



EN ESTE NÚMERO

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

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

Noticias en la Web

Children's health, a priority for the Cuban state

Oct 16. Cuban foreign minister Bruno Rodríguez said today that children's health is a priority for the Cuban state, as he highlighted the beginning of another stage of the anti-pneumococcal vaccination strategy for children.

On X, Cuban diplomat pointed out that the campaign, whose second phase began on Monday, is carried out with the Cuban vaccine Quimi-Vio, developed by the Finlay Vaccine Institute (IFV).

According to information from the Ministry of Public Health (Minsap), it is a multivalent vaccine that prevents against seven of the most infectious and highly prevalent serotypes of the pneumococcus bacteria (*Streptococcus pneumoniae*), which can cause invasive pneumococcal disease, mainly severe cases of acute meningitis, pneumonia or sepsis.

Dr. Lena Lopez Ambron, director of the National Immunization Program of Minsap, explained that this disease is transmitted from person to person, through respiratory droplets and secretions (when coughing or sneezing), and in a large part of the population, especially in children. From October 14 to December 31 this year, a single dose of Quimi-Vio will be administered to two-year-old children throughout the country.

Fuente: ACN Cuban News Agency. Disponible en <https://acortar.link/enUiPK>

Incluyen la vacuna cubana Abdala en campaña nacional de vacunación de México

16 oct. México inició ayer la campaña nacional de vacunación contra el virus SARS-CoV-2 causante de la COVID-19, en la que se administrarán las vacunas Abdala, de Cuba, y la rusa Sputnik.

Según Prensa Latina, el secretario de Salud de México, David Kershenobich, en un acto realizado en el Instituto Nacional de Geriátrica, explicó que las vacunas, que se aplicarán durante la temporada invernal 2024-2025 en el sector público, son seguras, eficaces y de calidad, y se prevé que en diciembre también se administre la vacuna mexicana Patria.

Añadió que, aunque las cepas del coronavirus han estado cambiando, la comunidad científica y la Organización Mundial de la Salud (OMS) recomiendan la utilización de biológicos, incluidos los de la primera generación desarrollados durante la pandemia, que inició en 2020.

Kershenobich subrayó que se eligió este instituto para resaltar la importancia de que los adultos mayores reciban las vacunas, ya que son uno de los principales grupos prioritarios por el elevado riesgo que tienen de presentar complicaciones graves, necesitar hospitalización e incluso perder la vida.

Para este periodo se administrarán las vacunas cubana Abdala y la rusa Sputnik. También se prevé que en diciembre también haya la vacuna mexicana Patria.

Fuente: Vanguardia. Disponible en <https://acortar.link/byImGz>



CAPVAXIVE™: Nueva alternativa para adultos en riesgo de enfermedad neumocócica

16 oct. Merck ha dado a conocer los prometedores resultados de su más reciente ensayo clínico, STRIDE-8, que evalúa la eficacia de la vacuna neumocócica conjugada 21-valente, CAPVAXIVE™, en adultos de entre 18 y 64 años con afecciones crónicas.

Estos resultados, presentados en la conferencia IDWeek 2024, destacan la capacidad de la vacuna para inducir respuestas inmunes robustas y mejorar la protección contra la enfermedad neumocócica invasiva, una de las principales amenazas para la salud de adultos con enfermedades crónicas como la diabetes y afecciones renales.

Según el Dr. Walter Orenstein, profesor emérito de la Universidad de Emory, "estos datos demuestran que la cobertura amplia de CAPVAXIVE puede ayudar a prevenir la enfermedad invasiva en los adultos más vulnerables".

El estudio mostró que CAPVAXIVE fue eficaz para los 21 serotipos incluidos, cubriendo un 84% de los casos de enfermedad neumocócica invasiva en adultos mayores de 50 años.

Protección ampliada contra serotipos claves

El ensayo también reveló que las respuestas inmunitarias provocadas por CAPVAXIVE fueron superiores para ocho serotipos específicos en comparación con otras vacunas disponibles en el mercado, como PCV15 y PPSV23.

Esto refuerza su potencial para proteger a adultos en riesgo elevado, ya que la enfermedad neumocócica puede provocar complicaciones graves e incluso la muerte, especialmente en personas mayores y con condiciones de salud subyacentes.

Menos efectos adversos

Otro hallazgo clave de STRIDE-8 fue que los participantes que recibieron CAPVAXIVE mostraron menos efectos adversos relacionados con la vacuna en comparación con aquellos que recibieron la combinación de PCV15 y PPSV23. Este es un factor crucial para garantizar una mayor adherencia a la vacunación en poblaciones de alto riesgo.

Además de los resultados inmunológicos, Merck presentó un estudio que evalúa la carga clínica y económica de la enfermedad neumocócica en Estados Unidos. Este estudio reveló que las poblaciones más afectadas por la enfermedad neumocócica, como los adultos de raza negra y aquellos en áreas rurales, tienen tasas de vacunación más bajas y enfrentan un mayor riesgo de enfermedad grave.

"Nuestro compromiso es seguir priorizando avances que beneficien a las poblaciones más vulnerables", afirmó el Dr. Macaya Douoguih, jefe del área de investigación clínica de vacunas de Merck.



Un avance significativo en la lucha contra la enfermedad neumocócica

Con la introducción de CAPVAXIVE, Merck espera reducir significativamente la incidencia de la enfermedad neumocócica invasiva en Estados Unidos. Un estudio de modelización presentado durante IDWeek estimó que el uso de esta vacuna podría reducir en un 33,9% los casos de esta enfermedad en la próxima década, lo que se traduce en 14,000 casos menos comparado con las opciones actuales.

En definitiva, CAPVAXIVE se perfila como un avance importante para mejorar la protección de los adultos contra la enfermedad neumocócica, proporcionando una cobertura amplia y una respuesta inmune robusta en quienes más lo necesitan.

Fuente: Medicina y Salud Pública. Disponible en <https://acortar.link/7nTDmu>

Merck anuncia la presentación de resultados positivos del ensayo clínico de fase 2B/3 (Mk-1654-004) que evalúa el clesrovimab

18 oct. Merck ha anunciado la presentación de los resultados positivos del ensayo clínico de fase 2b/3 (MK-1654-004) que evalúa el clesrovimab, el



anticuerpo monoclonal profiláctico en investigación de la compañía diseñado para proteger a los lactantes de la enfermedad por el virus respiratorio sincitial (VRS) durante su primera temporada de VRS. Los resultados, junto con las conclusiones provisionales del ensayo de fase 3 en curso (MK-1654-007) de clesrovimab, se presentaron durante la IDWeek 2024, celebrada del 16 al 19 de octubre en Los Ángeles, California. Los resultados del MK-1654-004, un ensayo pivotal de fase 2b/3 controlado con placebo que evalúa una dosis única de clesrovimab administrada a recién nacidos sanos prematuros y a término (desde el nacimiento hasta el año de edad) cumplieron todos los criterios de valoración preespecificados, con resultados consistentes tanto a los 5 meses como a los 6 meses.

La incidencia de acontecimientos adversos (AA) y AA graves fue comparable entre los grupos de clesrovimab y placebo, y no se produjeron muertes relacionadas con el tratamiento o el VRS durante el estudio. El criterio principal de valoración de la eficacia del ensayo, la reducción de la incidencia de infecciones de las vías respiratorias bajas (IRVB) con asistencia médica asociadas al VRS que requieren = 1 indicador de infección de las vías respiratorias bajas (IRVB) o gravedad en comparación con el placebo hasta el día 150 (5 meses) tras la dosis, fue del 60,4% (IC del 95%: 44,1, 71,9; $p < 0,001$). Clesrovimab también redujo las hospitalizaciones asociadas al VRS (criterio de valoración secundario) y las hospitalizaciones por LRI asociadas al VRS (criterio de valoración terciario) hasta el día 150 (5 meses) en comparación con placebo en un 84,2% (IC del 95%: 66,6; 92,6; $p < 0,001$) y un 90,9% (IC del 95%: 76,2; 96,5), respectivamente.

Clesrovimab redujo la incidencia de MALRI grave (criterio de valoración terciario) en un 91,7% (IC del 95%: 62,9, 98,1). Además, en un análisis post hoc, la reducción de la incidencia de MALRI que requiere = 2 indicadores de LRI y gravedad (un criterio de valoración de MALRI más grave que el criterio de valoración primario de MALRI), fue del 88,0% (IC del 95%: 76,1, 94,0) hasta el día 150 (5 meses). Merck también anunció datos de un análisis provisional previsto del ensayo MK-1654-007, un ensayo de fase 3 que evalúa la seguridad y eficacia de clesrovimab frente a palivizumab en lactantes y niños con mayor riesgo de enfermedad grave por VRS.

El criterio de valoración principal del estudio es la seguridad y tolerabilidad del clesrovimab en lactantes que entran en su primera temporada de VRS. Los resultados provisionales mostraron que el clesrovimab tenía un perfil de seguridad comparable al del palivizumab, y hasta la fecha no se ha notificado ningún EA grave relacionado con el fármaco. Las tasas de incidencia de MALRI asociado al VRS que requiere = 1 indicador de LRI o gravedad y de hospitalizaciones asociadas al VRS (criterios de valoración secundarios) también fueron comparables entre el clesrovimab (3,6% y 1,3%, respectivamente) y el palivizumab (3,0% y 1,5%, respectivamente) hasta el día 150 (5 meses).

Fuente: Market Screener. Disponible en <https://acortar.link/xdYz6Q>

La vacuna contra el VRS para adultos mayores, "sumamente eficaz" contra la enfermedad grave

18 oct. Un estudio multiestatal, publicado en 'The Lancet', se ha convertido en uno de los primeros análisis de datos del mundo real sobre la eficacia de la vacuna contra el virus respiratorio sincitial (VRS). Los investigadores de VISION Network de los CDC (Centros para el Control y la Prevención de Enfermedades) informan que, en general, estas vacunas fueron muy eficaces en adultos mayores, incluso en aquellos con afecciones inmunodeprimidas, durante la temporada de enfermedades respiratorias 2023-24, la primera temporada después de la aprobación de la vacuna contra el VRS en los EEUU.



Pese a que normalmente el foco se pone en el impacto que el virus respiratorio sincitial tiene en los más pequeños, en los que es la principal causa de bronquiolitis y neumonías, lo cierto es que también los más mayores resultan ser vulnerables a esta infección. La tasa de cuidados intensivos que reciben estos pacientes hospitalizados varía del 10 al 31% y entre el 3 y el 17% precisarán oxígeno suplementario, es decir, que estos pacientes tienen entre dos a tres veces más probabilidad de complicaciones y precisar atención intensiva que aquellos hospitalizados por Covid-19 o gripe.

En los años anteriores a la disponibilidad de una vacuna contra el VSR, se estima que se producían anualmente entre 60.000 y 160.000 hospitalizaciones y entre 6.000 y 10.000 muertes asociadas al VRS entre los adultos estadounidenses de 65 años o más, según los CDC. Las comorbilidades asociadas a la edad así como la inmunosenescencia, por la que el sistema inmunitario se debilita, son las principales causas detrás de estos datos.

La vacunación contra el VRS proporcionó aproximadamente un 80% de protección contra la enfermedad grave y la hospitalización

En este contexto, la vacuna había demostrado en ensayos clínicos suponer una de las principales herramientas preventivas contra la infección grave y las complicaciones derivadas. Aprobada el año pasado por la Administración de Alimentos y Medicamentos estadounidense (FDA por sus siglas en inglés) y

posteriormente por la Agencia Europea de Medicamentos (EMA por sus siglas en inglés), el estudio publicado en 'The Lancet' con los datos de la campaña 2023-2024 de EE.UU. confirman esta eficacia.

Como señala el estudio, la vacunación contra el VRS proporcionó aproximadamente un 80 % de protección contra la enfermedad grave y la hospitalización, el ingreso en la unidad de cuidados intensivos y la muerte debido a una infección respiratoria, así como una protección similar contra la enfermedad menos grave en adultos de 60 años o más que visitaron un departamento de emergencias pero no requirieron hospitalización. De esta población, los mayores de 75 años tenían el mayor riesgo de enfermedad grave y eran los más propensos a ser hospitalizados.

EFICACIA REAL DE LA VACUNA

"A diferencia de este estudio de datos, los ensayos clínicos de la vacuna contra el VRS no tenían la potencia suficiente para evaluar la eficacia de las vacunas contra la enfermedad grave que requiere hospitalización. Al abordar esta brecha en la evidencia, pudimos usar el poder de los macrodatos para determinar la eficacia de la vacuna contra el VRS, información necesaria para fundamentar la política de vacunación", menciona el coautor del estudio Shaun Grannis.

El también vicepresidente de datos y análisis en el Instituto Regenstrief y profesor de medicina familiar en la Facultad de Medicina de la Universidad de Indiana. señala que, como científico de datos y médico de familia, "aliento a los adultos mayores a seguir las recomendaciones de los CDC y vacunarse contra el VRS a medida que ingresamos en la temporada de enfermedades respiratorias de este año y de todos los años".

"Esta tasa de efectividad es bastante impresionante y más alta que la que vemos, por ejemplo, con la vacuna contra la gripe"

"Ninguna vacuna es 100 % efectiva. Una tasa de efectividad de la vacuna del 80 % es bastante impresionante y más alta que la que vemos, por ejemplo, con la vacuna contra la gripe", insiste el coautor del estudio Brian Dixon, director interino y científico investigador del Centro Clem McDonald de Informática Biomédica en el Instituto Regenstrief y profesor en la Facultad de Salud Pública de Indianapolis Fairbanks de la Universidad de Indiana. Y concluye: "Al usar datos del mundo real de registros médicos electrónicos que se capturan de manera rutinaria en la atención a personas de diversos ámbitos de la vida, descubrimos que recibir la vacuna brindaba una alta protección contra la hospitalización, la enfermedad grave y la muerte".

Fuente: ConSalud. Disponible en <https://acortar.link/tdlaPD>

Cofepris aprueba vacuna actualizada de Pfizer contra Covid-19; aseguran calidad y eficacia

18 oct. La Comisión Federal para la Protección contra Riesgos Sanitarios (Cofepris), aprobó la nueva vacuna actualizada contra COVID-19 de la marca Pfizer para la siguiente temporada invernal.

Esta nueva versión fue elegida y recomendada para el linaje JN.1, de acuerdo con el consenso establecido por el Comité Asesor sobre Vacunas y Productos Biológicos Relacionados de la *Food and Drugs Administration* (FDA) de Estados Unidos, el pasado mes de junio.

La farmacéutica destacó que dicha autorización respalda la seguridad, calidad y

"La farmacéutica destacó la seguridad, calidad y eficacia de la vacuna en un contexto donde el país enfrenta un incremento por casos de coronavirus."

eficacia de la vacuna en un contexto donde el país enfrenta un incremento por casos de COVID-19.

“Refleja el compromiso continuo de la empresa en desarrollar soluciones innovadoras para mejorar la salud de la población desde el inicio de la pandemia”, recalcó Pfizer.

Fuente: EL UNIVERSAL. Disponible en <https://acortar.link/bz3DQO>

Global Cholera Vaccine Stockpile is Depleted

Oct 19. According to the World Health Organization (WHO), the global Oral Cholera Vaccine (OCV) stockpile is depleted, with no remaining doses available.

The WHO's External Situation Report #19 says this shortage poses significant challenges to Cholera outbreak response efforts for the rest of 2024 and early 2025.

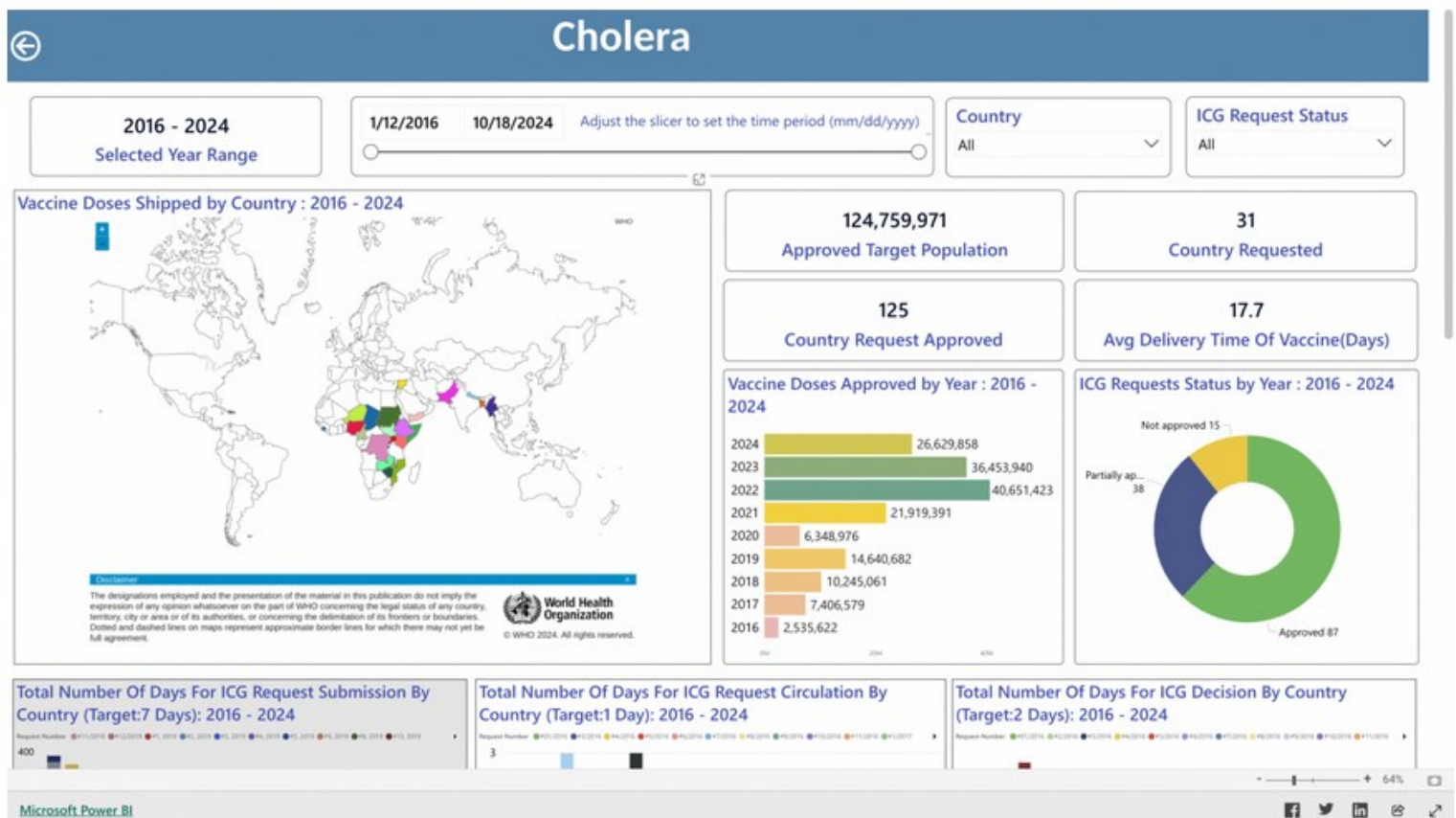
This news is concerning since around 1.3 billion people are at risk of cholera worldwide.

