccine Also Protects People from Alphaviruses

Sep 1. Valneva IXCHIQ chikungunya vaccine confers cross-protection against alphaviruses.

As the science of virology continues evolving, discovering additional benefits from approved vaccines is a real advantage.

When the first chikungunya virus (CHIKV) vaccine was licensed in the U.S., Europe, and Canada, various research studies and government agencies concluded that Valneva SE's U.S. FDA-approved IXCHIQ® (VLA1553) vaccine demonstrated over 96% response rate after receiving a single administration, and most study participants maintained very high protection six months after vaccination.

These findings were well received in 2024, as the number of countries in the region of the Americas confirming CHKV outbreaks has reached 13.

As of September 1, 2024, over 383,000 CHIKV cases and 162 related deaths have been reported this year.

And according to a study published by the journal MDPI in early August 2024, IXCHIQ vaccination offers protection against alphaviruses that co-circulate with CHIKV.

These researchers wrote, 'the significant questions remain regarding the potential of IXCHIQ to confer cross-protection for populations exposed to them.

This study characterized the cross-neutralizing antibody (nAb) responses against heterotypic CHIKV and additional arthritogenic alphaviruses in individuals at one month, six months, and one-year post-IXCHIQ vaccination.

At least 27 alphaviruses and 68 flaviviruses have been recognized, approximately one-third of which are medically important human pathogens. Alphaviruses and flaviviruses can cause various syndromes, ranging from benign febrile illnesses to severe systemic diseases with hemorrhagic manifestations or organ involvement.

They characterized nAbs against CHIKV strains LR2006, 181/25, and a 2021 isolate from Tocantins, Brazil, as well as O'nyong-nyong virus, Mayaro virus, and Ross River virus (RRV).

IXCHIQ elicited 100% seroconversion to each alphavirus, except RRV, which had 83.3% seroconversion of vaccinees. The cross-neutralizing antibody potency decreased with increasing genetic distance from CHIKV.

These researchers wrote, "Our work reveals the first report of cross-neutralizing antibodies induced by the licensed vaccine IXCHIQ. We also have evidence that these antibodies persist at one-year post-vaccination and share potency and breadth features consistent with those seen following natural infection."

Additionally, "our study directly compares these vaccinee responses to the cross-neutralizing antibodies generated in response to CHIKV infection. It shows that IXCHIQ elicits neutralizing antibody populations similar in potency and breadth to antibodies elicited by natural CHIKV infection."

These researchers concluded that this finding "may have important implications for individuals susceptible to alphavirus co-circulation in regions of potential vaccine rollout."

Fuente: Precision Vaccinations. Disponible en https://acortar.link/OhdaKv

Científicos desarrollan nuevo método para detectar vacunas falsas

2 sep. Un método único en su tipo, creado por investigadores de la Universidad de Oxford, es capaz de distinguir vacunas auténticas y falsas mediante la aplicación del aprendizaje automático a los datos espectrales de masa.

El método demostró ser eficaz para diferenciar entre una gama de vacunas auténticas y "falsas" que previamente habían entrado en las cadenas de suministro.

Los resultados del estudio proporcionan un método de prueba de concepto que podría ampliarse para abordar la necesidad urgente de un cribado de la cadena de suministro de vacunas global más eficaz. Un beneficio clave es que utiliza espectrómetros de masas clínicas ya distribuidos globalmente para diagnósticos médicos.

La población mundial depende cada vez más de las vacunas para mantener la salud de la población con miles de millones de dosis utilizadas anualmente en programas de inmunización en todo el mundo. La gran mayoría de las vacunas son de excelente calidad. Sin embargo, un aumento de las vacunas deficientes y falsas amenaza la salud pública mundial.

Además de no tratar la enfermedad para la que estaban destinadas, estas pueden tener graves consecuencias para la salud, incluida la muerte, y reducir la confianza en las vacunas. Desafortunadamente, actualmente no existe una infraestructura global para monitorear las cadenas de suministro utilizando métodos de detección desarrollados para identificar vacunas ineficaces.

UN INSTRUMENTO PARA DETECTAR VACUNAS FALSAS

En este nuevo estudio, los investigadores desarrollaron y validaron un método que es capaz de distinguir vacunas auténticas y falsificadas utilizando instrumentos desarrollados para identificar bacterias en laboratorios de microbiología hospitalaria.

El método se basa en la espectrometría de masas de desorción/ionización láser asistida por matriz (MALDI-MS), una técnica utilizada para identificar los componentes de una muestra dando una carga a las moléculas constituyentes y luego separándolas.

El análisis MALDI-MS se combina luego con el aprendizaje automático de código abierto. Esto proporciona un modelo multicomponente confiable que puede diferenciar vacunas auténticas y falsificadas, y no depende de un solo marcador o componente químico.

El método distinguió con éxito entre una gama de vacunas genuinas, incluidas las de la gripe (gripe), el virus de la hepatitis B y la enfermedad meningocócica, y las soluciones comúnmente utilizadas en vacunas falsificadas, como el cloruro de sodio.

El profesor James McCullagh, colíder del estudio y profesor de Química Biológica en el Departamento de Química de la Universidad de Oxford, dijo: "Estamos encantados de ver la eficacia del método y su potencial para su despliegue en la detección de autenticidad de vacunas del mundo real.

Este es un hito importante para el consorcio de Evaluación de la Identidad de Vacunas (VIE) que se centra en el desarrollo y la evaluación de dispositivos innovadores para detectar vacunas falsificadas y de calidad inferior, con el apoyo de múltiples socios de investigación, incluidos la Organización Mundial de la Salud (OMS), las autoridades reguladoras de medicamentos y los fabricantes de vacunas".

El estudio "Uso de la espectrometría de masas de ionización por desorción láser asistida por matriz combinada con aprendizaje automático para la detección de la autenticidad de la vacuna" se publicó en npj Vaccines.

Fuente: Newsweek. Disponible en https://acortar.link/UPDMEZ

WHO Report Highlights Critical Insights and Challenges in Global Vaccine Safety

Sep 3. The World Health Organization's (WHO) Global Advisory Committee on Vaccine Safety (GACVS) has released its latest findings, covering the safety of COVID-19 vaccines, the Hepatitis E vaccine Hecolin®, the RSV maternal vaccine Abrysvo®, and the Dengue vaccine Qdenga®. The report underscores the importance of ongoing monitoring, structured communication, and post-marketing surveillance to ensure vaccine safety worldwide. The findings are crucial for public health policymakers and practitioners as they navigate the complex landscape of vaccine safety in both pandemic and post-pandemic contexts.

The World Health Organization (WHO) has once again turned its focus to one of the most pressing concerns in global health: vaccine safety. The WHO's Global Advisory Committee on Vaccine Safety (GACVS) recently released a comprehensive report that sheds light on the current landscape of vaccine safety, drawing from lessons learned during the COVID-19 pandemic and extending to the safety profiles of other critical vaccines. The findings serve as a timely reminder of the complexities involved in safeguarding public health through immunization, especially in the face of emerging diseases and evolving vaccine technologies.

COVID-19 Vaccines: Navigating New Challenges

The report begins with an in-depth analysis of the safety of COVID-19 vaccines, a subject that has been at the forefront of global health discussions since the pandemic's onset. The GACVS acknowledged the unprecedented challenges faced by WHO in monitoring vaccine safety during the pandemic, from the largely unknown safety profiles of new vaccines to the immense volume of safety reports that needed timely analysis.

A significant takeaway from the report is the importance of spontaneous reporting and clinical reasoning in detecting and assessing vaccine safety signals. The WHO's experience highlighted that while the pandemic demanded rapid vaccine deployment, it also required equally swift and accurate safety monitoring. The report emphasizes that in the post-pandemic phase, continued vigilance is necessary, particularly in monitoring safety signals associated with COVID-19 vaccines and strengthening pharmacovigilance systems globally.