The International Coordinating Group (ICG) for OCVs was created in 1997 to manage the global stockpile. Since its establishment, the WHO, UNICEF, and Médecins sans Frontières have facilitated about 73 million doses of OCV for 23 countries.

As of October 14, 2024, the ICG dashboard indicates the global production capacity for this year is 37-50 million doses, with about 26 million approved for distribution.

Over the past month, the ICG received six requests for OCV from five countries: Bangladesh, Sudan, Niger, Ethiopia, and Myanmar. Due to limited vaccine availability, only 7.6 million doses could be shipped to these countries.

Recently, the Republic of Nigeria received about 900,000 OCV doses.



International Coordinating Group OCV dashboard October 18, 2024

The WHO wrote on October 18, 2024, 'The shortfall in supply highlights the ongoing challenges in meeting global demand, especially as cholera outbreaks continue to rise across multiple regions. Efforts to scale production are underway, but immediate vaccine access remains constrained.'

"According to a Global Task Force on Cholera Control, the true impact of cholera is underestimated. Although global reports indicate between 100,000 and 1.2 million cases annually in the past two decades, cholera's prevalence is likely much higher due to gaps in surveillance, social stigma, and concerns about economic repercussions," said Duellyn Pandis, DNP, APRN, FNP-C.

"Currently, the changing climate elevates the risk of its spread to new regions," added Padnis, President & CEO of Passport Health of Tampa Bay.

OCVs such as Dukoral and Euvichol-Plus/Euvichol have been approved by the WHO, but they are unavailable in the U.S.

Cholera is spread through water and food contaminated with cholera bacteria. It can cause life-threatening watery diarrhea and vomiting.

During 2024, a cumulative total of 439,724 cholera cases and 3,432 deaths were reported globally across five WHO regions. The 126% spike in deaths is deeply concerning, says the WHO.

In the United States, the single-dose Vaxchora is the only OCV approved for use by people ages 2 to 64 who are traveling to an area where cholera is present.

The U.S. CDC recommends future travelers to cholera-endemic areas speak with a vaccine expert about immunization options at least ten days before traveling abroad.

As of late October 2024, travel vaccine clinics and pharmacies in the U.S. generally have OCVs available.

Fuente: Precision Vaccinations. Disponible en <https://acortar.link/LHRr5h>

Understanding the Nuances of the RSV Maternal Vaccine and Monoclonal Antibody for the Pediatric Population

Oct 20. development in this area. And currently, there is 1 monoclonal antibody (nirsevimab-alip (Beyfortus), SNeonates are greatly susceptible to contracting RSV and developing severe disease in the earliest stages of life.

"They get bronchiolitis, they get pneumonia, and they're hospitalized when they have trouble breathing and they need oxygen support," said Helen Chu, MD, MPH, professor of Medicine, Epidemiology, and Global Health at the University of Washington. "For the last several decades, the number 1 cause of hospitalizations of infants in the United States was RSV infection. So it is a significant burden, both on the parents and the caregivers of these infants, and also on the healthcare system."

At ID Week 2024, Chu participated in a symposium, A Whole New World? Respiratory Syncytial Virus in the Vaccine and Monoclonal Antibody Era.

Later that same day, she sat down with Contagion to discuss some of the nuances between the maternal vaccine and monoclonal antibody.

"With the approval of newer products, clinicians have tools to prevent the respiratory virus in the most vulnerable population. Helen Chu, MD, MPH, offers some insights on their efficacy and the nuances of the delivery of the 2 immunizations. "

In the last few years, there has been significant anofi/Astra Zeneca) and 1 maternal RSV vaccine (Abrysvo, Pfizer) that are both FDA approved to prevent lower respiratory tract disease in neonates.

“Both the maternal vaccine and the monoclonal antibody are designed to protect the infant in the first few months of life, specifically protecting against severe disease that requires hospitalization, and they are both highly effective in doing that,” Chu said. “In the clinical trials of the maternal vaccine, the efficacy against RSV hospitalization was around 60% to 70%. That number was very similar for the monoclonal antibody that’s given at birth to infants, also 60 to 70%, in the clinical trials. We now actually have more data from this first season, because both products are out, and it seems as though the monoclonal antibody is still looking like that out in the community. In studies from Europe, the effectiveness of the monoclonal antibody is 70% against hospitalization. So, if you think about that, it’s really the number of hospitalizations of infants in Europe has gone down dramatically because of receipt of nirsevimab.”



While there is great protection afforded both immunizations, she points out to some of the nuances between the 2 for delivery.

“The maternal vaccine is given during pregnancy. Right now, the recommendation in the United States is to give it between 32 and 36 weeks gestation, and the idea is then it protects the baby through antibody that’s transferred across the placenta, and then the antibody stays in the baby system for the first 4 to 6 months after birth,” Chu said. “This is different from the monoclonal antibody, nirsevimab, which is given when the baby is born, and then directly administered to the baby, and it also lasts 4 to 6 months.”

“In terms of logistics, I think there’s a couple of things that are challenging. First of all, the maternal vaccine has to be given during this very narrow gestational window—32 to 36 weeks in your OB’s office. So that is hard to do. Uptake was quite low—below 20% for nirsivimab. There have also been a lot of challenges, mostly related to the fact that you really need to give it very early in life to protect the infant, because they get very sick at a very young age, and being able to get it during the birth of the infant before they get discharged would be the best way to do that, but it’s a very expensive product, and right now, the reimbursement isn’t worked out.”

Fuente: Contagion Live. Disponible en <https://acortar.link/VYUKZg>

Pneumococcal 21-Valent Conjugate Vaccine Generates Positive Response in Adults at Increased Risk of Disease

Oct 21. New results from STRIDE-8 (NCT05696080), a phase 3 trial evaluating the pneumococcal 21-valent conjugate vaccine (PCV21; Capvaxive), were presented at IDWeek 2024, demonstrating the efficacy of the vaccine in adults 18 to 64 years of age with heightened risk of pneumococcal disease who had not previously received a pneumococcal vaccine.

The positive results, announced last week in a news release from Merck, further highlight the robust immunogenic properties of the vaccine. In the trial, PCV21 was immunogenic for all 21 strains included at day 30. Further, the immune responses were comparable to those generated by the combination of pneumococcal 15-valent conjugate vaccine (PCV15) and pneumococcal 23-valent polysaccharide vaccine (PPSV23).

“Adults with chronic medical conditions, such as kidney disease or diabetes, are particularly vulnerable to invasive pneumococcal disease, which may increase their risk of severe illness,” Walter Orenstein, MD, member of Merck’s Scientific Advisory Committee, noted in the news release. “These data further demonstrate that the broad serotype coverage Capvaxive provides can help prevent invasive disease among vulnerable adults.”



In June, the FDA granted regulatory approval to the vaccine for the prevention of pneumococcal disease and pneumonia in those 18 years and older. Serotypes covered in the vaccination include 3, 6A, 7F, 8, 9N, 10A, 11A, 12F, 15A, 15B, 15C, 16F, 17F, 19A, 20A, 22F, 23A, 23B, 24F, 31, 33F and 35B for the invasive disease indication.

Following its approval in the United States, the CDC’s Advisory Committee on Immunization Practices (ACIP) voted unanimously to recommend the vaccine for appropriate adults 65 years and older who had not previously received a vaccine or whose vaccination history is unknown. In addition, they recommended that adults 19 to 64 years of age with certain risk factors receive the vaccine.

Researchers in the STRIDE-8 trial also garnered important safety data, with a lower proportion of patients that received PCV21 experiencing adverse events (AEs) compared with the patients that received PCV15 and PPSV23. These included injection site, systemic, and vaccine-related AEs.

During the IDWeek presentation, investigators also showcased important results from a targeted literature review of the clinical and economic burden of pneumococcal disease in adults throughout the country. According to the review, Black adults and adults in rural areas with low levels of education face lower rates of pneumococcal vaccination and increased disease burden.

Results from a modeling study were also highlighted, in which PCV21 was compared with pneumococcal 20-valent conjugate vaccine (PCV20) regarding their health impact in US adults. According to the data, the use of PCV21 led to fewer overall cases of pneumococcal disease than PCV20 after a decade, with a 33.9% reduction across all ages compared with a 28.9% reduction for PCV20. This reduction equates to 14,000 fewer cases of pneumococcal disease.

“The data presented during IDWeek build on the robust clinical profile of Capvaxive and illustrate the importance of improving equitable access for those at high risk for invasive pneumococcal disease,” Macaya Douoguih, MD, therapeutic area head of vaccines clinical research at Merck, said in the news release.

Fuente: Pharmacy Times. Disponible en <https://acortar.link/moLtGL>

MenACYW Vaccine Elicits Favorable Outcomes in Infants Aged 6 to 23 Months

Oct 21. A 2-dose schedule of MenQuadfi®, a quadrivalent meningococcal conjugate vaccine (MenACYW), is immunogenic among infants aged 6 to 23 months and has an acceptable safety profile, according to study results presented at IDWeek 2024, held from October 16 to 19, in Los Angeles, California.

Researchers performed a phase 3, double-blinded, multicenter, randomized controlled trial (ClinicalTrials.gov

Identifier: NCT03691610) to evaluate the immunogenicity and safety of a 2-dose schedule of MenACYW among infants (age, 6-23 months) when administered concomitantly with routine pediatric vaccines. The analysis comprised 950 infants who were divided into 4 groups. Patients in Group 1 (n=370) and Group 2 (n=361) received 2 doses of MenACYW and Menveo® (serogroups A, C, Y, and W-135), respectively, at 6 to 7 and 12 to 13 months of age. Patients in Group 3 (n=96) and Group 4 (n=103) received 2 doses of MenACYW and Menactra® (serogroups A, C, Y, and W-135), respectively, at 17 to 19 and 20 to 23 months of age. The primary outcome was noninferiority between seroresponses elicited by MenACYW and Menveo for serogroups A, C, W, and Y. Seroresponse was measured via serum bactericidal assay.

“The quadrivalent meningococcal conjugate vaccine MenACYW may be appropriate for invasive meningococcal disease prevention in infants as young as 6 months.”

Among infants included across all 4 groups, 47.6% were girls, 16.8% were Black or African American, 1.6% were Asian, and 41.7% were Hispanic or Latino.

The percentage of patients who achieved a seroresponse to all 4 meningococcal serogroups was similar between those in Group 1 and Group 2 (range, 89.4%-99.3% and 82.9%-97.7%, respectively), indicating MenACYW as noninferior to Menveo.

Analysis between infants Groups 1 vs 2 indicated comparable safety profiles for the MenACYW and Menveo vaccines throughout the study period. The researchers observed similar rates of adverse events (AEs) of special interest (0.3% vs 0.6%), severe AEs, (1.6% vs 3.3%) and medically attended AEs (68.1% vs 69.0%).

Further analysis among infants in Groups 3 and 4 who were vaccinated at an older age also indicated comparable safety profiles for the MenACYW and Menactra vaccines.

According to the researchers, “MenACYW conjugate vaccine is immunogenic and demonstrates an acceptable safety profile when administered to infants 6 through 23 months of age as a 2-dose schedule with a minimum interval of 3 months.”

Fuente: Dermatology Advisor. Disponible en <https://goo.su/o4Xk8s>

Vaccine expert calls for preventive, innovative solutions vs. dengue

Oct 22. Immunization against dengue prevents severe cases and offers broader protection, an expert said Tuesday. In a news release, Vaccine Expert Panel head Nina Gloriani said sustained preventive efforts and innovative solutions are important in combating the mosquito-borne disease.

Department of Health (DOH) latest data showed that the number of dengue cases recorded from Jan. 1 to Oct. 4 is 82 percent higher than during the same period last year. There are 269,467 confirmed infections as compared to 147,678 cases last year. School-aged children, particularly those up to 9 years and between 9 to 16 years, remain the most vulnerable to dengue.

While the DOH's 4S strategy is essential, Gloriani noted that it is not consistently implemented across the nation. The 4S strategy means search and destroy mosquito-breeding sites; self-protection; seeking early consultation; and support fogging and spraying in hotspot areas.

"Complacency is a problem we're seeing not just in communities but perhaps among authorities as well," she

said.

"There are at least two new dengue vaccines currently in development. The goal is to prevent severe cases and offer broader protection."

First, second generations

The introduction of second-generation dengue vaccines offer hope for more effective prevention vs the first generation.

First-generation vaccines can be given to people who already had dengue infection. Anyone who wants to get this jab must first undergo screening.

The second-generation vaccines may be given to population groups with or without a history of dengue infection.

They use the dengue virus 2 imitating the dengue infection and engaging the body's natural defenses.

They also focus on targeting dengue's four serotypes and include components that address the non-structural protein 1, which is associated with severe dengue.

Gloriani said first-generation vaccines pose challenges on accessibility and convenience due to the testing requirement while the second-generation ones allow wider use and provide expanded coverage.

The World Health Organization has recommended the use of second-generation vaccine among children aged 6 to 16 years in areas with high dengue burden and high transmission intensity.

Other Southeast Asian countries like Indonesia, Thailand, Malaysia and Vietnam are already introducing the next generation vaccines.

On the other hand, the Philippines is taking a more cautious approach to ensure sufficient public education on vaccination.

In 2024, more than six million cases of dengue were recorded in Brazil, peaking during the summer between the months of January and March.

"Brazil has faced significant outbreaks and tried mass immunization with the vaccine. However, vaccinating a large portion of the population requires more resources, which is not always feasible," Gloriani said. "The goal is to vaccinate a large enough segment of the population to achieve herd immunity."

She added dengue cases can be managed, especially in countries like the Philippines where the disease remains endemic, with integrated approach to dengue prevention and control, including vaccination and public education.

Fuente: Philippine News Agency. Disponible en <https://acortar.link/IQw9qZ>

Pfizer suministra mil millones de dosis de vacuna antineumocócica conjugada para niños en países de bajos ingresos

23 oct. Pfizer ha anunciado que ha suministrado su vacuna antineumocócica conjugada (PCV) número 1.000 millones en países de bajos ingresos a través de su colaboración con Gavi, la Alianza para las Vacunas.

Así, la milmillonésima dosis ha sido entregada a Etiopía para su uso en su programa nacional de inmunización con el objetivo de ayudar a proteger a los niños de la enfermedad neumocócica.

La neumonía es la principal causa infecciosa de mortalidad infantil en todo el mundo. Gavi, la Alianza para las Vacunas, es una asociación público-privada que reúne a gobiernos, organizaciones sanitarias mundiales, la industria de las vacunas y otros sectores para aumentar el acceso equitativo y sostenible a las vacunas frente a algunas de las enfermedades más mortales del mundo, como la neumonía.

En 2009, Gavi estableció el Compromiso Anticipado de Mercado para la Vacunación Neumocócica (CMA, por sus siglas en inglés), un mecanismo de financiación de la salud público-privado diseñado para crear un mercado sostenible, que permita la inversión en el desarrollo y la fabricación y proporcione un suministro asequible y estable de vacunas a un precio altamente subvencionado para su suministro a niños en países de ingresos bajos y medianos bajos que reúnen los requisitos para participar en el CMA.



Pfizer fue uno de los primeros fabricantes en participar en el CMA. Hasta la fecha, sus vacunas han llegado a 57 países que reúnen los requisitos para participar en el CMA y se estima que han ayudado a proteger a más de 300 millones de niños de la enfermedad neumocócica.

"El éxito de Gavi en la inmunización de más de mil millones de niños desde el año 2000 se basa en su modelo único de múltiples partes interesadas. Los fabricantes de vacunas desempeñan un papel fundamental en esta asociación, ayudándonos a crear mercados saludables y asequibles para las vacunas y a ofrecer nuevas soluciones innovadoras. Estamos orgullosos de haber alcanzado este importante hito junto con Pfizer y esperamos una colaboración de gran impacto en el futuro", ha señalado la directora ejecutiva de Gavi, la Alianza para las Vacunas, Sania Nishtar.

MÁS DE 40.000 NIÑOS MUEREN DE NEUMONÍA CADA AÑO EN ETIOPÍA

En Etiopía, más de 40.000 niños menores de cinco años mueren cada año de neumonía. Se trata de una de las principales causas de muerte durante el período posnatal y representa el 20 por ciento de las muertes en este grupo de edad cada año. Desde 2020, Pfizer ha suministrado más de 40 millones de vacunas antineumocócicas para apoyar las iniciativas de vacunación del país.

"Las vacunas antineumocócicas pediátricas son fundamentales en nuestra lucha contra uno de los problemas de salud pública más urgentes de nuestro país. Con el apoyo de Gavi, hemos podido brindar acceso a estas vacunas para ayudar a proteger a nuestros ciudadanos más vulnerables. La dosis número mil millones es un hito emocionante y un testimonio del compromiso y la cooperación de Pfizer, Gavi y otros socios para ayudar a los niños de Etiopía y de todo el mundo a tener un comienzo más saludable en la vida", ha afirmado el jefe de Inmunización del Ministerio Federal de Salud de Etiopía, Melkamu Ayalew.

En la actualidad, más del 50 por ciento de las vacunas neumocócicas de Pfizer fabricadas se suministran para apoyar el acceso en países de ingresos bajos y medianos bajos sin fines de lucro a través de su colaboración con Gavi.

"Estamos encantados de haber alcanzado un hito tan increíble a través de nuestra colaboración continua con Gavi para garantizar que los niños de todo el mundo tengan la oportunidad de vivir vidas más largas y saludables, pero nuestro trabajo no termina aquí", ha apuntado el director médico de Pfizer en España, Jose Chaves.

"A través de colaboraciones como esta y de nuestra iniciativa 'Accord for a Healthier World', que trabaja para

ampliar el acceso a todos los medicamentos y vacunas para los que tenemos derechos globales en 45 países de bajos ingresos, continuaremos colaborando con organizaciones de salud globales, gobiernos y otros para permitir un acceso sostenido y sin fines de lucro a medicamentos y vacunas innovadores y para ayudar a cerrar la brecha de equidad en salud para los más vulnerables", ha añadido.

LA COBERTURA MUNDIAL DE PCV SE HA MULTIPLICADO POR SEIS

Desde que se creó el CMA, se han logrado avances importantes en la lucha para proteger a los niños contra la enfermedad neumocócica. La cobertura mundial de vacuna antineumocócica conjugada (PCV) se ha multiplicado por seis, pasando del 10 por ciento en 2010 al 65 por ciento en 2023. Sin embargo, esta cifra no alcanza el objetivo de la Agenda de Inmunización 2030 del 90 por ciento, lo que indica que aún queda mucho por hacer.

Para Pfizer, garantizar que más niños sean vacunados contra enfermedades prevenibles mediante vacunación, como la enfermedad neumocócica, va más allá de brindar a las personas protección contra enfermedades graves y la muerte. Puede ayudar a mejorar las comunidades y los países al promover la equidad sanitaria, aumentar la productividad económica y reducir la carga de costes sobre los sistemas de atención de la salud.

La colaboración de Pfizer con Gavi, la Alianza para las Vacunas, forma parte del compromiso de la empresa de ayudar a abordar las brechas de equidad en materia de salud en todo el mundo y permitir un acceso acelerado a medicamentos y vacunas. La iniciativa 'Accord for a Healthier World' de Pfizer es un esfuerzo para aumentar el acceso de 1.200 millones de personas que viven en 45 países de bajos ingresos en todo el mundo.

A través del proyecto 'Accord', Pfizer se ha comprometido a brindar acceso a la cartera completa de medicamentos y vacunas para los que tiene derechos globales sin fines de lucro a los países elegibles, al tiempo que colabora con los gobiernos y otros para abordar las barreras a nivel de sistema que pueden impedir el acceso a estos productos a las personas que los necesitan.

Fuente: Infosalus. Disponible en <https://acortar.link/zW1Cki>

Reducen a 50 años la edad para recibir la primera vacuna antineumocócica en EE.UU: cuáles son los motivos

25 oct. Con el respaldo casi unánime del panel asesor de los Centros para el Control y Prevención de Enfermedades, se redefine la estrategia de vacunación contra la bacteria que causa neumonía, meningitis, entre otras enfermedades. Antes se recomendaba para mayores de 65.

La primera edad recomendada a la que los estadounidenses deben recibir la vacuna antineumocócica se ha reducido de 65 a 50 años, anunciaron el miércoles los Centros para el Control y la Prevención de Enfermedades (CDC) de EE. UU.

"Reducir la edad para la vacunación antineumocócica ofrece a más adultos la oportunidad de protegerse de la enfermedad neumocócica a la edad en que el riesgo de infección aumenta sustancialmente", dijo la directora de los CDC, la Dra. Mandy Cohen, en un comunicado de la agencia.

"Las bacterias neumocócicas pueden causar enfermedades graves, como neumonía, meningitis e infecciones del torrente sanguíneo, y los adultos mayores tienen un mayor riesgo de enfermedad neumocócica", explicó.

Ayer temprano, el panel asesor de los CDC había votado previamente 14 a 1 para reducir la edad de vacunación, y Cohen aprobó la medida poco después.

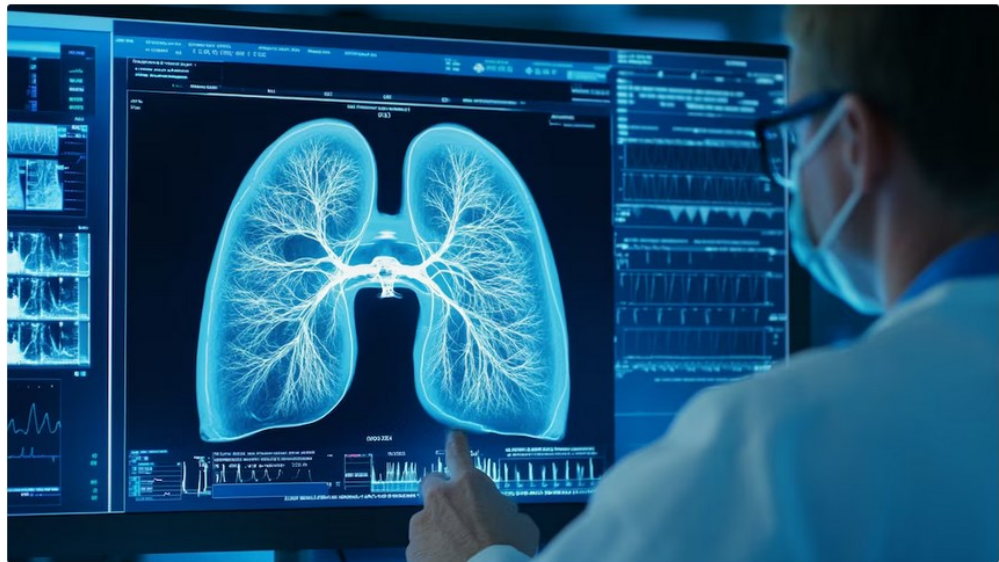
Las recomendaciones anteriores habían aconsejado la vacuna antineumocócica para dos grupos de edad vulnerables: los niños menores de 5 años y las personas mayores de 65 años. También se aconseja a las personas de otras edades con ciertas condiciones de salud que se vacunen.

La enfermedad neumocócica es causada por *Streptococcus pneumoniae* y formas relacionadas de bacterias neumocócicas.

“Se estima que anualmente ocurren más de 150.000 hospitalizaciones por neumonía neumocócica en los Estados Unidos y se ha demostrado que complica la infección por influenza”, según los CDC.

“Los neumococos son la causa bacteriana más común de neumonía infantil, sobre todo en los niños menores de 5 años”, anotó la agencia. “En los adultos, los neumococos representan entre el 10% y el 30% de la neumonía adulta adquirida en la comunidad”.

La primera vacuna antineumocócica fue autorizada en los Estados Unidos en 1977. Según Associated Press, hay cuatro tipos de vacuna antineumocócica disponibles para los estadounidenses, incluida Capvaxine, fabricada por Merck, que puede costar alrededor de 300 dólares por dosis y protege contra 21 tipos de neumococo, ocho más que otras vacunas.



La nueva recomendación busca ofrecer protección a los adultos, cuya exposición a infecciones es significativa (Imagen Ilustrativa Infobae)



El panel asesor de los CDC anotó que la enfermedad neumocócica tiende a aparecer antes en los afroamericanos (entre los 55 y los 59 años de edad), en comparación con los blancos. Eso fue parte del razonamiento de los expertos de que se debería reducir la edad de la primera vacunación, reportó AP.

Es posible que se requieran dosis de refuerzo de la vacuna unos 15 años después de la primera inyección.

Fuente: infobae. Disponible en <https://acortar.link/WKODKE>

La Comunidad de Madrid adquiere vacunas contra el neumococo para las campañas de inmunización de 2024 y 2025

26 oct. El Consejo de Gobierno ha aprobado este miércoles la adjudicación por 10,8 millones de euros del contrato para la adquisición de 270.000 dosis de la vacuna neumocócica conjugada veintevalente. Esta compra por parte de la sanidad pública regional garantiza la protección frente al neumococo para las dos próximas campañas de vacunación de 2024 y 2025.

Esta inmunización está indicada para personas mayores de 60 años y resto de adultos menores de esa edad que tengan factores de riesgo. Desde el pasado año, la Administración autonómica la utiliza para prevenir hasta 20 variantes de esta bacteria, las que se detectan con más frecuencia en la Comunidad de Madrid.

De esta manera el Ejecutivo madrileño cumple también con las recomendaciones de los países de nuestro entorno para proteger a la población diana. Su administración se lleva a cabo en otoño en los centros de salud de Atención Primaria y otros puntos autorizados, previa indicación del médico de familia.

Hace 20 años la Consejería de Sanidad comenzó a impulsar la importancia de la vacunación frente a las enfermedades provocadas por el neumococo, que van desde procesos comunes de vías altas, como otitis o sinusitis, a formas más agudas de neumonía, sepsis o meningitis, afectando especialmente a los grupos de edad más avanzada.

La Comunidad de Madrid recuerda que, si el afectado padece alguna patología crónica de base, estas tienen mayor gravedad, lo que puede provocar hospitalizaciones, prolongadas en muchas ocasiones, y un mayor seguimiento facultativo tras recibir el paciente el alta, lo que repercute de forma negativa también en su calidad de vida.



Fuente: Comunidad de Madrid. Disponible en <https://acortar.link/3vv3V3>

Estudio del Reino Unido muestra que la vacuna contra el COVID-19 reduce el riesgo de complicaciones cardiovasculares

28 oct. Casi tan pronto como comenzó la pandemia de COVID-19, la clase dominante emprendió una campaña vigorosa contra cualquier medida que, al combatir el virus, pudiera interferir con su capacidad para acumular ganancias.

Los gobiernos del mundo decidieron pronto una estrategia basada únicamente en la vacuna, descartando otras medidas de salud pública. Esto ahora ha sido reemplazado en gran medida por una política de “dejarlo correr”, ya que incluso las vacunas se han vuelto más difíciles de acceder, para aquellas poblaciones que alguna vez tuvieron acceso a ellas en cantidades significativas.

Para justificar este curso de acción destructivo, se ha ocultado o tergiversado la información sobre el virus y se han hecho varias afirmaciones seudocientíficas para restar importancia a la gravedad de la enfermedad. Esto ha creado un ambiente fértil para concepciones antivacunas retrógradas y teorías de conspiración,

abiertamente apoyadas por algunas de las secciones más desquiciadas de la clase dominante.

Uno de los argumentos citados con más frecuencia por los “antivacunas” es la existencia de algunos casos de personas que desarrollan complicaciones cardiovasculares tras la vacunación, un número ínfimo de los cuales resultó en muertes trágicas de individuos vacunados. Argumentan que la posibilidad de dichas complicaciones justifica el rechazo de la vacuna, minimizando o negando los beneficios de la misma en la prevención del COVID-19, una enfermedad grave con una tasa de mortalidad significativa y consecuencias a largo plazo bien documentadas que alteran la vida.

Un estudio publicado en la revista Nature Communications desmiente esta afirmación al analizar la incidencia de complicaciones cardiovasculares en una población muy grande de individuos vacunados.

Investigación liderada por las universidades de Cambridge, Bristol y Edimburgo, y posibilitada por el Centro de Ciencia de Datos de la Fundación Británica del Corazón (BHF) en el Health Data Research UK, analizó los registros de salud desidentificados de 46 millones de adultos en Inglaterra entre el 8 de diciembre de 2020 y el 23 de enero de 2022.

Los científicos de datos compararon la incidencia de enfermedades cardiovasculares después de la vacunación con la incidencia antes o sin vacunación, durante los dos primeros años del programa de vacunación. Evaluaron específicamente la incidencia de eventos cardiovasculares y trombóticos después de la primera, segunda y dosis de refuerzo de las vacunas COVID-19 desde diciembre de 2020 hasta enero de 2022. Las vacunas estudiadas incluyen las vacunas de ARNm (BNT-162b2 de Pfizer y mRNA-1273 de Moderna) y la vacuna basada en adenovirus ChAdOx1 (AstraZeneca).

El estudio empleó modelos de regresión de Cox para calcular los ratios de riesgo ajustados (aHR), que comparan el riesgo de eventos cardiovasculares después de la vacunación con el riesgo antes o en ausencia de vacunación. En todas las dosis y tipos de vacunas, la incidencia de eventos trombóticos (por ejemplo, coágulos sanguíneos) fue menor después de la vacunación, tanto para eventos arteriales como venosos. La reducción fue evidente ya después de la primera dosis, con un 10 por ciento de menor riesgo para eventos trombóticos arteriales tras la administración de la primera dosis de la vacuna de Pfizer.

Se observó una reducción aún más sustancial en eventos cardiovasculares después de la segunda dosis en todas las marcas de vacunas. Por ejemplo, hubo un 27 por ciento de riesgo reducido para eventos trombóticos arteriales tras la segunda dosis de la vacuna ChAdOx1 de AstraZeneca. Los aHR para otras condiciones como embolia pulmonar y trombosis venosa profunda también fueron más bajos.

Se observaron tendencias similares para las dosis de refuerzo, que ayudaron a mantener tasas más bajas de eventos en comparación con los niveles previos a la vacunación. El estudio observó que la reducción en eventos cardiovasculares fue más pronunciada en las semanas inmediatamente posteriores a la vacunación.

Tanto las vacunas de ARNm (Pfizer y Moderna) como la vacuna basada en adenovirus de AstraZeneca mostraron reducciones en eventos arteriales y venosos. Sin embargo, la magnitud de la reducción del riesgo variaba ligeramente según la marca y la dosis, con las vacunas de ARNm mostrando aHR ligeramente más bajos en general, particularmente después de las dosis de refuerzo.

Aunque las reducciones seguían siendo evidentes hasta 24 semanas después de la vacunación, el grado de reducción disminuía con el tiempo.

Investigaciones previas encontraron que la incidencia de complicaciones cardiovasculares raras es más

alta después de algunas vacunas COVID-19. Este estudio respalda estos hallazgos, pero lo importante es que no identificó nuevas condiciones cardiovasculares adversas asociadas con la vacunación COVID-19 y ofrece una mayor tranquilidad de que los beneficios de la vacunación superan los riesgos.

Estas complicaciones poco comunes se dividen en dos categorías: Trombocitopenia Trombótica Inducida por la Vacuna (VITT) con la vacuna de AstraZeneca, y miocarditis y pericarditis con las vacunas de ARNm (Pfizer y Moderna).

La VITT es una condición rara caracterizada por coágulos de sangre acompañados de bajas cuentas de plaquetas. Puede llevar a complicaciones graves, como trombosis venosa intracraneal (IVCT), que afecta los vasos sanguíneos en el cerebro. El estudio encontró una incidencia más alta de lo normal de VITT después de la primera dosis de la vacuna de AstraZeneca, con el mayor riesgo apareciendo dentro de las primeras dos semanas posteriores a la vacunación.

No se observó un mayor riesgo de VITT tras la segunda dosis de ChAdOx1 o después de cualquier dosis de las vacunas de ARNm, lo que indica que el riesgo se asocia predominantemente con la primera dosis de la vacuna de AstraZeneca.

La miocarditis es una inflamación del músculo cardíaco, mientras que la pericarditis es una inflamación del revestimiento que rodea el corazón. Ambas condiciones pueden causar dolor en el pecho, fatiga y otros síntomas cardíacos, pero a menudo son leves y se resuelven por sí solas. El riesgo elevado tanto para miocarditis como para pericarditis fue mayor en la primera semana después de la vacunación para las vacunas de Pfizer y Moderna, con el riesgo regresando generalmente a los niveles basales dentro de las cuatro semanas posteriores a la vacunación.

Aunque se asociaron complicaciones raras con las vacunas COVID-19, estuvieron principalmente vinculadas a la primera dosis y generalmente ocurrieron dentro de las semanas iniciales posteriores a la vacunación. El estudio enfatiza que estos riesgos, aunque presentes, son superados por los beneficios de protección más amplios de la vacunación contra el COVID-19 y sus riesgos cardiovasculares asociados.