Hepatitis E Vaccine (Hecolin®): A Closer Look at Maternal Safety

The safety of the Hepatitis E vaccine, Hecolin®, particularly in pregnant women, was another critical focus of the report. The GACVS reviewed new studies from Bangladesh and South Sudan that suggested a potential link between the vaccine and spontaneous abortions when administered around the onset of pregnancy. While the evidence is not conclusive, the committee deemed the findings significant enough to warrant further investigation.

The report calls for additional analyses to better understand the relationship between the timing of the vaccine administration and adverse pregnancy outcomes. The GACVS recommends that any future studies of Hecolin® in regions with a high risk of Hepatitis E should include a detailed assessment of pregnancy-related outcomes, emphasizing the need for careful consideration of the benefits versus potential risks of vaccination during pregnancy.

RSV Maternal Vaccine (Abrysvo®): Balancing Efficacy and Safety

Maternal vaccination against respiratory syncytial virus (RSV) has been a topic of growing interest, and the GACVS report provides important insights into the safety and efficacy of the Abrysvo® vaccine. Data from a large clinical trial involving pregnant women indicated that the vaccine is highly effective in preventing RSV illness in infants. However, a slight increase in preterm births was observed among vaccinated women, though this increase was not statistically significant.

The GACVS underscored the importance of post-marketing surveillance to further investigate this safety signal and ensure that the vaccine remains a safe option for maternal immunization. The report also highlighted the need for longer-term studies to monitor potential adverse effects, such as vaccine-associated enhanced disease (VAED).

Dengue Vaccine (Qdenga®): Addressing Anaphylaxis Concerns

The introduction of the Dengue vaccine Qdenga® in Brazil raised concerns after reports of anaphylaxis emerged following its administration. The WHO report details the post-marketing safety data and the steps taken by Brazil's health authorities to manage and investigate these cases. Despite the higher-than-expected rate of anaphylaxis, the GACVS supports the continued use of Qdenga®, provided that countries introducing the vaccine have robust protocols in place for managing and investigating such adverse events.

The GACVS commended Brazil's comprehensive approach to monitoring vaccine safety and emphasized the importance of including the risk of anaphylaxis in vaccine product information. The report also suggests that countries consider conducting studies to assess the rate of anaphylaxis in their vaccine surveillance systems, ensuring that public health interventions remain both effective and safe.

A Path Forward for Global Vaccine Safety

The WHO's latest report underscores the critical need for ongoing vigilance in vaccine safety, particularly as new vaccines are introduced and existing ones are deployed in different population groups. The findings highlight the importance of robust pharmacovigilance systems, transparent communication, and the continuous evaluation of vaccine safety signals.

As the global health community moves forward, the lessons learned from the COVID-19 pandemic and other vaccination programs will be instrumental in shaping future vaccine safety strategies. The WHO's commitment

to monitoring and improving vaccine safety remains a cornerstone of global public health efforts, ensuring that vaccines continue to save lives without compromising safety.

Fuente: Devdiscourse. Disponible en https://acortar.link/2VLFkX

Vaxcyte's pneumococcal vaccine win points to Prevnar battle

Sep 4. Vaxcyte's new pneumococcal vaccine may only have phase 1/2 results behind it, but analysts are already predicting it could be a major competitor to rival shots from Pfizer and MSD.

Just-reported data from that study has shown that Vaxcyte's VAX-31 shot was able to stimulate a strong immune response against all 31 serotypes of *Streptococcus pneumoniae* included in the formulation, in adults aged 50 and over.

It had a safety profile similar to Pfizer's market-leading Prevnar 20, which targets 20 common serotypes, but at the highest dose tested generated stronger protection on 18 out of 20 of them – and for seven serotypes that improvement was statistically significant.

Shares in Vaxcyte shot up by more than a third after the results were announced as the company said it would move ahead next year with a phase 3 programme for VAX-31 in older adults that will also compare the shot with Prevnar 20. A phase 2 study in children will also start early in 2025.

Buoyed by the new data, Vaxcyte – which had almost $1.9 billion in cash at the end of the second quarter – promptly announced plans for a $1 billion public offering to help fund its phase 3 trials.

Pfizer has been the undisputed leader in the pneumococcal vaccine market for years, gradually adding new versions of Prevnar that expand the number of serotypes covered, but analysts think that position is now under threat.

The franchise brought in $6.4 billion in worldwide sales last year, although MSD (known as Merck & Co in the US and Canada) has started to claim market share with Vaxneuvance, which covers 15 serotypes and made sales of $665 million in 2023. In June, MSD got FDA approval for a 21-valent vaccine, called Capvaxive, which is the first jab approved for the over-50s category.

At the moment, pneumococcal vaccination is recommended for the 65 and over age bracket in the US, although – following the Capvaxive approval – the CDC's Advisory Committee on Immunisation Practices (ACIP) is considering lowering the age threshold to 50.

Analysts at Leerink said the profile exhibited by Vaxcyte's vaccine could – if backed up in phase 3 – allow it to claim a "majority share" in a pneumococcal vaccine market they anticipate will be worth more than $10 billion from 2030 onwards.

The company said VAX-31 has the potential to become the first vaccine in the class to combine protection against both currently circulating and historically prevalent serotypes of S pneumoniae, which causes more than 150,000 cases of pneumonia requiring hospitalisation in the US every year and 300,000 deaths in children worldwide.

The pathogen is listed by the WHO and CDC among the most threatening pathogens due to rising levels of antibiotic resistance.

There are around 100 different pneumococcal serotypes, causing non-invasive disease like pneumonia, confined to the lungs, and invasive disease, where the infection can spread to the bloodstream or tissues in the central nervous system.

Vaxcyte said its vaccine covers serotypes involved in around 95% of invasive pneumonia disease (IPD) cases in the US. It expects the pneumococcal vaccine market to reach a value of around $13 billion by 2027, driven primarily by growth in the adult market.

"The public health community continues to highlight the need for broader-protection vaccines to prevent IPD, which is associated with high case-fatality rates, antibiotic resistance, and meningitis," said Vaxcyte's chief operating officer, Jim Wassil.

VAX-31 has the potential to be "a best-in-class pneumococcal vaccine capable of raising the bar for immunogenicity standards," he added.

The company is also developing a 24-valent pneumococcal vaccine, VAX-24, which is in a phase 2 study in paediatric patients, with results due in the first quarter of 2025.

Fuente: Pharmaphorum. Disponible en https://acortar.link/HYqsS9

Vacuna de Moderna con ARN mensajero arroja resultados prometedores contra la mpox

4 sep. Una vacuna experimental contra la mpox desarrollada por Moderna con tecnología del ARN mensajero (ARNm) demostró mayor eficacia que las opciones actuales para reducir los síntomas y la duración de la enfermedad, según un estudio practicado en animales publicado este miércoles en la revista científica Cell.

El hallazgo se produce en medio de un brote de la enfermedad en África, en parte impulsado por una nueva variante surgida en la República Democrática del Congo y declarada como emergencia internacional. La Organización Mundial de la Salud (OMS) activó su nivel más alto de alerta sanitaria mundial el pasado 14 de agosto.

Jay Hooper, coautor del estudio y virólogo del Instituto de Investigación Médica para Enfermedades Infecciosas del Ejército de Estados Unidos, declaró a la AFP que los investigadores buscaban explorar la tecnología del ARNm para asegurar al mismo tiempo seguridad y eficacia.

Esta vacuna ARNm incluye instrucciones genéticas que entrenan al sistema inmunológico del huésped para reconocer cuatro antígenos virales clave, los cuales posibilitan que el virus se adhiera a las células.

Moderna utiliza esa misma tecnología de ARNm en su vacuna contra el coronavirus, que demostró ser segura y eficaz.

Para el estudio, seis primates fueron vacunados con la dosis a base de ARNm, otros seis recibieron la

vacuna autorizada actualmente /JYNNEOS) y otros seis no recibieron ninguna. Ocho semanas después de recibir la dosis, los 12 animales fueron estuvieron expuestos a una cepa letal de mpox.