Una gran fortaleza del estudio es el número significativo de personas examinadas, lo que permitió a los investigadores evaluar los efectos de las vacunas en una amplia variedad de demografías y subgrupos clínicos, como edad, sexo, etnicidad y condiciones de salud previas. La reducción general en eventos trombóticos se observó en todos los subgrupos, reforzando el valor de las vacunas en la prevención de complicaciones cardiovasculares relacionadas con el COVID-19.

Los efectos de las vacunas fueron particularmente efectivos para adultos mayores (mayores de 40 años), para quienes el riesgo de complicaciones raras como la miocarditis fue notablemente menor, mientras que los beneficios en términos de reducción de eventos cardiovasculares fueron aún más pronunciados.

La coautora principal, la Dra. Samantha Ip, investigadora asociada del Departamento de Salud Pública y Atención Primaria de la Universidad de Cambridge, declaró a Health Data Research UK: “Esta investigación apoya aún más el gran cuerpo de evidencia sobre la seguridad del programa de vacunación COVID-19, que ha demostrado proporcionar protección contra COVID-19 severo y salvar millones de vidas en todo el mundo”.

El profesor William Whiteley, director asociado del Centro de Ciencia de Datos de la BHF y profesor de neurología y epidemiología en la Universidad de Edimburgo, añadió que el estudio “demuestra que los beneficios de las segundas dosis y refuerzos, con menos eventos cardiovasculares comunes incluyendo

ataques cardíacos y accidentes cerebrovasculares después de la vacunación, superan a las muy raras complicaciones cardiovasculares”.

Los resultados muestran el enorme potencial de las fuerzas creativas y productivas de la sociedad. Sin embargo, aunque las vacunas son una herramienta importante en la lucha contra la pandemia, no son suficientes por sí solas. Sin una política de eliminación completa del virus a través de un régimen integral de pruebas, rastreo y cuarentena, un programa de vacunación no es más que un cuidado paliativo.

Esto se puede ver actualmente con la campaña de refuerzo de vacunas de otoño del Reino Unido. En primer lugar, la gran mayoría de las personas ya no son elegibles para una vacuna gratuita a través del Servicio Nacional de Salud y deben pagar de manera privada por una. Si bien el NHS está ofreciendo vacunas gratuitas a personas mayores y clínicamente vulnerables, las disponibles fueron diseñadas para la variante KP o incluso variantes más antiguas del virus.

Se espera que la variante XEC, que actualmente lidera un nuevo aumento de infecciones, se convierta en dominante. No está claro exactamente cuán efectivas son las vacunas actuales contra ella, pero la experiencia indica que no serán tan efectivas como contra la variante para la cual fueron diseñadas. La capacidad del virus para mutar y eludir la protección conferida por vacunas o infecciones previas se ve enormemente facilitada por el hecho de que se ha permitido al COVID-19 deambular sin trabas por la sociedad después de que se levantaron las principales medidas de mitigación tanto tiempo atrás como marzo de 2022.

Fuente: World Socialist Web Site. Disponible en <https://acortar.link/gWRJZI>

Access barriers drive low kids' vaccination for third year

29 oct. As national child vaccination coverage shows no sign of increase, GP experts renew calls to combat access issues and vaccine inequity.

For the third consecutive year, Australian childhood vaccination rates continue to drop for all standard age assessment milestones.

The National Centre for Immunisation Research and Surveillance (NCIRS) has released its Annual Immunisation Coverage Report 2023, revealing less-than-ideal coverage rates for the past year and setting a reminder to 'not be complacent'.

In 2023, fully vaccinated coverage rates for children overall decreased at all three standard age assessment milestones:

- ◆ 12 months – decreased to 92.8%, from 93.3% in 2022 and 94.8% in 2020
- ◆ 24 months – decreased to 90.8%, from 91.0% in 2022 and 92.1% in 2020
- ◆ 60 months – decreased to 93.3%, from 93.4% in 2022 and 94.8% in 2020

These figures follow the 2022 report displaying that coverage also fell for each of the age milestones from 2021 to 2022.

This ongoing decreasing trend comes after eight years of steadily increasing coverage prior to the onset of the COVID-19 pandemic.

Dr Tim Jones is a Tasmanian GP and Chair of RACGP Specific Interest Child and Young Person's Health. He told newsGP access and inequity remain the biggest challenges for vaccination coverage.

'The number of people I'm seeing who just can't get into a GP is still significant,' he said.

'We need to be looking within general practice at what we can do to try and prioritise getting kids in in the first year of life, and getting these lifesaving treatments into them, that's very important.'

With vaccinations part of GPs' bread and butter, Dr Jones said there is also a role for audits of populations within general practices to 'look at who is slipping through the net'.

'There's a number of people who have come in to see me as a GP where they've just been busy and stressed as a family and a [vaccination] reminder hasn't been adequately placed in a way they could recognise it,' he said.

'And so it wasn't until they got a note from Centrelink to say that childcare subsidies were ending that they knew something had been missed.'

For the report, Australian Immunisation Register data as of 4 February 2024 was analysed – predominantly for vaccines funded under the National Immunisation Program (NIP) for children, adolescents and adults, with a focus on changes in vaccination coverage since the previous report.

Decreases in full vaccination coverage were slightly more in children overall than among Aboriginal and Torres Strait Islander children, with decreases in coverage greater in the latter cohort of children since the onset of the pandemic:

- ◆ 12 months – 89.7% compared to 90% in 2022
- ◆ 24 months – 87.8% compared to 87.9% in 2022

However, coverage at 60 months of age remains higher in Aboriginal and Torres Strait Islander children (95.0%) than in children overall (93.3%).

Overall, fully vaccinated coverage in Australian children was 0.1–0.5 of a percentage point lower than in the 2022 report at all three age assessment milestones.

This follows the 1.1–1.5 percentage points decrease at these three milestones between the 2020 and 2022 reports, which came after approximately eight years of generally increasing coverage

NCIRS Associate Director, Associate Professor Frank Beard, said while 'relatively modest', the decline in vaccination rates is concerning.

While the report notes that factors contributing to these declines include a combination of acceptance and access issues, it states that a 'deeper understanding is needed of the reasons for partial and under-vaccination' in Australia.

'Regular monitoring of vaccination coverage is important, but it doesn't tell us why vaccination uptake is low or declining', Associate Professor Beard said.

'It is therefore critical to identify the barriers to vaccination uptake and implement evidence-based approaches to address them.'

Dr Jones added that vaccine hesitancy – once a significant challenge in the wake of the pandemic – has reduced.

'If we look at something like RSV, and preventive immunisation, there's a tremendous level of interest in our community about that, and these are new vaccines as well too,' he said.

'So I don't see that hesitancy as a problem anymore. I see it purely as an access challenge.'

A nationwide, fully funded meningococcal B vaccine for all infants aged under two is also something Dr Jones is calling for, with the vaccine only currently funded by the NIP for those who meet certain criteria and in some states.

'We do really need to see that happen,' Dr Jones said.

'It remains the best example of vaccine inequity in our community that we've got so many families who need it, so many families who want it, but cost is a barrier, and we know that we would save money to our health system if we immunised everyone just to prevent the hospitalisations from that disease.'

Also released earlier this month is the Australia-first National Vaccination Insights project, revealing insights on vaccination barriers and drivers to inform future strategies to drive uptake.

It confirms that cost and a lack of appointment availability are key barriers to accessing vaccinations, rather than hesitancy or scepticism.

Dr Jones finds this 'very challenging' as a GP, and says while his practice bulk bills all vaccination appointments, he understands not all are in the same position.

'It's important for practices to do what they have to do, but I think we also need to consider that this is universal primary and preventive care, and that if families can't access it for reasons of cost, we need to look at any and all strategies that improve the equity of access for those families,' he said.

'At a practice level, we can look at what percentage of our population is in these key vaccine age ranges and have a look at our data to see who's missing out.'

'And we've got a tremendous resource in our practice, nurses who I know do so much of the lifting work for our clinics to achieve this.'

Fuente: News GP. Disponible en <https://acortar.link/E307P1>

Trust matters but we also need these 3 things to boost vaccine coverage

Oct 31. Australia's COVID vaccine roll-out started slowly, with supply shortages and logistical shortcomings. Once it got going, we immunised more than 95% of the population.

This week's COVID inquiry report contains a number of recommendations to improve Australia's vaccine preparedness the next time we face a pandemic or health emergency.

While the inquiry gets most things right, as vaccine experts, we argue the government response should be broadened in three areas:

expanding compensation programs for people who suffer any type of vaccine injury

better understanding why people aren't up-to-date with their vaccinations

equipping community helpers in marginalised communities to deliver information about vaccines and combat misinformation.

Australians should be compensated after vaccine injuries – not just during pandemics

The inquiry recommends reviewing Australia's COVID vaccine claims scheme in the next 12 to 18 months, to inform future schemes in national health emergencies.

Early in the pandemic, vaccine experts called on the Australian government to establish a COVID vaccine injury compensation scheme.

This meant people who were injured after suffering a rare but serious injury, or the families of those who died, would receive compensation when there had been no fault in the manufacturing or administration of the vaccine.

Vaccine experts recommended the creation of such a scheme based on the principle of reciprocity. The Australian public was asked to accept the recommended COVID vaccines in good faith for their health benefit and the benefit of the community. So they should be compensated if something went wrong.

In 2021, the Australian government announced the COVID-19 Vaccine Claims Scheme. Australia had no such scheme before this, in stark contrast to 25 other countries including the United States, United Kingdom and New Zealand.

Australia's scheme closed on September 30 2024.

The inquiry report recommends reviewing:

the complexity of the claims process

delayed or denied payments

any links between the scheme and vaccine hesitancy.

However, this is currently framed only within the scope of the scheme being used for future epidemic or pandemic responses.

Instead, we need a permanent, ongoing vaccine compensation scheme for all routine vaccines available on the National Immunisation Program.

As we've learnt from similar schemes in other countries, this would contribute to the trust and confidence needed to improve the uptake of vaccines currently on the program, and new ones added in the future. It is also right and fair to look after those injured by vaccines in rare instances.

Not getting vaccinated isn't just about a lack of trust

The COVID inquiry recommends developing a national strategy to rebuild community trust in vaccines and improve vaccination rates, including childhood (non-COVID) vaccine rates, which are currently declining.

The COVID vaccine program has affected trust in routine vaccines. Childhood vaccine coverage has declined 1–2%. And there is a persistent issue around timeliness – kids not getting their vaccines within 30 days of the recommended time point.

The national Vaxinsights project examined the social and behavioural drivers of under-vaccination among parents of children under five years. It found access issues were the main barriers to partially vaccinated children. Cost, difficulty making an appointment and the ability to prioritise appointments due to other conflicting needs were other barriers. Trust was not a major barrier for this group.

However for unvaccinated children, vaccine safety and effectiveness concerns, and trust in information from the health-care provider, were the leading issues, rather than access barriers.

To improve childhood vaccination rates, governments need to monitor the social and behavioural drivers of vaccination over time to track changes in vaccine acceptance. They also need to address barriers to accessing immunisation services, including affordability and clinic opening hours.

It is also imperative we learn from the lessons during COVID and better engage communities and priority populations, such as First Nations communities, people with disabilities and those from different cultural groups, to build trust and improve access through community drop-in and outreach vaccine programs.

To address the decline in adult COVID vaccination we need to focus on perceptions of need, risk and value, rather than just focusing on trust. If adults don't think they are at risk, they won't get the vaccine. Unfortunately, when it comes to COVID, people have moved on and few people believe they need boosters.

Variant changes or enhancements to the vaccine (such as combined vaccines to protect against COVID and flu, or RSV or vaccines with long last protection) may encourage people to get vaccinated in the future. In the meantime, we agree with the inquiry that we should focus on those most at risk of severe outcomes, including residents in aged care and those with chronic health conditions.

Invest in community-led strategies to improve uptake

The COVID inquiry recommends developing a communication strategy for health emergencies to ensure all Australians, including those in priority populations, families and industries, have the information they need.

While these are not strictly focused on the promotion of vaccination, the suggestions – including the need to work closely with and fund community and representative organisations – are aligned with what our COVID research showed.

However, the government should go one step further. Communication about vaccines must be tailored, translated for different cultural groups, and easy to understand.

In some settings, messages about the vaccines will have the most impact if they come from a health-care worker. But this is not always the case. Some people prefer to hear from trusted voices from their own communities. In First Nations communities, these roles are often combined in the form of Aboriginal Health Workers.

We must support these voices in future health emergencies.

During COVID, there was insufficient support and training for community helpers – such as community leaders, faith leaders, bilingual community workers, and other trusted voices – to support their vaccine communication efforts.

The government should consider implementing a national training program to support those tasked (or volunteering) to pass on information about vaccines during health emergencies. This would provide them with the information and confidence they need to undertake this role, as well as equipping them to address misinformation.

Fuente: THE CONVERSATION. Disponible en <https://acortar.link/FOWnd0>



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Estrategia de búsqueda: (Vaccine) AND DP:([16.10.2024 TO 31.10.2024]) as the publication date 89 records.

1. [WO/2024/216134](#) COMBINATORIAL STRATEGIES TO ENHANCE VACCINIA VIRUS IN VITRO AND IN VIVO ONCOLYSIS

WO - 17.10.2024

Clasificación Internacional [C12N 15/86](#)Nº de solicitud PCT/US2024/024404 Solicitante UNIVERSITY OF MIAMI Inventor/a MERCHAN, Jaime R.

The present disclosure provides for a method for treating a cancer, comprising administering to a subject in need thereof an oncolytic vaccinia virus and a tyrosine kinase inhibitor. Further disclosed herein is a method for treating a cancer, comprising administering to a subject in need thereof an oncolytic vaccinia virus and an adenosine receptor blocker.

2. [20240350622](#) VACCINE ANTIGEN

US - 24.10.2024

Clasificación Internacional [A61K 39/215](#)Nº de solicitud 18682740 Solicitante Macfarlane Burnet Institute for Medical Research and Public Health Limited Inventor/a Pantelis Poubourios

The field of the specification relates broadly to SARS-CoV-2 vaccine spike protein antigens and methods of using and manufacturing these antigens. The invention also relates to vectors and polynucleotides encoding the SARS-CoV-2 vaccine antigens and vaccines, kits, devices and strips comprising the coronavirus vaccine antigen. The spike protein from SARS-CoV-2 has prolines substituted at positions 986, 987 (2P or S-2P) and additional alanine cavity filling mutations at positions A1016 and A1020.

3. [4448003](#) IMPFSTOFFZUBEREITUNG

EP - 23.10.2024

Clasificación Internacional [A61K 39/12](#)Nº de solicitud 22829720 Solicitante HCEMM NONPROFIT KFT Inventor/a GRABUSCHNIG STEFAN

A vaccine preparation to be administered intramuscularly without or at least minor adverse effects comprises in addition to a mRNA-vaccine at least one vasoconstrictive agent, such as epinephrine, levonorderfrine and norepinephrine.

4. [20240350601](#) THERAPEUTIC ANTICANCER NEOEPITOPE VACCINE

US - 24.10.2024

Clasificación Internacional [A61K 39/00](#)Nº de solicitud 18738685 Solicitante Nykode Therapeutics ASA Inventor/a Stine Granum

The present invention relates to an anticancer vaccine which includes polynucleotides or polypeptides, methods of treatment of cancer wherein such an anticancer vaccine is used as well as methods for producing the vaccine. The vaccine includes a polynucleotide with a nucleotide sequence encoding a targeting unit, a dimerization unit, a first linker and an antigenic unit. The antigenic unit includes from 3 to 50 antigenic subunits separated by a second linker with each antigenic subunit having at least a part of a cancer neoepitope

sequence. The **vaccine** can include a polypeptide encoded by the polynucleotide or a dimeric protein with two polypeptides encoded by the polynucleotide.

5. WO/2024/213740 **VACCINE** MIXING METHOD, SYRINGE AND SYSTEM

WO - 17.10.2024

Clasificación Internacional A61J 1/20Nº de solicitud PCT/EP2024/060037 Solicitante BIONTECH SE Inventor/a MUIK, Alexander

A method of preparing a combination **vaccine** includes: (a) obtaining a first amount of a first **vaccine** in a first syringe, (b) obtaining a second amount of a second **vaccine** in a second syringe, (c) connecting the first and the second syringe using an adapter, (d) mixing the first **vaccine** and the second **vaccine**, and (e) transferring the mixture of the first **vaccine** and the second **vaccine**, as needed, to the first syringe or the second syringe, and discarding the syringe that the mixture was not transferred to.

6. WO/2024/220712 **VACCINE** COMPOSITIONS

WO - 24.10.2024

Clasificación Internacional A61K 39/12Nº de solicitud PCT/US2024/025270 Solicitante SAIL BIOMEDICINES, INC. Inventor/a ARAFA, Emad

Disclosed herein are nucleic acid **vaccine** compositions including one or more polynucleotides encoding one or more antigenic polypeptide, formulated within a lipid reconstructed natural messenger packs (LNMPs) comprising natural lipids and an ionizable lipid. The disclosure also includes a method for making a nucleic acid **vaccine**, comprising reconstituting a film comprising purified NMP lipids in the presence of an ionizable lipid to produce a LNMP comprising the ionizable lipid, and loading into the LNMPs with one or more polynucleotides encoding one or more antigenic polypeptides.

7. 4448103 RNA-IMPfstoff gegen Lyme-Krankheit

EP - 23.10.2024

Clasificación Internacional A61P 31/04Nº de solicitud 22840585 Solicitante SANOFI Inventor/a PAVOT VINCENT

The present disclosure provides a Lyme disease **vaccine**, comprising a messenger RNA (mRNA) comprising an open reading frame (ORF) encoding at least one antigenic polypeptide derived from at least one bacteria of the genus *Borrelia*, and methods of eliciting an immune response by administering said **vaccine**.

8. WO/2024/220936 **VACCINE** COMPOSITIONS AND USES THEREOF

WO - 24.10.2024

Clasificación Internacional A61K 39/145Nº de solicitud PCT/US2024/025583 Solicitante CENTIVAX, INC. Inventor/a GLANVILLE, Jacob

The present disclosure provides **vaccine** compositions comprising a plurality of distinct antigens. Also provided are nucleic acid **vaccine** composition comprising one or more nucleic acids encoding for a plurality of distinct antigens. The plurality of distinct antigens comprises a combination of influenza antigens. The **vaccine** composition can be formulated for delivery as a mRNA/LNP, a recombinant protein, a virus-like

particle (VLP), or DNA. Methods of preventing an influenza infection and methods of inducing an immune response are also disclosed.

9. [WO/2024/226784](#) COMPOSITIONS AND METHODS FOR THERAPEUTIC OR **VACCINE** DELIVERY

WO - 31.10.2024

Clasificación Internacional N° de solicitud PCT/US2024/026254 Solicitante GENVIVO, INC. Inventor/a FISCHER-LOUGHEED, Jacqueline

Described herein are compositions comprising recombinant viral vectors, e.g., recombinant retroviral vectors, for delivering a therapeutic or a **vaccine**. The recombinant retroviral vectors described herein are modified for safer application of therapeutic or **vaccine** delivery. Also described herein are methods for using the compositions comprising recombinant viral vectors for delivering a therapeutic or a **vaccine**.

10. [4448770](#) EFFIZIENTER IMPFSTOFF

EP - 23.10.2024

Clasificación Internacional [C12N 15/62](#) N° de solicitud 22907538 Solicitante VLP THERAPEUTICS JAPAN INC. Inventor/a AKAHATA WATARU

Provided herein is an isolated polynucleotide, which encodes structural proteins nsp1, nsp2, nsp3 and nsp4 and a polypeptide comprising an antigenic protein fused to a signal sequence, a transmembrane domain and at least one peptide selected from CD4+ T cell epitopes and CD8+ T cell epitopes. The polynucleotide is useful for manufacturing a **vaccine** against virus infection, especially, COVID-19 infection, the treatment of a cancer and/or an inflammatory disease.

11. [WO/2024/217567](#) INHALED ADENOVIRUS VECTOR **VACCINE**, PREPARATION METHOD THEREFOR AND USE THEREOF

WO - 24.10.2024

Clasificación Internacional [A61K 9/72](#) N° de solicitud PCT/CN2024/088940 Solicitante CANSINO BIOLOGICS INC. Inventor/a ZHAO, Xiaolong

The present invention relates to an inhaled aerosol **vaccine**, and in particular to a recombinant adenovirus vector inhaled aerosol **vaccine**, a preparation method therefor and a use thereof. The inhaled aerosol **vaccine** can simultaneously express one or more antigens. After inhaling and mucosal immunization are carried out on the body, a high-level specific antibody can be generated in the lung and the body at the same time, and a high cell immune response can be generated by means of stimulation. In addition, the **vaccine** is an inhaled preparation, which can effectively stimulate mucosal immunization and increase the third protection of the body. The recombinant adenovirus vector **vaccine** has good stability, is safe, efficient and painless, and can effectively cope with the recurrence of emerging infections and latent infections of bacteria and viruses.

12. [WO/2024/212931](#) NINE-COMPONENT ANTIGEN AFRICAN SWINE FEVER SUBUNIT **VACCINE**

WO - 17.10.2024

Clasificación Internacional C07K 14/01Nº de solicitud PCT/CN2024/086656 Solicitante LANZHOU VETERINARY RESEARCH INSTITUTE, CHINESE ACADEMY OF AGRICULTURAL SCIENCES Inventor/a ZHENG, Haixue

The present invention relates to the field of biotechnology, and in particular relates to a nine-component antigen African swine fever subunit **vaccine**. First, an African swine fever virus antigen protein combination composed of African swine fever virus P34 protein, P30 protein, P54 protein, A104R protein, E165R protein, C129R protein, P72 protein, X protein, and Y protein is provided, wherein the African swine fever virus antigen protein combination can induce a strong immune response in an organism; and second, a nine-component antigen African swine fever subunit **vaccine** containing the African swine fever virus antigen protein combination is prepared, the nine-component antigen African swine fever subunit **vaccine** exhibiting a good immune protection rate against the parent African swine fever virulent strain and posing no biological safety risks. The described **vaccine** addresses the problem that existing African swine fever subunit vaccines in China and abroad can not provide effective immune protection in pigs, and thereby demonstrates the feasibility of research solutions of African swine fever subunit vaccines.

13. 20240350606 **VACCINE** COMPOSITIONS AND METHODS FOR ENHANCED ANTIGEN-SPECIFIC VACCINATION

US - 24.10.2024

Clasificación Internacional A61K 39/00Nº de solicitud 18665046 Solicitante DUKE UNIVERSITY Inventor/a YOU-WEN HE

Vaccine design, polycistronic **vaccine** constructs, compositions, and methods comprising nucleic acids (DNA, RNA), peptides, proteins and derivatives thereof, including cells and cell-lines, for enhanced antigen-specific vaccination.

14. WO/2024/222693 COMBINED **VACCINE**, AND PREPARATION METHOD THEREFOR AND USE THEREOF

WO - 31.10.2024

Clasificación Internacional A61K 39/116Nº de solicitud PCT/CN2024/089383 Solicitante CANSINO BIOLOGICS INC. Inventor/a SUI, Xiuwen

Provided is a combined **vaccine**, which can respectively reduce the number of instances of vaccination for infants, adults and teenagers, and reduce the cost of vaccination. The combined **vaccine** comprises: a) a conjugate of a Haemophilus influenzae type b (Hib) antigen and a carrier protein; b) a conjugate of a meningococcal polysaccharide and a protein, which conjugate contains a conjugate of group A epidemic meningococcal capsular polysaccharide and a carrier protein, a conjugate of group C epidemic meningococcal capsular polysaccharide and a carrier protein, a conjugate of group Y epidemic meningococcal capsular polysaccharide and a carrier protein, and a conjugate of group W135 epidemic meningococcal capsular polysaccharide and a carrier protein; c) a diphtheria-tetanus-pertussis (three-component pertussis or five-component pertussis) **vaccine**, etc. The carrier proteins involved in the combined **vaccine** are specifically screened. Experimental results show that the combined **vaccine** prepared from the specifically selected carrier proteins can induce the body to generate good immune responses and improve the immunization coverage.

15. [WO/2024/212919](#) SEVEN-COMPONENT ANTIGEN AFRICAN SWINE FEVER SUBUNIT **VACCINE**

WO - 17.10.2024

Clasificación Internacional [C07K 14/01N](#)° de solicitud PCT/CN2024/086558 Solicitante LANZHOU VETERINARY RESEARCH INSTITUTE, CHINESE ACADEMY OF AGRICULTURAL SCIENCES Inventor/a ZHENG, Haixue

Provided is a seven-component antigen African swine fever subunit **vaccine**. Firstly, an African swine fever virus antigen protein combination consisting of African swine fever virus P34 protein, P30 protein, P54 protein, A104R protein, X protein, C129R protein and Y protein is provided, wherein the African swine fever virus antigen protein combination can produce a strong immune response. Secondly, a seven-component antigen African swine fever subunit **vaccine** comprising the African swine fever virus antigen protein combination is prepared, wherein the seven-component antigen African swine fever subunit **vaccine** has a high relative percent survival against challenges of a parent African swine fever virulent strain, and has no biosafety risk.

16. [20240342276](#) SILICON DIOXIDE **VACCINE** DELIVERY SYSTEM TAKING VIRUS-LIKE PARTICLES AS TEMPLATE, AND CONSTRUCTION METHOD AND APPLICATION OF SILICON DIOXIDE **VACCINE** DELIVERY SYSTEM

US - 17.10.2024

Clasificación Internacional [A61K 39/39N](#)° de solicitud 18293608 Solicitante DALIAN UNIVERSITY OF TECHNOLOGY Inventor/a Bingbing SUN

A silicon dioxide **vaccine** delivery system uses virus-like particles as templates. The particle morphology of the silicon dioxide **vaccine** system is 50-500 nm of nanoparticles, of which an antigenic component is 20-200 nm of virus-like particles, an adjuvant component is nano silicon dioxide, the silicon dioxide component is wrapped on the surface of the virus-like particle, and a mass ratio of silicon element to antigen is 50-0.5:1. The construction of the silicon dioxide **vaccine** delivery system includes steps of: (1) adding a proper amount of 3-aminopropyltriethoxysilane into an aqueous solution containing virus-like particles and stirring; (2) adding a proper amount of tetraethoxysilane into the dispersion system in step (1) and stirring; and (3) centrifuging a reactant obtained in step (2) and removing a supernatant to obtain a product. A **vaccine** constructed by means of the **vaccine** system can trigger a host to generate humoral and cellular immune levels.

17. [WO/2024/215759](#) BIODEGRADABLE SCAFFOLDS FOR ENHANCING **VACCINE** EFFICACY

WO - 17.10.2024

Clasificación Internacional [A61K 39/00N](#)° de solicitud PCT/US2024/023874 Solicitante THE REGENTS OF THE UNIVERSITY OF CALIFORNIA Inventor/a SHAH, Nisarg

ABSTRACT Scaffolds and materials which provide for sustained release of **vaccine** components upon delivery to a subject, thus resulting enhanced immune response compared to bolus vaccination strategies.

18. [20240350609](#) METHODS FOR IMPROVING THE ADSORPTION OF POLYSACCHARIDE-PROTEIN CONJUGATES AND MULTIVALENT **VACCINE** FORMULATION OBTAINED THEREOF

US - 24.10.2024

Clasificación Internacional [A61K 39/09N](#)° de solicitud 18637620 Solicitante Serum Institute of India Private Limited Inventor/a Poonawalla Cyrus Soli

The present disclosure relates to [vaccine](#) compositions comprising pneumococcal polysaccharide-carrier protein conjugates. The present disclosure particularly relates to improved, stable, immunogenic multivalent *Streptococcus pneumoniae* polysaccharide-protein conjugate [vaccine](#) compositions having at least three distinct carrier proteins, preparing the [vaccine](#) compositions and methods for prevention and/or treatment of subjects with *Streptococcus pneumoniae*. These multivalent pneumococcal compositions will overcome carrier induced epitopic suppression, provide enhanced immune response for new serotypes (as compared to existing approved vaccines) and also help address the emergence of non-[vaccine](#) serotypes.

19. [4450082](#) VERFAHREN ZUR VERBESSERUNG DER ADSORPTION VON POLYSACCHARID-PROTEIN-KONJUGATEN UND DARAUSS ERHALTENE MULTIVALENTE IMPFSTOFFFORMULIERUNG

EP - 23.10.2024

Clasificación Internacional [A61K 39/00N](#)° de solicitud 24170725 Solicitante SERUM INSTITUTE OF INDIA PRIVATE LTD Inventor/a POONAWALLA CYRUS SOLI

The present disclosure relates to [vaccine](#) compositions comprising pneumococcal polysaccharide-carrier protein conjugates. The present disclosure particularly relates to improved, stable, immunogenic multivalent *Streptococcus pneumoniae* polysaccharide-protein conjugate [vaccine](#) compositions having at least three distinct carrier proteins, preparing the [vaccine](#) compositions and methods for prevention and/ or treatment of subjects with *Streptococcus pneumoniae*. These multivalent pneumococcal compositions will overcome carrier induced epitopic suppression, provide enhanced immune response for new serotypes (as compared to existing approved vaccines) and also help address the emergence of non-[vaccine](#) serotypes.

20. [WO/2024/226815](#) B-CELL EPITOPES OF TREPONEMA PALLIDUM ANTIGENS FOR USE IN A SYPHILIS [VACCINE](#)

WO - 31.10.2024

Clasificación Internacional N° de solicitud PCT/US2024/026293 Solicitante UNIVERSITY OF WASHINGTON Inventor/a GIACANI, Lorenzo

B-cell epitopes of *Treponema pallidum* and vaccines against syphilis based on the same are described herein. The epitopes described herein can be concatenated or presented on a delivery scaffold such as a scaffold protein, virus-like particle, or nanoparticle for delivery as a [vaccine](#). The present disclosure also provides methods of stimulating an anti-syphilis immune response in a subject using the epitopes and/or [vaccine](#) described herein.

21. [4444346](#) NEOEPITOPIMPFSTOFFABGABEVEHIKEL UND VERFAHREN ZUR HERSTELLUNG DAVON

EP - 16.10.2024

Clasificación Internacional [A61K 39/385N](#)° de solicitud 22905297 Solicitante IMMUNITYBIO INC Inventor/a LIU PHILIP T

Disclosed herein are mannan nanogels as a novel [vaccine](#) delivery platform as well as a novel method of making a self-assembling mannan nanogel for in vivo delivery of therapeutic agents.

22. [WO/2024/221489](#) FISH INACTIVATED VIRUS **VACCINE** AND PREPARATION METHOD THEREFOR

WO - 31.10.2024

Clasificación Internacional [C12N 7/04N](#) de solicitud PCT/CN2023/092842 Solicitante SHANGHAI EAGLE HIGH TECHNOLOGY CO., LTD Inventor/a SU, Chun

Provided are a method for preparing a fish inactivated virus **vaccine** by means of electron beam irradiation, and a prepared fish inactivated virus **vaccine**. The method comprises: diluting a separated and purified fish-related virus to a set final concentration, and recording same as an initial titer; then performing gradient irradiation on the virus until the virus titer is reduced to 1/10 of the initial titer, and recording the corresponding total irradiation dose ± 0.15 kGy as the D 10 value of the virus; calculating the SD value of the sterilization dose according to the following formula: $SD = kD \cdot 10 \lg(N_0/N)$, wherein N_0 is the initial titer, N is $SAL = 10^{-6}$, k is a safety coefficient, and $k \geq 1$; and performing multiple small-dose irradiation on the purified fish-related virus sample with a final concentration which is the initial titer on the basis that an accumulated radiation dose is greater than or equal to the SD value.

23. [20240350634](#) MONOCLONAL ANTIBODY AND **VACCINE** TARGETING FILAMENTOUS BACTERIOPHAGE

US - 24.10.2024

Clasificación Internacional [A61K 45/06N](#) de solicitud 18425772 Solicitante INIMMUNE CORPORATION Inventor/a Paul L. Bollyky

Described here is a method for reducing or preventing *Pseudomonas aeruginosa* biofilm formation in a human subject in need thereof, comprising administering to the human subject a first composition comprising (a) an antigen-binding polypeptide that binds Pf-family bacteriophage, or (b) a **vaccine** against Pf-family bacteriophage. Also described is an antigen-binding polypeptide that binds specifically to a CoaB protein of Pf-family bacteriophage or fragment thereof.

24. [20240350618](#) ANTI-HIV-1 RECOMBINANT HIV-1 DERIVED TOPOISOMERASE II BETA KINASE AS AN IMMUNOGEN FOR HIV **VACCINE**

US - 24.10.2024

Clasificación Internacional [A61K 39/21N](#) de solicitud 18443332 Solicitante UNIVERSITY OF HYDERABAD Inventor/a Satyajit Mukhopadhyay

The present invention relates to an anti-HIV recombinant HIV-1 derived Topoisomerase II β kinase. It inhibits HIV-1 replication by blocking viral entry. Its recognition by envelope antibodies ID6 and 4G10 makes it a justifiable immunogen for use as **vaccine** candidate in form of protein, mRNA and DNA **vaccine** against HIV infection. Thus, the protein, mRNA and DNA of immunogenic recombinant HIV-1 derived Topoisomerase II β kinase and derived peptides with and without spacers can be used as a HIV **vaccine**.

FIG. 1, FIG. 2, FIG. 3, FIG. 4, FIG. 5, FIG. 6, FIG. 7, FIG. 7, FIG. 8, FIG. 9, FIG. 10, FIG. 11, FIG. 12, FIG. 13, FIG. 14, FIG. 15, FIG. 16.

25. [4450516](#) IMPFSTOFF ZUR VERWENDUNG BEI DER PROPHYLAXE UND/ODER BEHANDLUNG EINER ERKRANKUNG

EP - 23.10.2024

Clasificación Internacional C07K 14/47N° de solicitud 24165997 Solicitante INPROTHER APS Inventor/a HOLST PETER

The present invention relates to an adenoviral vector capable of encoding a virus-like particle (VLP), said VLP displaying an inactive immune-suppressive domain (ISD). The **vaccine** of the invention shows an improved immune response from either of both of the response pathways initiated by CD4 T cells or CD8 T cells.

26.4445910 IMPFSTOFFZUSAMMENSETZUNG ZUR INDUZIERUNG EINES ANTI-IL-23-ANTIKÖRPERS

EP - 16.10.2024

Clasificación Internacional A61K 39/00N° de solicitud 22904247 Solicitante OSAKA UNIV Inventor/a NAKAGAMI HIRONORI

The present invention provides a **vaccine** composition containing a complex of a T cell receptor antigen peptide and a B cell receptor antigen peptide and capable of inducing the production of an antibody against IL-23, wherein the B cell receptor antigen peptide is represented by the following formula (I):
 $X1-X2-X3-X4-X5-X6-X7-X8$ (I) wherein X1 is S, A, G, T, K, or R, X2 is P, A, G, S, T, K, or R, X3 is S, A, G, T, K, or R, X4 is Q, A, G, T, or N, X5 is P, A, G, S, T, Q, or N, X6 is W, A, Y, or F, X7 is Q, A, G, T, or N, and X8 is R, A, G, or K.