Al final del ciclo experimental los seis primates no vacunados murieron, el grupo que recibió la vacuna más antigua presentó un máximo de 607 lesiones y el que tenía la dosis con ARNm tuvo solo un tope de 54 lesiones.

Además, la vacuna de ARNm acortó en más de 10 días el período durante el cual los animales presentaron afecciones respecto a la vacuna disponible actualmente.

También, redujo la carga viral en la sangre y garganta, lo que sugiere sería eficaz para reducir la transmisión.

El inventor principal de la vacuna de Moderna, Alec Freyn, dijo a la AFP que el suero también se probó contra otros virus de la familia Orthopox, y neutralizó eficazmente el virus vaccinia, la viruela bovina, la viruela del conejo, la viruela del camello y la ectromelia.

El prospecto de vacuna, bautizada ARNm-1769, ahora hace parte de la etapa inicial de un ensayo clínico en humanos en el Reino Unido, con el cual se busca evaluar su seguridad y respuesta inmune.

Fuente: SWI swissinfo.ch. Disponible en https://acortar.link/znjgiw

Costa Rica emplea 1,5 millones de vacunas contra virus respiratorios

5 sep. Costa Rica empleará 1,5 millones de vacunas en una campaña contra los virus de las enfermedades respiratorias COVID-19, influenza y rinovirus, que abarcará todo el mes de septiembre, informó hoy el gobierno.

La cruzada busca minimizar las complicaciones sanitarias y los internamientos hospitalarios asociados a estas patologías, cuyas cifras de pacientes superan el número de camas disponibles, añadió en rueda de prensa la vicepresidenta del país y ministra de Salud, Mari Munive.

Esa cartera impulsa junto a la Caja Costarricense de Seguro Social (CCSS) la campaña en el país para mejorar la cobertura de vacunación contra los agentes virales causantes de las referidas enfermedades respiratorias.

La titular de salud instó a la población a vacunarse en las áreas de salud, medida sanitaria de protección contra la COVID-19, la influenza y la rinovirus (resfriado común) que calificó de “la mejor herramienta disponible”.

Los virus más comunes han sido el respiratorio sincitial y el rinovirus humano, pero también están circulando COVID-19 y otros como metapneumovirus, adenovirus y parainfluenza.

Este año, han fallecido 36 niños por estas enfermedades, de ellos 33 con factores de riesgo, siendo el rinovirus y el enterovirus los que más muertes han causado.

Las autoridades habilitaron para aplicar la vacuna, además de los habituales centros de salud, instalaciones médicas adaptadas y del sector privado, a fin de facilitar el acceso a la inmunización, precisó Karla Solano, directora de la Red de Servicios de Salud de la CCSS .

Otros puestos provisionales para inyectar el millón y medio de dosis fueron instalados en supermercados y otras unidades comerciales, donde trabajarán brigadas de vacunación creadas en distintas empresas particulares en horarios extraordinarios de atención.

La ministra de Salud admitió que el aumento de las enfermedades respiratorias impacta de forma visible en el sistema hospitalario del país, particularmente en entidades como el Hospital Nacional de Niños, donde la ocupación de camas fluctúa entre el 110 y el 120 por ciento.

CCSS

Por su parte, la Dra. Karla Solano Durán, directora de Red de Servicios de Salud de la CCSS, aseguró que, como parte de este esfuerzo, las áreas de salud intensificarán las acciones que desarrollan para proteger a la población contra la covid-19, esto tomando en cuenta las particularidades de cada región del país.

Por ejemplo, se ampliarán horarios de atención en los vacunatorios, y se realizarán acciones extramuros en empresas y centros comerciales; así, en algunas áreas de salud los ataps llevarán vacunas contra covid-19 a la hora de realizar la visita domiciliar con el fin de ofrecerla a los integrantes de cada familia visitada, también se realizarán barridos específicos, se promocionará la aplicación de la vacuna en las preconsultas de las áreas de salud y ebáis.

Además, entre otras acciones, los encargados de los vacunatorios revisarán en el sistema informático a cada usuario que acuda a consulta para determinar si cuentan con el refuerzo y ofrecerles la vacuna, se promocionará por parte de las direcciones médicas, Salud Ocupacional y Vigilancia Epidemiologica la vacunación a los funcionarios de la CCSS y se coordinará con dueños o encargados de recursos humanos de las empresas, para motivarlos para que se aplique en los centros de trabajo el refuerzo de la vacuna contra la covid-19.

“Los equipos vacunadores de la CCSS continúan trabajando arduamente para garantizar que toda la población tenga acceso a la vacuna contra la covid-19. Desde nuestras áreas de salud estamos implementando diversas estrategias que van desde la ampliación de horarios en vacunatorios hasta acciones extramuros, llevando la vacuna directamente a los hogares y centros de trabajo. Este esfuerzo responde a nuestro compromiso de proteger a las personas más vulnerables y seguir reduciendo el impacto de esta enfermedad en los establecimientos de salud de nuestro país», aseguró la Dra. Solano.

Fuente: El País.cr. Disponible en https://acortar.link/W0kFvR

Las vacunas actualizadas contra la COVID-19 ya no son gratuitas para las personas sin seguro en Estados Unidos

6 sep. El lanzamiento de las vacunas actualizadas contra la COVID-19 comenzó en Estados Unidos pero, por primera vez, las inyecciones ya no serán gratuitas para las personas sin seguro en su farmacia local.

Al principio de la pandemia, las vacunas eran adquiridas por el gobierno federal y eran gratuitas para todos. El año pasado, cuando las vacunas pasaron a comercializarse, el Programa *Bridge Access* de los Centros para el Control y la Prevención de Enfermedades de Estados Unidos (CDC, por sus siglas en inglés) proporcionó vacunas gratuitas contra la COVID-19 a los adultos sin seguro y a aquellos cuyo seguro no

cubría todos los costos de la vacuna. El programa finalizó el mes pasado debido a la falta de fondos federales.

“Esto significa que las personas que no tienen seguro médico no tienen acceso a vacunas gratuitas contra la COVID-19 y, por lo tanto, si fueran a la farmacia a intentar conseguir una, tendrían que pagar”, dijo Lori Freeman, directora ejecutiva de la Asociación Nacional de Funcionarios de Salud de Condados y Ciudades. Aproximadamente 26 millones de personas en los Estados Unidos no tienen seguro médico.

“Sabemos que, en este momento de la economía, el costo es una carga aún mayor que nunca”, dijo Freeman.

La mayoría de las personas con seguro privado, Medicare o Medicaid aún podrán vacunarse sin costo, pero para los adultos sin seguro o aquellos cuyo seguro no cubre la vacuna, recibir la vacuna actualizada en una farmacia podría costar US$ 201,99.

El cambio puede sorprender a algunas personas.

La farmacia CVS ha publicado información en su sitio web sobre cuánto podrían costar las vacunas contra la COVID-19 para las personas sin seguro, dijo la portavoz de CVS, Amy Thibault. En una página de preguntas y respuestas en su sitio, instó a las personas a verificar si su plan de seguro cubre las vacunas y si CVS está dentro de la red.

Durante los últimos meses, Walgreens ha estado educando a los miembros de su equipo de farmacia sobre la interrupción del Programa Bridge Access, dijo la portavoz corporativa de Walgreens, Samantha Stansberry, en un correo electrónico este martes.

“Nuestros farmacéuticos están al tanto de los cambios y pueden ayudar a cualquier paciente que tenga preguntas”, dijo Stansberry. “Walgreens sigue comprometido a impulsar un acceso equitativo y conveniente a las vacunas que salvan vidas. Continuaremos trabajando con los pacientes elegibles para la vacuna contra la COVID-19 para determinar el mejor y más rentable modo de recibirla”.