27.WO/2024/212380 CANCER **VACCINE** BASED ON PART OF COMPONENTS OF CANCER CELLS OR TUMOR TISSUE, AND PREPARATION METHOD THEREFOR

WO - 17.10.2024

Clasificación Internacional A61K 39/00N° de solicitud PCT/CN2023/106259 Solicitante SUZHOU ERSHENG BIOMEDICAL CO., LTD. Inventor/a LIU, Mi

Provided are a cancer **vaccine** based on part of components of cancer cells or tumor tissue and a preparation method therefor. The preparation method comprises: first, separating water-soluble proteins and non-water-soluble components from all cell components by means of using a salting-out method and the like, and then loading same onto nanoparticles or micron-particles, so as to be used for preventing or treating cancers. A provided **vaccine** system comprises the nanoparticles and/or micron-particles, the proteins in water-soluble components of cancer cells and/or tumor tissue, and the non-water-soluble components of cancer cells and/or tumor tissue, and can efficiently activate specific immune responses against cancer cells, and therefore can be used for preventing and treating diseases such as cancers.

28.20240342265 E PROTEIN-MUTATED WEST NILE VIRUS USED AS LIVE ATTENUATED **VACCINE** AND ONCOLYTIC DRUG FOR CANCER THERAPY

US - 17.10.2024

Clasificación Internacional A61K 39/12N° de solicitud 18626704 Solicitante SICHUAN ANCOCARE BIOPHARMACEUTICAL, Ltd. Inventor/a Li YU

The invention provides a recombinant West Nile virus, in which the amino acid sequence of envelope E protein is genetically modified to attenuation, and its RNA genome is inserted with a foreign gene fragment. The

engineered E gene contains the mutation of five amino acids for reducing its neural virulence to the central nervous system; the integrated foreign gene between E and S1 gene makes a new chimerical virus. Thus, the present invention provides the application of this attenuated West Nile virus as a **vaccine** in preventive medicine and the application of the RNA-viral vector as a novel gene-drug in the pharmaceutical industry. The newly attenuated virus may fill the gap of no live-attenuated **vaccine** to the West Nile virus epidemic. The attenuated and recombinant virus can be used as an RNA oncolytic virus to target solid tumors, especially neural tumors, for cancer therapy with higher safety.

29.20240350614**VACCINE** FOR PREVENTING AFRICAN SWINE FEVER, COMPRISING AFRICAN SWINE FEVER VIRUS-DERIVED ANTIGEN PROTEIN

US - 24.10.2024

Clasificación Internacional A61K 39/12Nº de solicitud 18686801 Solicitante BioApplications Inc. Inventor/a Hyangju KANG

The present invention relates to: a recombinant vector comprising a nucleotide sequence of antigen protein(s) Lectin, CD2v, p72, p54, p30, p15, p35, E199L, and/or F317L of an African swine fever virus; a transformant transformed by means of the recombinant vector; and a **vaccine** composition for preventing African swine fever, comprising, as an active ingredient, African swine fever virus antigen protein(s) Lectin, CD2v, p72, p54, p30, p15, p35, E199L, and/or F317L, isolated from the transformant; and the like.

30.20240350598ANTI-ABETA THERAPEUTIC VACCINES

US - 24.10.2024

Clasificación Internacional A61K 39/00Nº de solicitud 18650535 Solicitante AC Immune SA Inventor/a Emma Fiorini

A liposomal **vaccine** composition comprises a β -amyloid (A β)-derived peptide antigen displayed on the surface of the liposome. The **vaccine** composition also comprises a peptide comprising a universal T-cell epitope encapsulated within the liposome. The **vaccine** composition also comprises an adjuvant, which may form part of the liposome and may be displayed at least in part on the surface of the liposome. These **vaccine** compositions are used for treating, preventing, inducing a protective immune response against or alleviating the symptoms associated with an amyloid-beta associated disease or condition or a condition characterised by, or associated with, loss of cognitive memory capacity in a subject. The **vaccine** compositions may be provided as a kit. Related methods of producing a liposomal **vaccine** composition are also provided.

31.WO/2024/215140RECOMBINANT EXPRESSION VECTOR FOR PRODUCTION OF VIRUS-LIKE PARTICLE-BASED MULTIVALENT NOROVIRUS **VACCINE** AND MANUFACTURING METHOD THEREFOR

WO - 17.10.2024

Clasificación Internacional C07K 14/005Nº de solicitud PCT/KR2024/004954 Solicitante INTHERA INC. Inventor/a CHOI, Deog Young

The present invention provides a fusion protein for promoting soluble expression of a norovirus antigen, and an expression vector thereof. More specifically, the present invention provides combinations of various genotypes of norovirus antigen proteins and RID mutants, in which the most efficient folding occurs when a norovirus antigen is used as a target protein to form a recombinant fusion protein, the yield of soluble expression of a fusion protein produced is improved, and the assembly efficacy and homogeneity of norovirus

VLPs can be enhanced. Also, the present invention provides a method for rapidly mass-producing various other genotypes of norovirus VLPs, as well as GII.4, in *E. coli* by using mutant RID, thus enabling the development of a VLP-based multivalent **vaccine** comprising more genotypes.

32.4444278RNA-FORMULIERUNGEN UND LIPIDE

EP - 16.10.2024

Clasificación Internacional A61K 9/51N° de solicitud 22840006Solicitante IMMORNA HANGZHOU BIOTECHNOLOGY CO LTDInventor/a WANG ZIHAO

The disclosure relates to the method of lyophilizing RNA and mixing with a liquid LNP solution, e. g., to make an RNA **vaccine** or therapeutic. Included are methods for preparing and administering the **vaccine** or therapeutic.

33.20240343782MONOCLONAL ANTIBODIES DIRECTED AGAINST TRIMERIC FORMS OF THE HIV-1 ENVELOPE GLYCOPROTEIN WITH BROAD AND POTENT NEUTRALIZING ACTIVITY

US - 17.10.2024

Clasificación Internacional C07K 16/10N° de solicitud 18734520Solicitante Theraclone Sciences, Inc.Inventor/a Po-Ying Chan-Hui

The invention provides 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 are 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-HIV1 bNabs are also provided. Furthermore, methods for vaccination using suitable epitopes are provided.

34.WO/2024/222647OLIGONUCLEOTIDES FOR USE IN MODULATING IMMUNE RESPONSES AGAINST HEPATITIS B VIRAL INFECTION

WO - 31.10.2024

Clasificación Internacional A61K 39/29N° de solicitud PCT/CN2024/089195Solicitante AUSPERBIO THERAPEUTICS INC.Inventor/a CHENG, Guofeng

Provided herein are **vaccine** compositions comprising an oligonucleotide and a Hepatitis B viral antigen, either present in the same composition, or in separate compositions, useful for prevention or treatment of Hepatitis B viral infection in a subject. The **vaccine** compositions can exert a sustained immunomodulatory effect and lead to the reduction of HBV antigen levels in an infected subject. Also provided herein are methods of making and use thereof.

35.20240348455BLOCKCHAIN-BASED SUPERVISION METHOD FOR ELECTRONIC IMMUNITY PASSPORT

US - 17.10.2024

Clasificación Internacional H04L 9/32Nº de solicitud 18022519Solicitante Nanjing University of Posts and TelecommunicationsInventor/a Haiping HUANG

The invention provides a blockchain-based supervision method for an electronic immunity passport. A certificate authority generates and correspondingly distributes public-private key pairs. A hospital generates an immunity passport for a **vaccine** and assigns a passport number; encrypts the immunity passport and the passport number; and generates and uploads a transaction to a national alliance chain node (NACN). The NACN generates and uploads a second transaction to a world alliance chain (WAC). When the **vaccine** is requested to show the immunity passport, the vaccinee provides the passport number, generates and uploads a trapdoor to the WAC. The **vaccine** decrypts received ciphertext from the WAC to obtain plaintext data. An alliance chain node performs periodic maintenance by a smart contract. The invention can ensure data openness, traceability, and immutability, achieve effective supervision for the immunity passport data, provide reliable immunity passport data, and achieve search and regular maintenance for the immunity passport.

36.WO/2024/216217HIV **VACCINE**

WO - 17.10.2024

Clasificación Internacional A61K 39/12Nº de solicitud PCT/US2024/024503Solicitante BIONTECH SEInventor/a LE DOUCE, Valentin

The present invention concerns compositions comprising an RNA molecule, wherein the RNA molecule comprises an expression cassette encoding an immunogenic peptide, which peptide comprises at least two fragments, wherein each fragment comprises at least one epitope, wherein the epitope is derived from an amino acid sequence encoded by the human immunodeficiency virus (HIV) and medical preparations comprising such compositions. Furthermore, the invention concerns methods for preventing or treating HIV.

37.20240342262CELLULAR ADJUVANTS FOR VIRAL INFECTION

US - 17.10.2024

Clasificación Internacional A61K 39/108Nº de solicitud 18664198Solicitante NantBio, Inc.Inventor/a Kayvan Niazi

Two-component **vaccine** formulations and methods are contemplated where the **vaccine** has an adjuvant component and a therapeutic component. The therapeutic component comprises preferably a recombinant therapeutic virus encoding a therapeutic antigen while the adjuvant component comprises a non-host cell or immune stimulating portion thereof. Notably, use of the adjuvant component will result in significant uptake of the therapeutic component into immune competent cells, even in the absence of receptors for entry of the therapeutic component. In addition, such adjuvant also stimulates expression of the therapeutic antigen.

38.WO/2024/223952CALIXARENE-BASED DELIVERY SYSTEM AND METHOD OF USE

WO - 31.10.2024

Clasificación Internacional A61K 9/51Nº de solicitud PCT/EP2024/061814Solicitante QUANTOOM BIOSCIENCES S.A.Inventor/a VANDER STRAETEN, Aurélien

The current invention relates to a delivery system to deliver one or more cargo to one or more cells, wherein the cargo delivery system comprises at least a calixarene, a phospholipid, an additional lipid such as sterol.

The invention further relates to a method of delivering cargo to a subject using the delivery system and a pharmaceutical composition comprising the delivery system. The invention also relates to the use of a calixarene in an immunogenic composition, wherein said composition comprises an immunogenic component encapsulated in a lipid nanoparticle (LNP) comprising said calixarene and wherein said LNP has an adjuvant effect in said immunogenic composition. The invention also relates to a **vaccine**, wherein said **vaccine** comprises an immunogenic component encapsulated in a lipid nanoparticle, wherein said lipid nanoparticle comprises at least one calixarene molecule and said lipid nanoparticle acts as an adjuvant in said **vaccine**. The invention also relates to a method of preparing an immunogenic composition and a composition comprising a lipid nanoparticle (LNP) adjuvant comprising calixarene.

39.20240342267VACCINATION OF IMMUNOCOMPROMISED SUBJECTS

US - 17.10.2024

Clasificación Internacional A61K 39/145Nº de solicitud 18394260Solicitante Seqirus UK LimitedInventor/a Giuseppe DEL GIUDICE

Disclosed herein are methods for enhancing immune responses to a **vaccine** in immunocompromised individuals, including those receiving a statin therapy. Related products are also provided.

40.4448001PROSTATAKREBSIMPFSTOFFE UND VERWENDUNGEN DAVON

EP - 23.10.2024

Clasificación Internacional A61K 39/00Nº de solicitud 22906790Solicitante JANSSEN BIOTECH INCInventor/a WILKINSON PATRICK

Disclosed herein are methods of treating or preventing prostate cancer in a subject, the methods comprising administering to the subject a treatment regimen comprising two or more vaccines comprising a great ape adenovirus serotype 20 (GAd20) virus that, in turn, comprises a nucleotide sequence encoding the amino acid sequence of SEQ ID NO: 1 and one or more vaccines comprising a Modified Vaccinia Ankara (MVA) virus that, in turn, comprises a nucleotide sequence encoding the amino acid sequence of SEQ ID NO: 3 to thereby treat or prevent the prostate cancer.

41.WO/2024/216243PEPTIDE-BASED VACCINES AND METHODS FOR TREATMENT

WO - 17.10.2024

Clasificación Internacional A61K 39/00Nº de solicitud PCT/US2024/024544Solicitante THE JOHNS HOPKINS UNIVERSITYInventor/a KOKKOLI, Efrosini

Provided are, *inter alia*, immunogenic and **vaccine** compositions including a lipid vesicle, a first nucleic acid; and a peptide, and methods of treating or preventing pancreatic cancer using the compositions.

42.20240342271SYNERGISM OF IMMUNOGENICITY VIA COMBINED PARENTERAL AND MUCOSAL IMMUNIZATION AGAINST COVID-19

US - 17.10.2024

Clasificación Internacional A61K 39/215Nº de solicitud 18294775Solicitante BHARAT BIOTECH INTERNATIONAL LIMITEDInventor/a Raches Ella

The present invention discloses a system and method of generating robust immune response in mammals against SARS-CoV-2 antigen by administering two or more doses of same or different COVID-19 vaccines through same or different routes, wherein at least one **vaccine** is selected from a primary series of vaccines and at least one **vaccine** is selected from a secondary series of vaccines and wherein vaccines of primary and secondary series are administered through homologous or heterologous routes. The homologous route of administration comprises administering primary and secondary series of vaccines through same route. The heterologous route of administration comprises administering primary and secondary series vaccines through different routes. The system and method of the invention induces superior cross protection against SARS-CoV-2 variants including against Delta and Omicron variants.

43. [2024227153](#) IMPROVED CORONAVIRUS **VACCINE**.

AU - 17.10.2024

Clasificación Internacional N° de solicitud 2024227153 Solicitante Academia SinicalInventor/a HUANG, Han-Yi

44. [WO/2024/219994](#) EXPRESSION VECTOR BASED ON HUMAN ADENOVIRUS SEROTYPE 19 AND METHOD FOR USING SAME

WO - 24.10.2024

Clasificación Internacional [C12N 15/861](#) N° de solicitud PCT/RU2024/000129 Solicitante FEDERAL STATE BUDGETARY INSTITUTION "NATIONAL RESEARCH CENTER FOR EPIDEMIOLOGY AND MICROBIOLOGY NAMED AFTER HONORARY ACADEMICIAN N.F. GAMALEI" OF THE MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION Inventor/a GOLDOVSKAIA, Polina Pavlovna

The group of inventions relates to biotechnology, immunology and virology. Proposed is an expression vector based on the genome of human adenovirus serotype 19, containing: a constant sequence with E1 and E3 region deletions which contains an expression cassette with the target gene; and a variable region on the right-hand end of the genome, having a size of up to 1000 bp. In a specific embodiment of the expression vector, the constant sequence has the sequence SEQ ID NO:1 up to the expression cassette and the sequence SEQ ID NO:2 after the expression cassette. The expression cassette can contain, as a **vaccine** antigen gene, SEQ ID NO:3, or SEQ ID NO:4, or SEQ ID NO:5, or SEQ ID NO:6, or SEQ ID NO:7. Also proposed is a method for producing the claimed expression vector, characterized by the use of a shuttle plasmid containing a sequence that is homologous with a region of the genome of an adenovirus of a serotype other than 19. Still further proposed is a method for the use of the claimed expression vector to induce an immune response to a **vaccine** antigen. The group of inventions provides for the creation of an expression vector based on human adenovirus serotype 19 which is capable of inducing an immune response to a **vaccine** antigen.

45. [20240350629](#) GENETICALLY ENGINEERED CELL-DERIVED VACCINES

US - 24.10.2024

Clasificación Internacional [A61K 39/00](#) N° de solicitud 18681457 Solicitante THE REGENTS OF THE UNIVERSITY OF CALIFORNIA Inventor/a Young Jik Kwon

The disclosure provides for compositions and methods comprising cell-derived vesicles induced from cells that have been genetically engineered or infected to express specific antigen(s), and uses thereof, including as a cell-free, cell-like **vaccine**.

46. [20240350540](#) TUMOR LYSATE LOADED PARTICLES

US - 24.10.2024

Clasificación Internacional [A61K 35/15](#)Nº de solicitud 18395053 Solicitante Orbis Health Solutions LLC Inventor/a Thomas E. Wagner

Dendritic cells containing tumor lysate loaded particles are prepared. The dendritic cells present tumor antigens to elicit the Major Histocompatibility Complex class I pathway and can be used as a **vaccine** to treat cancer, including ocular melanoma.

47. [4444359](#) IMMUNOGENE NANOPARTIKELZUSAMMENSETZUNGEN UND IMPFVERFAHREN

EP - 16.10.2024

Clasificación Internacional [A61K 47/60](#)Nº de solicitud 22847493 Solicitante YALE UNIV Inventor/a IWASAKI AKIKO

Compositions and methods for inducing a protective mucosal immunity against an antigen in a subject include the step of administering to a mucosal tissue an effective amount of a **vaccine** composition including the antigen or polynucleotide encoding an antigen associated or encapsulated within carriers such as poly(amine-co-ester) polymers in the form of particles (e.g., solid nanoparticles formed of PACE) or PACE copolymers and/or blends. Typically, the subject has previously been exposed to the antigen, for example, by administering to the same subject *via* a systemic or mucosal route of administration a priming antigen. In some embodiments, the polynucleotides-based vaccines are messenger RNAs encoding a viral antigen such as a coronavirus spike protein sequence, or a portion thereof. In preferred embodiments, the **vaccine** composition is administered intranasally.