En algunos estados todavía podría haber vacunas gratuitas disponibles para algunas personas. El mes pasado, los CDC anunciaron que distribuirían US$ 62 millones a los departamentos de salud estatales y locales para proporcionar vacunas gratuitas contra la COVID-19 a los adultos que de otra manera no podrían costearlas.


Casa Christina/Los Angeles Times/Getty Images

Los estados pueden solicitar vacunas contra la COVID-19 ahora, dijo un portavoz de los CDC en un correo electrónico este jueves. El programa proporcionará vacunas durante la temporada de enfermedades respiratorias de otoño e invierno de 2024-2025.

“Esperamos que el suministro en los estados siga aumentando”, dijo el portavoz. “Estos fondos mejorarán los programas de inmunización mediante el apoyo a los departamentos de salud estatales y locales, que trabajarán con los proveedores de vacunas en sus estados para que estén disponibles”.

Una vez que un departamento de salud recibe las vacunas, algunos pueden decidir organizar clínicas o eventos de vacunación públicos, dijo Freeman.

Incluso con el fin del Programa de Acceso al Puente, Freeman dijo que a muchos departamentos de salud estatales y locales aún les gustaría hacer que las vacunas actualizadas contra el covid-19 sean accesibles al público.

“Queremos que el departamento de salud local sea un proveedor principal del estado y que tenga ese programa de salud pública continuo”, dijo Freeman. “Tiene que haber una manera de aprovechar la necesidad de que las vacunas lleguen de manera segura a las manos del público, pero también reconocer el papel permanente del departamento de salud como proveedor”.

Los niveles de COVID-19 en Estados Unidos son muy altos y están aumentando, según los datos de vigilancia de aguas residuales de los CDC. Las cifras han ido aumentando desde mayo y ya son tan altas como en diciembre del año pasado. Las tasas de hospitalización relacionadas con el covid-19 también siguen siendo elevadas, en particular entre los adultos de 65 años o más y los niños menores de 2 años, según los CDC.

La temporada pasada, se estima que el 22,5% de los adultos y el 14,4% de los niños estaban completamente vacunados contra la COVID-19 con vacunas actualizadas.

La gente aún debe comprometerse a vacunarse contra el covid-19 este otoño, dijo el Dr. Georges Benjamin, director ejecutivo de la Asociación Estadounidense de Salud Pública.

“Si tienes seguro, debes consultar con tu compañía de seguros para averiguar cuáles son los parámetros en torno a la vacunación. La vacuna debería ser gratuita según la Ley de Atención Médica Asequible”, dijo Benjamin.

“Si no tienes seguro médico o tiene un seguro insuficiente, debes consultar con el departamento de salud de tu estado o localidad y ver qué disposiciones están tomando para las personas sin seguro médico o con un seguro insuficiente. Algunos de los departamentos de salud estatales y locales, entendiendo que esto es un problema, están trabajando con la oficina del gobernador o la oficina del alcalde para encontrar fondos para brindar acceso a la vacuna. En la mayoría de los casos, si la vacuna está disponible y si tienen la vacuna, podrán proporcionártela sin costo o a un costo reducido”, dijo. “Y hay algunos programas de asistencia farmacéutica que deberían estar disponibles para Pfizer y Moderna”.

Fuente: CNN Salud. Disponible en https://acortar.link/NGrrPK

Podríamos tener la primera vacuna del virus del Nilo entre los próximos tres o seis años

8 sep. Se llama Jorge Carrillo, es un biólogo cordobés especializado en inmunología y se encuentra en estos momentos en el punto de mira de los miles de vecinos afectados de cerca por la crisis del virus del Nilo, que ya se ha cobrado la vida en la provincia de Sevilla de siete personas, seis de ellas fallecidas por el impacto directo de la infección, y decenas de infectados.

¿La razón? Es el coordinador de un consorcio internacional que busca la primera vacuna con aplicación en humanos contra el virus. Se muestra optimista y esperanzado. “Creemos que es factible desarrollar la vacuna y estamos trabajando

para acortar los tiempos", indica.

En el proyecto que lidera desde el Instituto de Investigación del Sida IrsiCaixaen, el LWNVIVAT (Limiting West Nile Virus Impact by Novel Vaccines and Therapeutics Approaches), la Unión Europea ha destinado 5,7 millones de euros. Intervienen ocho grupos de investigación de España, Francia, Alemania y Dinamarca y arrancó el 1 de diciembre de 2023. Son cuatro los principales retos a los que se enfrenta el equipo.

"Conseguir cubrir todos los linajes del virus para que la vacuna sea eficaz al más alto nivel, que sea efectiva para las personas en alto riesgo y la durabilidad", indica Carrillo, para quien este último punto se presenta como el principal escollo. Esta fase de investigación está previsto que finalice en 2027, donde se iniciaría el desarrollo clínico que implica su fabricación en laboratorios y su adecuación a las pautas regulatorias, para lo que todavía no hay financiación asegurada.

En paralelo, el equipo que coordina Carrillo también trabaja en la generación de anticuerpos como una herramienta que permita tratar una infección para la que no hay un tratamiento específico.

¿Cómo funciona esa vacuna en la que están trabajando?

Trabajamos con la proteína E del virus, que es la que produce la infección, porque sabemos que los anticuerpos dirigidos a esta ella la bloquean. Así, buscamos diseñar un prototipo de vacuna que pueda desarrollar anticuerpos neutralizantes, altamente específicos de este virus, protegiendo frente a la infección la enfermedad y además también queremos que se desarrolle una respuesta celular protectora. De esta forma, tendríamos las dos patas fundamentales de la inmunidad específica, que es la respuesta humoral mediada por anticuerpos y la respuesta celular mediada por linfocitos T, que son capaces de proteger frente a la infección.

¿Cómo han llegado a esta conclusión?

Básicamente por la experiencia que tenemos con otros virus. En mi equipo trabajamos con VIH y también llegamos a desarrollar vacunas contra el SARS-CoV-2, que no hicieron falta por el hito que supuso el desarrollo en tiempo récord de las vacunas de Pfizer y Astrazéneca, pero que funcionaban muy bien en los modelos animales. Con esa experiencia, decidimos centrarnos en esta proteína, también después de hacer una búsqueda muy exhaustiva de toda la literatura y de toda la bibliografía de otros grupos que llevan trabajando en este virus durante mucho tiempo.

¿Será una vacuna pública?

Yo entiendo que sí. Que cuando la vacuna esté disponible será de administración pública. Ahora bien, cómo se va a administrar, a qué grupos, en qué zonas o qué estrategia de inmunización se va a seguir, a fecha de hoy es muy pronto para decirlo porque depende de muchas cosas. Es algo que se verá en el momento en que la vacuna esté disponible y en función de cómo esté la incidencia de la enfermedad.

¿Qué queda para ello?

El proyecto empezó el 1 de diciembre de 2023 y estamos en el primer año de ejecución. Tiene una duración estimada de 4 años y a la finalización del proyecto y a la finalización del mismo, esperamos poder tener un prototipo de vacuna muy bien definido, que haya demostrado seguridad, eficacia ante la diversidad genética que tiene este virus y manufacturabilidad, es decir, que se pueda fabricar a nivel industrial. Esperamos tener todo esto muy bien acotado y, asimismo, también todo lo que tiene que ver con la ruta regulatoria que tenemos que seguir.

¿Se atreve a dar fechas, aunque sean aproximadas?

Estamos trabajando para que, si el proyecto tiene una duración inicial de cuatro años, poder reducir ese tiempo y poder tener un prototipo de vacuna definido con mayor celeridad. Es muy difícil dar una fecha, pero aún así, yo podría decir que, aproximadamente, podríamos tener este prototipo de vacuna, o una vacuna ya disponible, en un periodo, a partir de ahora, de entre tres y seis años. Los tiempos siempre se pueden acortar. Obviamente, de cuanto más dinero se pueda disponer más rápido irá todo. Lo vimos con el Covid, cómo se introdujo muchísimo dinero en la industria y a los grupos de investigación para poder acelerar los tiempos. Investigar la investigación es crucial. Tenemos que aumentar las partidas presupuestarias para tener una investigación de mayor calidad, mejor financiada, porque esto repercute en beneficio de todos.