48. [WO/2024/216165](#) COMPUTATIONAL METHODS FOR SELECTING PERSONALIZED NEOANTIGEN VACCINES

WO - 17.10.2024

Clasificación Internacional [G16B 20/20](#)Nº de solicitud PCT/US2024/024443 Solicitante ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI Inventor/a O'DONNELL, Tim

Systems and methods for identifying a personalized tumor **vaccine** are provided. Somatic variants for a subject are determined and RNA sequence reads from a tumor of the subject are obtained. From the RNA sequence reads, fusion proteins are determined, each fusion protein a fusion of a portion of a first protein and a portion of a second protein. Candidate neoantigens are selected, including a first subset of candidate neoantigens encoding somatic variants and a second subset of candidate neoantigens encoding residues of the portions of the first and second proteins. A score is determined for each candidate neoantigen using a scoring function including a first scoring term that upweights candidate neoantigens having a higher relative class I MHC affinity, given a class I HLA type of the subject. Two or more candidate neoantigens are selected for the tumor **vaccine** as a final set of neoantigens based on the respective scores.

49. [WO/2024/218789](#) LIPOSOMAL FORMULATION FOR TREATMENT OF VISCERAL LEISHMANIASIS

WO - 24.10.2024

Clasificación Internacional A61K 39/008N° de solicitud PCT/IN2024/050371 Solicitante COUNCIL OF SCIENTIFIC & INDUSTRIAL RESEARCH Inventor/a ALI, Nahid

Antigens from multiple sources is a promising strategy to effectively stimulate all immuno- phenotypic sections of a diverse population. Therefore, combination of multiple protective antigens is a rationale strategy to boost immunogenicity of the **vaccine** designed for immunization in heterogeneous population as well as to use in effective diagnosis in all endemic areas. The strategy to combine antigens is to construct a fusion chimeric multivalent antigen. The present invention relates to the diagnostic and **vaccine** potential of a recombinant multiantigenic T cell epitope enriched fusion protein comprising of three Leishmania donovani proteins, glycoprotein 63 (GP63), elongation factor 1 α (EF1- α) and cysteine protease C (CPC) against visceral leishmaniasis. The said invention in particular relates to designing, cloning and purification of a novel T cell enriched multiantigenic recombinant protein for detection of Leishmania infection in the form of antigen-specific antibodies in the biological samples such as serum and urine.

50. WO/2024/218165 HPV VIRAL VECTOR **VACCINE**

WO - 24.10.2024

Clasificación Internacional A61K 39/12N° de solicitud PCT/EP2024/060445 Solicitante BARINTHUS BIOTHERAPEUTICS (UK) LIMITED Inventor/a EVANS, Thomas

The present invention relates to a multi-HPV immunogen containing viral vectors, vaccines, compositions, methods and dosage regimes for use in medicine, wherein the use may be the treatment of human papillomavirus (HPV) infection including prophylactic use to prevent HPV infection and/or cancer.

51. 20240342268 RECOMBINANT VIRUS CONTAINING DEGRON, PREPARATION METHOD THEREFOR, AND APPLICATION THEREOF

US - 17.10.2024

Clasificación Internacional A61K 39/145N° de solicitud 18682494 Solicitante SHENZHEN INSTITUTES OF ADVANCED TECHNOLOGY CHINESE ACADEMY OF SCIENCES Inventor/a Longlong Si

A recombinant virus containing a degran, a preparation method therefor, and an application thereof. At least one viral protein of the recombinant virus containing the degran contains at least one degran capable of being recognized by a protein degradation system of a host cell, wherein the degran comprises any one of or a combination of at least two of an amino acid sequence, a polypeptide, or a structural motif. Further provided are a nucleic acid molecule, a recombinant vector, a preparation method for the recombinant virus containing the degran, a preparation system for the recombinant virus containing the degran, a **vaccine**, an oncolytic virus, and a drug. The recombinant virus containing the degran can be recognized and degraded by the protein degradation system in the host cell, the replication capability is weakened or even removed, and after a corresponding **vaccine**, oncolytic virus or drug is prepared, a good effect and practical application value are achieved.

52. WO/2024/226106 TP0751 CHIMERA-CONTAINING **VACCINE**

WO - 31.10.2024

Clasificación Internacional [A61K 39/02N](#)° de solicitud PCT/US2023/079879Solicitante UVIC INDUSTRY PARTNERSHIPS INC.Inventor/a CAMERON, Caroline E.

Provided are chimeric Tp0751 (99-237) peptides containing one or more non-native epitopes that replace all or of part of one or more loops 1-8 of the native Tp0751 (99-237) peptide. The non-native epitopes can be from one or more sexually transmitted infections (STIs), such as Treponema pallidum, Chlamydia, or Neisseria gonorrhoeae. Also provided are nucleic acid molecules that encode the chimeric Tp0751 (99-237) peptides. Methods of using the chimeric Tp0751 (99-237) peptides to stimulate an immune response, for example to treat syphilis or other sexually STIs are provided.

53.[20240342269](#)OPTIMIZED NUCLEOTIDE SEQUENCES ENCODING SARS-COV-2 ANTIGENS

US - 17.10.2024

Clasificación Internacional [A61K 39/215N](#)° de solicitud 17923497Solicitante TRANSLATE BIO, INC.Inventor/a Anusha DIAS

The present invention relates to optimized nucleotide sequence encoding SARS-COV-2 antigens. These sequences are particularly suitable for use in vaccine compositions for the treatment or prevention of infections caused by a β -coronaviruses, including COVID-19 infections, in a human or animal subject in need of such treatment.

54.[20240350620](#)RIBONUCLEOPROTEIN NANOCOMPLEX VACCINES AND USES THEREOF

US - 24.10.2024

Clasificación Internacional [A61K 39/215N](#)° de solicitud 18643883Solicitante Centre for Virology, Vaccinology and Therapeutics LimitedInventor/a Kin Hang KOK

The present invention relates to vaccine compositions that specifically contain complexes comprising an adaptor-antigen polypeptide and viral RNA scaffold. The present invention further relates to uses of the vaccines for the preparation of pharmaceutical compositions, methods of treating or preventing viral infections, and kits comprising the vaccines.

55.[WO/2024/223421](#)COLD STORAGE DEVICE

WO - 31.10.2024

Clasificación Internacional [F25D 3/06N](#)° de solicitud PCT/EP2024/060666Solicitante B MEDICAL SYSTEMS S.À R.L.Inventor/a BRUNO, Simone

An RFID enabled cold storage device, notably a vaccine storage device, has a cold storage compartment separated from an ice lining by a thermal barrier. The thermal barrier comprises a layer of thermal insulation material and a planar temperature distributing metal sheet, with the planar temperature distributing metal sheet providing an RFID antenna.

56.[4448548](#)BAKTERIOPHAGEN-LAMBDA-IMPFFSTOFFSYSTEM

EP - 23.10.2024

Clasificación Internacional [C07K 14/005N](#)° de solicitud 22847091Solicitante THE US SECRETARY DEPARTMENT OF HEALTH AND HUMAN SERVICESInventor/a ADHYA SANKAR L

Bacteriophage λ are disclosed herein that include a head, a tail, and a lambda genome comprising a nucleic acid sequence encoding a fusion protein comprising a D protein linked to heterologous antigen, wherein the nucleic acid sequence is inserted into a native *gene D* locus adjacent to *gene E*, in the lambda genome, and wherein expression of the fusion protein results in the head of the bacteriophage λ comprising the fusion protein. Host bacterial cells also disclosed herein that are infected with the bacteriophage λ . In addition, immunogenic compositions are disclosed that include an effective amount of the bacteriophage λ . Methods also are disclosed for inducing an immune response to the heterologous antigen in a subject. Furthermore, methods are disclosed for preparing these bacteriophage λ .

57. [WO/2024/223713](#) ANTI-NGF VACCINE COMPOSITION

WO - 31.10.2024

Clasificación Internacional [A61K 38/00](#)N° de

solicitud PCT/EP2024/061328 Solicitante PEPTINOV Inventor/a ZAGURY, Jean-François

The present invention relates to a polypeptide comprising, or consisting of: - a first sequence consisting of at least 8 contiguous amino acids chosen from within the sequence running from amino acids 122 to 136 of the β subunit of the NGF protein and of at most 30 contiguous amino acids chosen from within the complete sequence of the β subunit of the NGF protein; and/or - a second sequence consisting of at least 8 contiguous amino acids chosen from within the sequence running from amino acids 148 to 158 of the β subunit of the NGF protein and of at most 30 contiguous amino acids chosen from within the complete sequence of the β subunit of the NGF protein.

58. [20240350624](#) COMBINATION THERAPY OF IMMUNOTOXIN AND CHECKPOINT INHIBITOR

US - 24.10.2024

Clasificación Internacional [A61K 39/395](#)N° de solicitud 18428597 Solicitante Duke University Inventor/a Darell Bigner

Regional, tumor-targeted, cytotoxic therapy, such as D2C7-immunotoxin (D2C7-IT), not only specifically target and destroy tumor cells, but in the process initiate immune events that promote an in situ vaccine effect. The antitumor effects are amplified by immune checkpoint blockade which engenders a long-term systemic immune response that effectively eliminates all tumor cells.

59. [WO/2024/215616](#) METHODS AND COMPOSITIONS FOR DENDRITIC CELL TARGETING VACCINES

WO - 17.10.2024

Clasificación Internacional [C07H 15/06](#)N° de solicitud PCT/US2024/023597 Solicitante ROCK BIOMEDICAL INC. Inventor/a LEE, Jeng Shin

The present disclosure provides novel compounds, methods, and cell targeting mRNA vaccine formulations for targeted delivery, such as delivery to dendritic cells. The compound and formulation provided herein are designed to have a targeting moiety configured to provide selective delivery features specific for dendritic cells and a lipid tail for incorporated into the bilayer membrane of the formed lipid nanoparticle.

60. [WO/2024/221135](#) OLIGONUCLEOTIDES FOR USE IN MODULATING IMMUNE RESPONSES AGAINST HEPATITIS B VIRAL INFECTION

WO - 31.10.2024

Clasificación Internacional A61K 39/12Nº de solicitud PCT/CN2023/090098Solicitante AUSPER BIOPHARMA CO., LTD.Inventor/a CHENG, Guofeng

Provided herein are **vaccine** compositions comprising an oligonucleotide and a Hepatitis B viral antigen, either present in the same composition, or in separate compositions, useful for prevention or treatment of Hepatitis B viral infection in a subject. The oligonucleotides can exert a sustained immunomodulatory effect and lead to the reduction of HBV antigen levels in an infected subject. Also provided herein are methods of making and use thereof.

61.4444347IMPFFSTOFFVERSTÄRKUNGSVERFAHREN UND -ZUSAMMENSETZUNGEN

EP - 16.10.2024

Clasificación Internacional A61K 39/395Nº de solicitud 22826685Solicitante BARINTHUS BIOTHERAPEUTICS UK LTDInventor/a EVANS THOMAS

The invention relates to combinations, compositions, methods and dosage regimes for use in medicine, optionally wherein the use may be the treatment of chronic hepatitis B virus (HBV) infection or cancer, including inducing an improved immune response and improvement in the performance of therapeutic vaccines.

62.4448774RNA-KONSTRUKT

EP - 23.10.2024

Clasificación Internacional C12N 15/86Nº de solicitud 22830606Solicitante IMPERIAL COLLEGE INNOVATIONS LTDInventor/a MCKAY PAUL

The invention relates to RNA constructs, and particularly, although not exclusively, to mRNA constructs and saRNA replicons and to nucleic acids and expression vectors encoding such RNA constructs. The invention extends to the use of such RNA constructs in therapy, for example in treating diseases and/or in **vaccine** delivery. The invention extends to pharmaceutical compositions comprising such RNA constructs, and methods and uses thereof.

63.20240350619VACCINES AND COMPOSITIONS BASED ON SARS-COV-2 S PROTEIN

US - 24.10.2024

Clasificación Internacional A61K 39/215Nº de solicitud 18027132Solicitante GUANGZHOU RIBOBIO CO., LTD.Inventor/a Bill Billang ZHANG

This disclosure provides vaccines and compositions based on SARS-COV-2 S protein, and specifically relates to recombinant SARS-COV-2 spike protein (Sprotein) and mRNA and DNA coding thereof. This disclosure also relates to recombinant plasmid comprising DNA sequence encoding recombinant S protein. This disclosure further relates to composition comprising the recombinant S protein and/or mRNA mentioned above, mRNA-carrier particle such as lipid nanoparticle (LNP), and composition such as a **vaccine** composition.

64.WO/2024/226653SARS-COV-2 **VACCINE** COMPOSITIONS

WO - 31.10.2024

Clasificación Internacional N° de solicitud PCT/US2024/026065 Solicitante NOVAVAX, INC. Inventor/a SMITH, Gale

Disclosed herein are coronavirus (CoV) Spike (S) polypeptides, including naturally and non-naturally occurring polypeptides, and nanoparticles and immunogenic compositions comprising the same, which are useful for stimulating immune responses against various SARS-CoV-2 strains. The nanoparticles present antigens from pathogens surrounded to and associated with a detergent core resulting in enhanced stability and good immunogenicity. Dosages, formulations, and methods for preparing the vaccines and nanoparticles are also disclosed.

65. [WO/2024/216115](#) METHODS FOR PRODUCING A SUPER CENTRAL MEMORY CD8 T CELL SUBTYPE BY POLY(ADP-RIBOSE) POLYMERASE (PARP) INHIBITION AND USES THEREOF

WO - 17.10.2024

Clasificación Internacional [A61K 31/502](#) N° de solicitud PCT/US2024/024381 Solicitante GEORGETOWN UNIVERSITY Inventor/a KHLEIF, Samir N.

A unique CD8 T cell central memory subtype obtained by treatment of CD8 T cells with a poly(ADP-ribose) polymerase (PARP) inhibitor (PARPi) is described. These cells, referred to as super-central memory CD8 T cells (T_{CM}^{sup}) or PARPi-induced memory T cells, are significantly more efficient for cancer therapy than traditional central memory T cells (T_{CM}) generated by tumor antigens. Methods of using the T_{CM}^{sup} cells for enhancing cancer immunotherapy, enhancing [vaccine](#)-induced immunity, and treating cancer are described.

66. [4448004](#) IMPLANTIERBARE GERÜSTE FÜR IMMUNTHERAPEUTISCHE UND ANDERE VERWENDUNGEN

EP - 23.10.2024

Clasificación Internacional [A61K 39/12](#) N° de solicitud 22908453 Solicitante THE REGENTS OF UNIV OF CALIFORNIA Inventor/a HASANI-SADRABADI MOHAMMAD MAHDI

An implantable or injectable scaffold comprising an antigen, a T memory cell inducer, and other optional components is provided for use in enhancing the immune response to the antigen, in particular for subjects who are elderly, immunosenescent and/or immunocompromised, or undergoing cancer therapy. Coronavirus SARS-CoV-2 has caused millions of confirmed cases and hundreds of thousands of deaths. However, there is no effective drug treatment, and [vaccine](#) is in great need to control the spread of such highly infectious virus.

67. [20240352076](#) SPECIFIC BACULOVIRUS MAJOR ENVELOPE GLYCOPROTEIN GP64 BINDING PROTEINS

US - 24.10.2024

Clasificación Internacional [C07K 14/005](#) N° de solicitud 18629324 Solicitante Navigo Proteins GmbH Inventor/a Erik Fiedler

gp64 is the major envelope glycoprotein of baculoviruses. The present invention relates to novel proteins that specifically bind to the baculovirus envelope protein gp64. The novel proteins of the present invention are advanced and powerful tools because they allow precise capturing of gp64 in affinity chromatography. The gp64 binding proteins are particularly useful tools within the process of protein production

(e.g. [vaccine](#) production) to provide for gp64 free samples. Further, the binding protein for gp64 are useful for methods to analyze the presence of gp64.

68. [20240355417](#) SYSTEMS AND METHODS FOR DETECTION, MONITORING, AND INTERACTIVE DISPLAY OF CIRCULATING INFECTIOUS DISEASES AND THEIR CHARACTERISTICS

US - 24.10.2024

Clasificación Internacional [G16B 20/50](#)Nº de solicitud 18618412 Solicitante BioNTech
SE Inventor/a Alexander Muik

The present disclosure, among other things, provides technologies for identifying, characterizing, and/or monitoring variant sequences of a particular reference infections agent. Among other things, systems, methods, and architectures described herein provide visualization and decision support tools that can, e.g., facilitate decision making processes by local authorities and improve pandemic response in terms of, e.g., resource allocation, policy making, and speed tailored [vaccine](#) development. The present disclosure also provides tools for analyzing circulating variants to predict mutations likely to increase immune evasion of infectious agents.

69. [WO/2024/221114](#) AEROSPACE-BASED HEALTHCARE SYSTEMS

WO - 31.10.2024

Clasificación Internacional [A61G 3/00](#)Nº de solicitud PCT/CA2024/050575 Solicitante THINKING
ROBOTSTUDIOS INC. AND MASH.FLIGHTS Inventor/a JOUDRIE, Kendall

A mobile transportation system, having a plurality of modules, including a self-sufficient hospital facility, small-scale medical device manufacturing facility, [vaccine](#) production facility, pharmaceutical production facility, sterilization facility, and food production facility, as well as an accommodation facility; wherein each of said plurality of modules, when necessary can be unloaded from the aerospace object and connected to other modules to become part of a larger modular facility with specific purposes, to allows for customization of the facility depending on the medical or other needs.