¿Por qué ese aumento de la incidencia ahora?

R.España es el tercer país que más casos ha notificado este año. El primero ha sido Grecia y el segundo Italia. Es un virus que está muy extendido y hay zonas donde es endémico y, de una manera o de otra, afecta a otros muchos países. Aún así, es un virus que va a ir a más. Digamos que estamos en la punta del iceberg. Hablando ya de un futuro, está claro que se va a ir expandiendo cada vez y eso es debido al cambio climático, también a las prácticas agrícolas que se realizan ahora, a la movilidad de las personas o a los cambios en las migraciones de las aves. No hay que olvidar que ese es su reservorio natural, es decir, el vector que lo transmite es el mosquito, pero el virus afecta principalmente a aves y cuando un ave está infectada y le pica el mosquito es cuando éste se convierte en portador del virus y se lo puede transmitir al ser humano, o también a los caballos, por una picadura.

Y, pese a todo, ¿por qué llegamos a día de hoy sin tratamiento?

Sí se ha investigado en otras ocasiones, no al punto que estamos nosotros ahora, pero sí existen distintos prototipos de vacunas que se llegaron a probar en seres humanos, en las primeras fases. Los primeros resultados fueron prometedores, pero en algún momento se abandonó su desarrollo, desconozco muy la razón, aunque opino que una de las causas pueda ser, teniendo en cuenta que sí hay vacunas para uso veterinario para caballos, es que confían una buena protección, pero se tiene que revacunar anualmente. Es decir, la duración de la inmunidad que genera es muy pobre. Otra razón puede ser que el desarrollo clínico de de estas vacunas es bastante complejo por el número de casos que hay, porque no son predecibles y porque afecta a distintas áreas. Para una fase 3, en la que posiblemente tengas que vacunar entorno a 30.000 personas para poder ver la eficacia de la vacuna, es complejo. Estamos hablando de estudios clínicos que, posiblemente, involucraban distintos países, con áreas bastante extensas y con un número de personas muy alto para poder hacerlo y creo que todo eso es lo que hace que al final se dificulte su desarrollo clínico, para el que, además, se necesita una inversión de dinero bastante alta.

¿Qué grado de responsabilidad os genera el aumento de la incidencia este año y las muertes, concentradas en la provincia de Sevilla o directamente vinculadas a la misma?

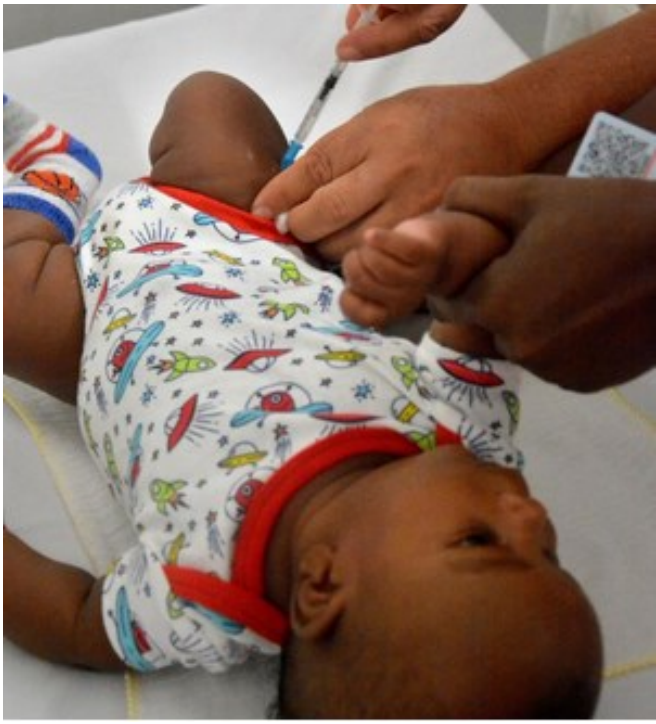
Es totalmente entendible la posición de los afectados. Es muy comprensible que tengan este nivel de preocupación y que estén pidiendo ya una vacuna. A los investigadores, lo que nos transmite presión es el número de casos y el número de personas que han fallecido y saber que el año que viene, posiblemente, esto se pueda repetir y, de hecho, por eso estamos trabajando de una forma muy intensa para poder desarrollar la vacuna lo antes posible

Da la sensación de que en los últimos años se multiplican las enfermedades. ¿Cree que tenemos más información o realmente hay más brotes potencialmente peligrosos?

Yo, personalmente, creo que lo que tenemos es más información. El virus del Nilo Occidental se descubrió en 1937 en una en una mujer que tenía fiebre en el distrito del Nilo Occidental de Uganda, por eso se llama así. Al igual que se ha identificado este virus, hay otros muchísimos virus que están circulando por ahí, que son potenciales patógenos para la humanidad. De hecho, no hay que olvidar también que hay otros virus del mismo género de los flavivirus, que se transmiten también por mosquitos, como es el Zika, el dengue y otros, que, están también al acecho debido al cambio climático. En definitiva, creo que tenemos que estar preparados para luchar contra estos patógenos que parece que son los que tienen más puntos de que nos pueden dar problemas en el futuro. Podemos ver el ejemplo del coronavirus, que no nos pilló preparados.

Fuente: Diario de Sevilla. Disponible en https://acortar.link/Rs5TYO

Cerca de 27 500 lactantes tendrán protección antineumocócica



9 sep. La campaña de vacunación antineumocócica con el inmunógeno Pneumosil 10 valente comenzó en todo el país, para los niños nacidos en 2024 hasta el mes de junio, y para los nacidos en julio que vayan arribando a los dos meses.

En el acto de inicio de esta campaña, realizado en el policlínico Lawton –el primero inaugurado por el Comandante en Jefe y a partir del cual se desplegó el Programa del Médico y la Enfermera de la Familia–, el doctor Francisco Durán García, director Nacional de Epidemiología del Ministerio de Salud Pública, dijo que Pneumosil protege de los diez serotipos de mayor circulación, causantes de la enfermedad neumocócica invasiva.

Comentó que se trata de la primera vez que se introduce un inmunizador de este tipo en el esquema nacional de vacunación, el cual, con esta última entrada, suma 17 vacunas, y de ellas 12 son de producción nacional.

La adquisición de esta vacuna para inmunizar a cerca de 27 500 lactantes fue posible gracias al apoyo de la Alianza Global de Vacunas y la Organización Panamericana de la Salud.

Durán García explicó que el esquema de vacunación consiste en la aplicación de una primera dosis, pasados dos meses se aplicará una segunda, y siete meses después una tercera dosis de refuerzo.

Sobre las reacciones adversas, en una reciente intervención, Lena López Ambrón, directora del Programa Nacional de Inmunización del Minsap, expuso que pueden presentar molestias musculares, enrojecimiento o inflamación del sitio en el que fue administrada la inyección, febrícula o fiebre, y existe un riesgo muy reducido de reacciones alérgicas.

Apuntó, además, que no existen contraindicaciones con otros inmunizadores del programa como la pentavalente y la antipoliomielítica oral bivalente.

Fuente: Granma. Disponible en https://acortar.link/9aFYfk

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Patentes registradas en Patentscope

Estrategia de búqueda: (Vaccine) AND DP:([01.09.2024 TO 10.09.2024]) *as the publication date 33 records.*

1.WO/2024/180083ORAL VACCINE

WO - 06.09.2024

Clasificación Internacional C07K 14/005Nº de solicitud PCT/EP2024/054988Solicitante WESTFÄLISCHE WILHELMS-UNIVERSITÄT MÜNSTERInventor/a JOSE, Joachim

The present invention relates to a non-viable bacterium cell wherein an immunogenic polypeptide fused to an autotransporter comprising transmembrane linker and a trans- porter domain is displayed on the surface of the cell, and to a preparation comprising such non-viable cells. The preparation is useful as an oral vaccine.

2.20240293536PORCINE BIVALENT SUBUNIT VACCINE COMPOSITION IN A SINGLE DOSE

US - 05.09.2024

Clasificación Internacional A61K 39/295Nº de solicitud 18394532Solicitante National Pingtung University Of Science And TechnologyInventor/a Hso-Chi Chaung

The present invention relates to a porcine bivalent subunit vaccine composition in a single dose. The porcine bivalent subunit vaccine composition includes porcine bivalent antigen, CpG adjuvant and a dual phase adjuvant. The porcine bivalent antigen consists of a classical swine fever virus (CSFV)-E2 recombinant protein and a porcine circovirus type 2 (PCV2)-ORF2 recombinant protein, both of which are produced by a mammalian cell expression system. The porcine bivalent subunit vaccine composition in a single dose can confer effectively immune protection against CSFV and PCV2 via a single vaccination without boost vaccination.

3.WO/2024/180233A THERAPEUTIC HPV VACCINE BASED ON VALIDATED TARGET EPITOPES

WO - 06.09.2024

Clasificación Internacional A61K 39/12Nº de solicitud PCT/EP2024/055430Solicitante DEUTSCHES KREBSFORSCHUNGSZENTRUM STIFTUNG DES ÖFFENTLICHEN RECHTSInventor/a RIEMER, Angelika

The present invention relates to a vaccine against a human papillomavirus 16 (HPV16)-related virus providing at least six discrete immunization peptides consisting of the amino acid sequences of SEQ ID NOs:1 to 6, wherein said vaccine comprises a mixture of discrete peptides each comprising exactly one of said amino acid sequences; and to the vaccine for use in medicine and in eliciting an immune response in a human subject against HPV infection, as well as a kit related thereto.

4.4422681NOROVIRUS-IMPFSTOFF UND VERFAHREN ZUR VERWENDUNG

EP - 04.09.2024

Clasificación Internacional A61K 39/125Nº de solicitud 22888483Solicitante UNIV PENNSYLVANIAInventor/a ATOCHINA-VASSERMAN ELENA

Provided is a Norovirus vaccine comprising mRNA molecules encoding Norovirus VP1 antigens and methods of use thereof to treat or prevent a disease or disorder associated with Norovirus infection.

5.WO/2024/182743SYSTEMS AND METHODS FOR PREDICTING VACCINE UPTAKE

WO - 06.09.2024

Clasificación Internacional G06N 20/10Nº de solicitud PCT/US2024/018157Solicitante UNIVERSITY OF CINCINNATIInventor/a LALVANI, Shamal

Certain aspects described herein include systems and methods for predicting vaccine uptake. A method includes presenting, to a user via a user interface, a set of stimuli; and receiving, from the user via the user interface, a set of ratings associated with the set of stimuli, wherein each respective rating in the set of ratings corresponds with a respective stimuli in the set of stimuli. The method further includes determining a set of judgment variables based on the set of ratings; and generating, with a machine learning model,

a vaccine uptake prediction based on the set of judgment variables, wherein the machine learning model is trained to determine a vaccination status of users.

6.4423288ZUSAMMENSETZUNGEN UND VERFAHREN ZUR THERAPEUTISCHEN ODER VAKZINE-VERABREICHUNG

EP - 04.09.2024

Clasificación Internacional C12N 15/867Nº de solicitud 22888014Solicitante GENVIVO INCInventor/a FISCHER-LOUGHEED JACQUELINE

Described herein is a recombinant retroviral vector comprising a first nucleic acid sequence encoding a mutant integrase and a second nucleic acid sequence encoding at least one payload, said mutant integrase, when compared to a wild-type integrase, comprises at least one mutation in a Mg2+ binding motif of a catalytic core domain; and said at least one payload comprises an antigen. Also described herein are methods for using the compositions described herein for delivering a therapeutic or a vaccine.

7.20240294579RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE

US - 05.09.2024

Clasificación Internacional C07K 14/005Nº de solicitud 18616134Solicitante CureVac SEInventor/a Thomas KRAMPS

The present invention relates to an mRNA sequence, comprising a coding region, encoding at least one antigenic peptide or protein of RSV infections Respiratory syncytial virus (RSV) or a fragment, variant or derivative thereof. Additionally the present invention relates to a composition comprising a plurality of mRNA sequences comprising a coding region, encoding at least one antigenic peptide or protein of RSV infections Respiratory syncytial virus (RSV) or a fragment, variant or derivative thereof. Furthermore it also discloses the use of the mRNA sequence or the composition comprising a plurality of mRNA sequences for the preparation of a pharmaceutical composition, especially a vaccine, e.g. for use in the prophylaxis or treatment of RSV infections Respiratory syncytial virus (RSV) infections. The present invention further describes a method of treatment or prophylaxis of RSV infections using the mRNA sequence.

8.WO/2024/180189DNA VACCINE FOR FISH AGAINST SALMONID ALPHAVIRUS

WO - 06.09.2024

Clasificación Internacional A61K 39/12Nº de solicitud PCT/EP2024/055266Solicitante INTERVET INTERNATIONAL B.V.Inventor/a VILLOING, Stephane

Salmonid alphavirus (SAV) is an important pathogen affecting the aquaculture of Salmonid fish. Vaccines based on DNA plasmids expressing a SAV antigen have been described. However these are difficult to prepare at large scale and at the desired quality level. Also, they are commonly administered at relatively high amounts of plasmid per animal dose. This makes such DNA vaccines less affordable for this market. The invention discloses an improved plasmid that allows effective use as a DNA vaccine against SAV, but at a much reduced amount of DNA per dose. The plasmid contains a gene encoding a bacterial enzyme: Fab.

9.4422678IMPFSTOFF ZUM SCHUTZ VON FERKELN GEGEN SCHWEINEINFLUENZA-A-VIRUSINFEKTION

EP - 04.09.2024

Clasificación Internacional A61K 39/12Nº de solicitud 22812447Solicitante INTERVET INT BVInventor/a NAGARAJ BASAV HANGALAPURA

The present invention pertains to the use of a vaccine based on an alphavirus RNA replicon particle (αRP) vector encoding an antigen of an IAV-S for the passive vaccination of piglets against a pathogenic infection with swine influenza virus.

10.20240293530MULTIVALENT INFLUENZA NANOPARTICLE VACCINES

US - 05.09.2024

Clasificación Internacional A61K 39/145Nº de solicitud 18403182Solicitante Novavax, Inc.Inventor/a Sarathi BODDAPATI

Disclosed herein are multivalent nanoparticle vaccine compositions suitable for use in influenza vaccines. The nanoparticles include effective amounts of influenza glycoproteins that provide increased immune responses compared to a commercially available influenza vaccine composition. The present disclosure also provides vaccine formulation strategies that are cost effective and are convenient for clinical use. Methods of administering the nanoparticle vaccine compositions to a subject are also disclosed.

11.20240294674CONSTRUCTED METHOD FOR AND APPLICATION OF NUCLEIC ACID MULTIMERIZATION-MEDIATED MULTIVALENT PROTEIN DRUG AND VACCINE

US - 05.09.2024

Clasificación Internacional C07K 19/00Nº de solicitud 18254495Solicitante ASSEMBLY MEDICINE, LLC.Inventor/a Fan Yang

A construction method for and an application of a nucleic acid multimerization-mediated multivalent protein drug and vaccine. Specifically provided is a multimeric complex based on complementary nucleic acid backbones. The complex is a multimer formed by complexing of 3-6 monomers having complementary nucleic acid backbones, wherein each monomer is a polypeptide having a nucleic acid single strand. In the multimer, the nucleic acid single strand of each monomer and the nucleic acid single strands of the other two monomers form double strands by means of base complementation, so as to form complementary nucleic acid backbone structures. Also provided are a pharmaceutical composition containing the multimeric complex, a nucleic acid sequence library used for constructing the multimeric complex, and a method for optimizing complementary nucleic acid backbones. By means of the method, off-the-shelf short-acting protein drugs or antigens can be used to complete multivalent formation of protein drugs or antigens without the need of reconstruction of fusion proteins or chemical modification and cross-linking, thereby improving their half-life and activity, and/or immunogenicity.

12.WO/2024/180232THERAPEUTIC HPV VACCINES BASED ON VALIDATED TARGET EPITOPES

WO - 06.09.2024

Clasificación Internacional A61K 39/00Nº de solicitud PCT/EP2024/055429Solicitante DEUTSCHES KREBSFORSCHUNGSZENTRUM STIFTUNG DES ÖFFENTLICHEN RECHTSInventor/a RIEMER, Angelika Beate

The present invention relates to a vaccine for use in therapeutic vaccination of a human subject against a human papillomavirus 16 (HPV16)-related virus, wherein said vaccine provides at least five discrete

immunization peptides consisting of amino acid sequences selected from at least five of the following groups: (i) SEQ ID NOs: 1 to 10; (ii) SEQ ID NOs: 11 to 52; (iii) SEQ ID NOs:53 to 79; (iv) SEQ ID NOs: 71 and 80 to 96; (v) SEQ ID NOs:25, 81, and 97-106; and (vi) SEQ ID NOs: 9, 12, 23, 63, 81, 85, 101, and 107 to 131; wherein said vaccine is a human leukocyte antigen (HLA) universal vaccine for use in any human subject expressing at least one HLA of a HLA supertype selected from the list consisting of HLA-A01, HLA-A02, HLA-A03/A11, HLA-A24, HLA- B07, and HLA-B15, and wherein each of said at least five immunization peptides, when presented as an H LA-complex, activates human anti-immunization peptide T cells. The present invention also relates to kits, devices, and methods related thereto.

13.293571CORONAVIRUS VACCINE

IL - 01.09.2024

Clasificación Internacional A61K 39/00Nº de solicitud 293571Solicitante CUREVAC AGInventor/a

14.2024029345833-SUBSTITUTED PIPERIDINE COMPOUNDS FOR CBL-B INHIBITION, AND USE THEREOF

US - 05.09.2024

Clasificación Internacional A61K 35/17Nº de solicitud 18443228Solicitante NURIX THERAPEUTICS, INC.Inventor/a Arthur T. SANDS

Compounds, compositions, and methods for use in inhibiting the E3 enzyme Cbl-b in the ubiquitin proteasome pathway are disclosed. The compounds, compositions, and methods can be used to modulate the immune system, to treat diseases amenable to immune system modulation, and for treatment of cells in vivo, in vitro, or ex vivo. Also disclosed are pharmaceutical compositions comprising a Cbl-b inhibitor and a cancer vaccine, as well as methods for treating cancer using a Cbl-b inhibitor and a cancer vaccine; and pharmaceutical compositions comprising a Cbl-b inhibitor and an oncolytic virus, as well as methods for treating cancer using a Cbl-b inhibitor and an oncolytic virus.

15.314125IMPROVED CORONAVIRUS VACCINE

IL - 01.09.2024

Clasificación Internacional A61K 39/00Nº de solicitud 314125Solicitante ACADEMIA SINICAInventor/a CHI-HUEY WONG

16.4422676MALARIAIMPFSTOFFFORMULIERUNGEN

EP - 04.09.2024

Clasificación Internacional A61K 39/015Nº de solicitud 22888437Solicitante NOVAVAX ABInventor/a REIMER JENNY M

Disclosed herein are immunogenic compositions comprising an antigen of a *Plasmodium* parasite. Methods of administering the aforementioned compositions are also disclosed.

17.20240293535THERAPEUTIC VIRAL VACCINE

US - 05.09.2024

Clasificación Internacional A61K 39/245Nº de solicitud 18262033Solicitante GlaxoSmithKline Biologicals SAInventor/a Johann MOLS

The present invention relates to a HSV2 Fc receptor or immunogenic fragment or variant thereof for use in generating a cross reactive immune response against HSV1 in a subject. Also provided is a HSV1 Fc receptor or immunogenic fragment or variant thereof for use in generating a cross reactive immune response against HSV2 when administered to a subject.

18.20240295551INFORMATION PROVISION METHOD FOR EXAMINING ACTIVE IMMUNITY BY USING PRODUCTION OF NEUTRALIZING ANTIBODIES AND INTERFERON GAMMA

US - 05.09.2024

Clasificación Internacional G01N 33/543Nº de solicitud 18261811Solicitante BODITECH MED INC.Inventor/a Dong Hwan Choi

The present invention relates to an information provision method for examining active immunity. The present invention comprises (a) preparing a plurality of biological samples; (b) preparing a first reagent containing a vaccine antigen against SARS-CoV-2 or a protein antigen expressed by the vaccine, and a second reagent containing a protein derived from SARS-CoV-2 other than the antigen contained in the first reagent; c) preparing a plurality of mixed samples by mixing the biological samples with the reagents; d) preparing a plurality of detection reagents including a conjugate containing a signal generating means and an anti-interferon gamma antibody; (e) preparing a plurality of analyte samples by adding the detection reagent to the mixed sample; and (f) loading the analyte samples into a plurality of lateral flow cartridges and measuring signals from the cartridges using a signal detector.

19.WO/2024/180262COMPOSITIONS FOR USE IN TREATMENT OF CHLAMYDIA

WO - 06.09.2024

Clasificación Internacional A61K 39/118Nº de solicitud PCT/EP2024/055631Solicitante SANOFIInventor/a ARNAUD BARBE, Nadege

This invention relates to compositions (*e.g.*, vaccine compositions) which can be used to immunise against *Chlamydia* infections. The compositions comprise *Chlamydia sp*. antigens and antigen combinations which can be used to immunise against *Chlamydia sp.*, used in the form of nucleic acids (e.g., mRNAs) encoding antigenic proteins or in the form of recombinant protein antigens.

20.4423093MEHRANTENNEN-GLYKOLIPID-MIMETIKA

EP - 04.09.2024

Clasificación Internacional C07D 498/04Nº de solicitud 22812449Solicitante CONSEJO SUPERIOR INVESTIGACIONInventor/a GARCÍA FERNÁNDEZ JOSÉ MANUEL

The invention relates to a multiantennary glycolipid mimetics of formula (I), wherein X, Y, Z and R^1 are defined in the description, or a pharmaceutical composition thereof and their use as a medicament, particularly, for the treatment and/or prevention of an immune disease cursed by Th1/Th2 imbalance. Further the invention relates to a vaccine which comprises a compound of formula (I).

21.20240293531INACTIVATED SARS-COV-2 VIRUS VACCINE

US - 05.09.2024

Clasificación Internacional A61K 39/215Nº de solicitud 17913638Solicitante Valneva Austria GmbHInventor/a Andreas Meinke

Described herein are SARS-CoV-2 vaccines and compositions and methods of producing and administering said vaccines to subjects in need thereof.

22.20240293525VACCINE AGAINST AFRICAN SWINE FEVER VIRUS INFECTION

US - 05.09.2024

Clasificación Internacional A61K 39/12Nº de solicitud 17905490Solicitante The Pirbright InstituteInventor/a Linda Dixon

The present invention relates to attenuated African Swine Fever viruses. The attenuated viruses protect pigs against subsequent challenge with virulent virus. The present invention also relates to the use of such attenuated viruses to treat and/or prevent African Swine Fever. The invention also relates to EP402R proteins of African Swine Fever virus comprising particular amino acid substitutions, as well as polynucleotides encoding such proteins and African Swine Fever viruses comprising such proteins.

23.314272TRI-SEGMENTED PICHINDE VIRUSES AS VACCINE VECTORS

IL - 01.09.2024

Clasificación Internacional A61K 39/00Nº de solicitud 314272Solicitante HOOKIPA BIOTECH GMBHInventor/a BONILLA, Weldi

24.20240293533RECOMBINANT MEASLES VIRUS

US - 05.09.2024

Clasificación Internacional A61K 39/215Nº de solicitud 18281924Solicitante Misako YonedaInventor/a Misako Yoneda

The present invention provides a recombinant measles virus useful as a live vaccine against COVID-19 and a vector used for production of the recombinant measles virus. That is, the present invention relates to a recombinant measles virus having a gene encoding a protein of the coronavirus SARS-COV-2 inserted between the N gene region and the P gene region in a measles virus genome; the recombinant measles virus in which the protein is a spike protein of SARS-COV-2 or a partial protein thereof; and a DNA in which a gene encoding a protein of SARS-COV-2 is inserted in a region ranging from the 1,686th base to the 1,694th base of a base sequence set forth in SEQ ID NO: 2.

25.WO/2024/178801USE OF TRIVALENT CHROMIUM IONS AND/OR METAL CHROMIUM IN PREPARATION OF DRUG FOR IMMUNOTHERAPY OF TUMORS

WO - 06.09.2024

Clasificación Internacional A61K 41/00Nº de solicitud PCT/CN2023/087964Solicitante HUAZHONG UNIVERSITY OF SCIENCE AND TECHNOLOGY UNION SHENZHEN HOSPITALInventor/a LIU, Quan

Use of trivalent chromium ions and/or metal chromium in the preparation of a drug for the immunotherapy of tumors. The chromium metal ions have a metal immune effect, can improve the migration and infiltration of immune cells in tumors, can solve the problem whereby the immune cells are difficult to migrate and infiltrate in tumor tissues, can improve the immune microenvironment in tumors and increase the number of immune cells, such as dendritic cells DC, M1 type macrophages, CAR-T cells, iPS-NK cells, CD4+T cells and CD8+T

cells, has the potential of activating the immunity of the body, and can effectively synergize and enhance the efficacy of the immunotherapies of PD-1/L1, such as ICB therapy, antibody therapy, cell therapy and a tumor vaccine.

26.WO/2024/181466COMPOUND, MAIT CELL ACTIVATOR, VACCINE ADJUVANT, AND PHARMACEUTICAL COMPOSITION

WO - 06.09.2024

Clasificación Internacional C07D 473/06Nº de solicitud PCT/JP2024/007171Solicitante KYOTO UNIVERSITYInventor/a INUKI, Shinsuke

The present invention provides a chemically stable and novel compound having MAIT cell activating activity. More specifically, the present invention provides a compound represented by (1), or a pharmaceutically acceptable salt or solvate thereof.

27.20240293523VACCINE METHOD AND COMPOSITION FOR BACTERIAL DISEASES IN INVERTEBRATES

US - 05.09.2024

Clasificación Internacional A61K 39/09Nº de solicitud 18549569Solicitante Dalan Animal Health, Inc.Inventor/a Annette Kleiser

The disclosure provides compositions and methods for vaccinating invertebrates and invertebrate populations from diseases. The disclosure further provides compositions and methods for prophylactically immunizing honeybee hive to protect from infection with Foulbrood disease. In embodiments, the disclosure further provides compositions and methods for prophylactically immunizing honeybee hive to protect from infection with European foulbrood or American foulbrood caused by *Melissococcus plutonius* using a non¬disease causing bacterium.

28.20240293519UNIVERSAL MRNA VACCINE TO TREAT DEMENTIA-CAUSING NEURODEGENERATIVE DISORDERS

US - 05.09.2024

Clasificación Internacional A61K 39/00Nº de solicitud 18403377Solicitante Sarfaraz K. NiaziInventor/a Sarfaraz K. Niazi

mRNA coding vaccines to treat neurodegenerative disorders (NDs), particularly Alzheimer's Disease (AD), Amyotrophic Lateral Sclerosis (ALS), Corticobasal Degeneration (CBD), Frontotemporal Dementia (FTD), Lewy Body Dementia (LBD), Multiple System Atrophy (MSA), Parkinson's Disease Dementia (PSD), and Progressive Supranuclear Palsy (PSP), to scavenge improperly folded or aggregated proteins 2MXU (PDB) (Aβ42), P10636 TAU_HUMAN (Tau Protein), P37840·SYUA_HUMAN (α-Synuclein), Q13148.TADBP_HUMAN (TDP-43), and P35637·FUS_HUMAN by generating specific antibodies based on the epitopes of these proteins. The epitopes can be linked to generate the open reading frames of mRNA vaccines.

29.314263ALUMINUM NANOCRYSTAL DELIVERY SYSTEM, AND SELF-ASSEMBLED PARTICLE ADJUVANT VACCINE BASED ON BINDING OF ALUMINUM NANOCRYSTAL DELIVERY SYSTEM AND VACCINE ANTIGEN MOLECULE

IL - 01.09.2024

Clasificación Internacional A61K 39/00Nº de solicitud 314263Solicitante GUANGZHOU REALBENEFITSPOT PHARMACEUTICAL CO., LTD.Inventor/a

30.20240295557METHODS FOR DETECTING PEPTIDE/MHC/TCR BINDING

US - 05.09.2024

Clasificación Internacional G01N 33/569Nº de solicitud 18414337Solicitante Prognosys Biosciences, Inc.Inventor/a John Andrew ALTIN

Provided herein are compositions and methods for detecting the binding of a peptide to an MHC molecule, and the binding of a peptide:MHC complex to a TCR. In preferred embodiments, the compositions and methods are in a highly-multiplexed way. The compositions and methods disclosed herein can be used to provide direct information on which peptides are bound to an MHC molecule. Also provided is a method for simultaneously detecting a large number of peptides for binding to an MHC molecule and/or a T cell. A method for detecting competitive binding of a large number of peptides to an MHC molecule and/or a T cell is also disclosed. Also provided herein is a method for simultaneously detecting a large number of specific TCRs. The compositions and methods of the present invention are useful for vaccine design, research and monitoring of autoimmune and infectious disease, immunogenicity testing of therapeutics, and tissue typing.

31.314123USE OF TRIMANGANESE TETRAOXIDE PARTICLES IN PREPARATION OF VACCINE ADJUVANT

IL - 01.09.2024

Clasificación Internacional A61P 3//00Nº de solicitud 314123Solicitante GUANGZHOU REALBENEFITSPOT PHARMACEUTICAL CO., LTD.Inventor/a

32.20240293526EBOLAVIRUS AND MARBURGVIRUS VACCINES

US - 05.09.2024

Clasificación Internacional A61K 39/12Nº de solicitud 18427737Solicitante CureVac SEInventor/a Susanne RAUCH

The present invention relates to an mRNA sequence, comprising a coding region, encoding at least one antigenic peptide or protein derived from the glycoprotein (GP) and/or the matrix protein 40 (VP40) and/or the nucleoprotein (NP) of a virus of the genus Ebolavirus or Marburgvirus or a fragment, variant or derivative thereof. Additionally, the present invention relates to a composition comprising a plurality of mRNA sequences comprising a coding region, encoding at least one antigenic peptide or protein derived from the glycoprotein (GP) and/or the matrix protein 40 (VP40) and/or the nucleoprotein (NP) of a virus of the genus Ebolavirus or Marburgvirus or a fragment, variant or derivative thereof. Furthermore it also discloses the use of the mRNA sequence or the composition comprising a plurality of mRNA sequences for the preparation of a pharmaceutical composition, especially a vaccine, e.g. for use in the prophylaxis or treatment of Ebolavirus or Marburgvirus infections. The present invention further describes a method of treatment or prophylaxis of Ebolavirus or Marburgvirus infections using the mRNA sequence.

33.314222A LIVE ATTENUATED SARS-COV-2 AND A VACCINE MADE THEREOF

IL - 01.09.2024

Clasificación Internacional A61K 39/00Nº de solicitud 314222Solicitante FREIE UNIVERSIT?T BERLINInventor/a

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