70. [WO/2024/221577](#) METHOD FOR SERUM-FREE ADHERENT CULTURE AND DOMESTICATION OF MDCK CELLS

WO - 31.10.2024

Clasificación Internacional [C12N 5/071](#)Nº de solicitud PCT/CN2023/101772 Solicitante SHANGHAI OPM
BIOSCIENCES CO., LTD. Inventor/a LI, Juan

The present invention belongs to the technical field of biology, and relates to a method for producing a biological product, in particular a method for the adherent culture and domestication of MDCK cells. Provided is a set of serum-free domestication platforms for MDCK. Using a specific culture medium and domestication culture conditions, MDCK can rapidly adapt to serum-free culture, and then is used for producing an avian influenza [vaccine](#), which is key to preparing the next-generation of safe, effective and quality-controllable influenza vaccines.

71. [20240350602](#) NOVEL PEPTIDES & COMBINATION OF PEPTIDES AS TARGETS OR ACTIVE INGREDIENTS FOR USE IN IMMUNOTHERAPY AGAINST AML & OTHER CANCERS

US - 24.10.2024

Clasificación Internacional A61K 39/00Nº de solicitud 18759376 Solicitante Immatics Biotechnologies GmbH Inventor/a Andrea MAHR

The present invention relates to peptides, proteins, nucleic acids and cells for use in immunotherapeutic methods. In particular, the present invention relates to the immunotherapy of cancer. The present invention furthermore relates to tumor-associated T-cell peptide epitopes, alone or in combination with other tumor-associated peptides that can for example serve as active pharmaceutical ingredients of **vaccine** compositions that stimulate anti-tumor immune responses, or to stimulate T cells ex vivo and transfer into patients. Peptides bound to molecules of the major histocompatibility complex (MHC), or peptides as such, can also be targets of antibodies, soluble T-cell receptors, and other binding molecules.

72.WO/2024/220043A TRANSMISSION-BLOCKING COMPOSITION AGAINST *PLASMODIUM VIVAX*

WO - 24.10.2024

Clasificación Internacional A61K 39/015Nº de solicitud PCT/TH2023/000006 Solicitante MAHIDOL UNIVERSITY Inventor/a PRACHUMSRI, Jetsumon

The present disclosure relates to a composition for prohibiting cross-species infection of malaria caused by *P. vivax* in a subject. Preferably, the disclosed composition is prepared in the form of a **vaccine**, which comprises a plurality of polynucleotides each comprising a sequence as setting forth in SEQ ID No. 1 or SEQ ID No. 2, the polynucleotides being expressed in a body of the subject for inducing an immune response reactive against the infection of malaria thereof; a liquid phase of lipid nanoparticles configured to form a protective layer encapsulating the pluralities of polynucleotides within the protective layer; and a pharmaceutically acceptable adjuvant.

73.4450084GROSSE EXTRAZELLULÄRE SCHLEIFE (LEL) VON CD9 ALS IMMUNOGENES ADJUVANS IN LIPIDNANOVESIKELN

EP - 23.10.2024

Clasificación Internacional A61K 39/12Nº de solicitud 23382365 Solicitante UNIV AUTONOMA DE MADRID Inventor/a YÁÑEZ MÓ MARÍA

The present invention refers to a pharmaceutical composition (from hereinafter pharmaceutical composition of the invention), preferably a **vaccine** composition, comprising a lipid-based nanoparticle and optionally an excipient, wherein the lipid-based nanoparticle comprises the large extracellular loop (LEL) of CD9 of SEQ ID NO 2 displayed on its surface or an amino acid sequence having at least 75%, 80%, 85%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99% or 100% identity to SEQ ID NO 2 displayed on its surface. That is, the large extracellular loop (LEL) of CD9 of SEQ ID NO 2, or a sequence having the indicated sequence identity, is associated with or displayed on the exterior surface of the lipid nanoparticle.

74.WO/2024/218358THE LARGE EXTRACELLULAR LOOP (LEL) OF CD9 AS AN IMMUNOGENIC ADJUVANT IN LIPID NANOVESICLES

WO - 24.10.2024

Clasificación Internacional [A61K 39/12N](#) de solicitud PCT/EP2024/060824 Solicitante UNIVERSIDAD AUTÓNOMA DE MADRID Inventor/a YÁÑEZ-MÓ, María

The present invention refers to a pharmaceutical composition (from hereinafter pharmaceutical composition of the invention), preferably a **vaccine** composition, comprising a lipid-based nanoparticle and optionally an excipient, wherein the lipid-based nanoparticle comprises the large extracellular loop (LEL) of CD9 of SEQ ID NO 2 displayed on its surface or an amino acid sequence having at least 75%, 80%, 85%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99% or 100% identity to SEQ ID NO 2 displayed on its surface. That is, the large extracellular loop (LEL) of CD9 of SEQ ID NO 2, or a sequence having the indicated sequence identity, is associated with or displayed on the exterior surface of the lipid nanoparticle.

75. [20240350616](#) VIRUS-LIKE PARTICLE **VACCINE** FOR RESPIRATORY SYNCYTIAL VIRUS

US - 24.10.2024

Clasificación Internacional [A61K 39/155N](#) de solicitud 18682281 Solicitante Icosavax, Inc. Inventor/a Niranjan Kanesa-Thanan

The present disclosure relates to targeting Respiratory Syncytial Virus (RSV), and methods of using such vaccines to treat infections with RSV, in particular, lower respiratory tract infections (LRTIs).

76. [20240352497](#) ENZYMATIC METHOD FOR PREPARATION OF CMP-NEU5AC

US - 24.10.2024

Clasificación Internacional [C12P 19/46N](#) de solicitud 17995816 Solicitante Max-Planck-Gesellschaft zur Förderung der Wissenschaften e.V. Inventor/a Thomas F.T. Rexer

The present invention relates to a method for producing cytidine 5'-monophospho-N-acetyl-neuraminic acid (CMP-Neu5Ac, 1) from low-cost substrates N-acetyl-D-glucosamine (GlcNAc), pyruvate, cytidine and polyphosphate in a single reaction mixture with a set of optionally immobilized or optionally co-immobilized enzymes comprising N-acylglucosamine 2-epimerase (AGE), an N-acetylneuraminate lyase (NAL), an N-acylneuraminate cytidyltransferase (CSS), a uridine kinase (UDK), a uridine monophosphate kinase and a polyphosphate kinase 3 (PPK3). Further, said process may be adapted to produce Neu5Acylated i.e. sialylated biomolecules and biomolecules including a saccharide, a peptide, a protein, a glycopeptide, a glycoprotein, a glycolipid, a glycan, an antibody, and a glycoconjugate, in particular, an antibody drug conjugate, and a carbohydrate conjugate **vaccine**, or a flavonoid.

77. [20240350611](#) RECOMBINANT ANTIGEN FOR INDUCING AN IMMUNE RESPONSE AGAINST THE ZIKA VIRUS

US - 24.10.2024

Clasificación Internacional [A61K 39/12N](#) de solicitud 18292237 Solicitante CENTRO DE INGENIERÍA GENÉTICA Y BIOTECNOLOGÍA Inventor/a Iris VALDES PRADO

Recombinant chimeric antigen containing a polypeptide comprises amino acids 2 to 104 of the zika virus capsid protein or a polypeptide with an amino acid sequence with at least 90% identity with such capsid protein region. **Vaccine** composition that comprises such recombinant chimeric antigen and a pharmaceutically approved adjuvant. Use of the recombinant chimeric antigen containing a polypeptide comprises amino acids 2 to 104 of the zika virus capsid protein or a polypeptide with an amino acid sequence with at least 90% identity with such capsid protein region, for manufacturing a medicament for the induction of immune response against

zika virus. The invention reveals also a method for the induction of immune response against zika virus wherein this recombinant chimeric antigen is administered.

78. [WO/2024/215719](#) COMPOSITION, **VACCINE** AND METHOD FOR TREATING INFLUENZA A

WO - 17.10.2024

Clasificación Internacional [A61K 39/145](#)Nº de solicitud PCT/US2024/023820 Solicitante ACADEMIA SINICA Inventor/a CHOU, Mei-Yin

The present disclosure provides a composition comprising a polymeric nanoparticle encapsulating an antigen and an agonist, wherein the antigen is M2e peptide. The composition may induce the immune response to influenza A. A method for inducing immune response to influenza A is also provided.

79. [20240352020](#) PYRAZOLE-CONTAINING CBP/CATENIN ANTAGONISTS AND USES THEREOF

US - 24.10.2024

Clasificación Internacional [C07D 487/04](#)Nº de solicitud 18684619 Solicitante 3+2 PHARMA, LLC Inventor/a Fuqiang Ruan

Provided are compounds of formula (Ia) and (Ib), and pharmaceutically acceptable salts thereof. Additionally provided are compositions and pharmaceutical compositions comprising the compounds, therapeutic methods using same for modulating (e.g., inhibiting) CREB binding protein (CBP)/ β -catenin mediated signaling in treating a condition, disease or disorder (e.g., fibrosis, cancer, neurological conditions, metabolic disorders (e.g., diabetes, etc.), and skin conditions (dermatitis, psoriasis, scarring, alopecia, etc.) mediated by aberrant CBP/ β -catenin signaling, and cosmetic methods for treating skin conditions (e.g., aging, etc.). Additionally provided are methods for enhancing **vaccine** efficacy using the compounds and compositions. Further provided are methods for efficiently synthesizing an antagonist of CBP/catenin signaling pathway, comprising use, in a penultimate, or last reaction step, of an intermediate 2-propynyl-compound to form a pyrazole derivative (e.g., via 3+2 cycloaddition).

80. [20240342270](#) PROTECTIVE IMMUNITY ENHANCED ATTENUATED SALMONELLA **VACCINE** (PIESV) VECTOR SYSTEMS

US - 17.10.2024

Clasificación Internacional [A61K 39/215](#)Nº de solicitud 18265323 Solicitante UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INCORPORATED Inventor/a Roy CURTISS, III

Described within is a new much improved host-vector systems for delivery of synthesized antigens or of DNA vaccines to a diversity of animal and human hosts to elicit immune responses, especially protective immune responses to control infection and disease induction and/or transmission by bacterial, viral, parasite and fungal infectious disease agents.

81. [20240352411](#) ANIMAL-FREE MATERIALS FOR CELL CULTIVATION IN BIOREACTORS AND METHODS OF MAKING AND USING THEREOF

US - 24.10.2024

Clasificación Internacional [C12N 5/00](#)Nº de solicitud 18144264 Solicitante NouBio Inc. Inventor/a Samad Ahadian

Microstructures made of dairy products derived from fermentation or mammalian cells as edible or biodegradable microcarriers for cell culture in bioreactors for biomedical applications ranging from tissue engineering, cell-based foods or materials (e.g., cultivated meat, leather), vaccine production, human tissue fabrication, and cell/gene therapy. Edible or biodegradable microcarriers have the potential to be used for the scalable growth of cells in bioreactors in animal serum-free media without the need to be separated from the microcarriers for a final cell-based meat or other cell-based products. Edible microcarriers can act as a replacement for fat in various products and can be modified with the inclusion of flavor molecules and custom proteins and extracellular matrix components to enhance the final creation of cell-based meat or other cell-based products in a bioreactor.

82. [WO/2024/218154](#) NUCLEIC ACID VACCINE FOR ACTIVATING NKG2C+ NATURAL KILLER CELLS

WO - 24.10.2024

Clasificación Internacional [A61K 38/03N](#)° de solicitud PCT/EP2024/060423 Solicitante CHARITÉ - UNIVERSITÄTSMEDIZIN BERLIN Inventor/a ROMAGNANI, Chiara

The invention relates to a nucleic acid molecule, comprising (a) a sequence encoding a human cytomegalovirus (HCMV) UL40 signal peptide, or sequence variant thereof, and (b) an endoplasmic reticulum (ER)-targeting sequence. In a preferred embodiment the nucleic acid molecule further comprises a stability inducing motif at its 3'-end. The invention relates to the nucleic acid molecule of the invention for use as a medicament or as an immunogenic composition. The invention relates further to a pharmaceutical composition comprising the nucleic acid molecule of the invention.

83. [WO/2024/226031](#) COMPOSITIONS, DEVICES, SYSTEMS AND METHODS RELATING TO VACCINATION AND STERILE PROTECTION AGAINST MALARIA

WO - 31.10.2024

Clasificación Internacional [A61K 39/015N](#)° de solicitud PCT/US2023/019674 Solicitante MALARVX INC. Inventor/a AVRIL, Marion

Systems, compositions, devices, methods, etc., provide improved anti-malaria immunological responses comprising making, providing and administering vaccines comprising specific RNA molecules such as self-replicating replicon RNA (repRNA) encoding proteins from Plasmodium such as the P. yoelii (Py) CS protein (CSP), including in some embodiments substantially target proteins encoding target antigens, for example a whole or substantially whole CSP in the repRNA. The prime-and-trap intervals for the administration of the vaccine can comprise administration of only a single dose of a repRNA-Non-encapsulating oil-in-water emulsion nanocarriers (e.g., LIONTM) component followed by administration of as few as 3 or 2 doses, or even just a single dose, of the WO component (e.g., RAS or genetically attenuated WO) at 0 day (same day), or 1, 2, 3, 4, 5, 10, 14, 15 days or 28 days later.

84. [20240343769](#) MULTI-EPI TOPE VACCINE FOR THE TREATMENT OF ALZHEIMER'S DISEASE

US - 17.10.2024

Clasificación Internacional [C07K 14/47N](#)° de solicitud 18594435 Solicitante OTHAIR PROTHENA LIMITED Inventor/a Robin BARBOUR

The disclosure provides peptide compositions and immunotherapy compositions comprising an amyloid-beta (A β) peptide and a tau peptide. The disclosure also provides methods of treating or effecting prophylaxis of Alzheimer's disease or other diseases with beta-amyloid deposition in a subject, including methods of clearing deposits, inhibiting or reducing aggregation of A β and/or tau, blocking the uptake by neurons, clearing amyloid, and inhibiting propagation of tau seeds in a subject having or at risk of developing Alzheimer's disease or other diseases containing tau and/or amyloid-beta accumulations. The methods include administering to such patients the compositions comprising an amyloid-beta (A β) peptide and a tau peptide.

85.[4446336](#)NEOGLYCOKONJUGATE ALS IMPFSTOFFE UND THERAPEUTISCHE WERKZEUGE

EP - 16.10.2024

Clasificación Internacional [C07K 9/00](#)N° de solicitud 24193866Solicitante KORANEX CAPITALInventor/a SHIAO TZE CHIEH

Neoglycoconjugates as immunogens and therapeutic/diagnostic tools are described herein. The neoglycoconjugates are produced by conjugating a carbohydrate antigen intermediate to a free amine group of a carrier material (e.g., carrier protein). The intermediate comprises a linker having a first end and a second end, the first end being conjugated to a carbohydrate antigen via a thio ether bond and the second end comprising a functional group reactable with a free amine group. Following coupling, the carbohydrate antigen becomes covalently bound to the carrier material via an amide, a carbamate, a sulfonamide, a urea, or a thiourea bond, thereby producing the neoglycoconjugate. Applications of the neoglycoconjugates as antigens, immunogens, vaccines, and in diagnostics are also described. Specifically, the use of (neo)glycoconjugates as [vaccine](#) candidates and other therapeutic tools against cancers, viruses such as SARS-CoV-2, and other diseases characterized by expression of aberrant glycosylation are also described.

86.[WO/2024/223994](#)A VIRAL VECTOR AND A [VACCINE](#) COMPOSITION COMPRISING THE VECTOR

WO - 31.10.2024

Clasificación Internacional [A61K 39/12](#)N° de solicitud PCT/FI2024/050203Solicitante ROKOTE LABORATORIES FINLAND OYInventor/a SAKSELA, Kalle

The present invention provides a viral vector comprising, at an insertion site in the viral genome, a nucleic acid sequence encoding a modified extracellular domain of the SARS- CoV-2 spike protein, wherein said modified extracellular domain comprises an N-terminal signal peptide causing the spike protein to enter a secretory system in a host cell, wherein said modified extracellular domain comprises a C-terminal deletion of at least of heptad repeat 2 (HR2), transmembrane segment (TM) and cytoplasmic tail (CT) of the spike protein. The present invention also provides a vaccination composition comprising said viral vector.

87.[WO/2024/217142](#)BIOMINERALIZED COMPOSITE NANOMATERIAL, AND PREPARATION METHOD THEREFOR AND USE THEREOF

WO - 24.10.2024

Clasificación Internacional [A61K 47/69](#)N° de solicitud PCT/CN2024/077929Solicitante NANJING UNIVERSITY OF POSTS AND TELECOMMUNICATIONSInventor/a DING, Xianguang

A biomaterialized composite nanomaterial, and a preparation method therefor and a use thereof. The nanomaterial takes a cell and a derivative thereof as a core, and mineralizes the core to form a protective

layer of the cell and the derivative thereof, and a hydrophilic shell targeting tumor cells, and the shell has a modified end covalently bonded to the cell and the derivative thereof and a hydrophilic end targeting tumor cells. Preferably, the core is composed of a cell or a cell sub-structure or an extracellular vesicle derivative; the shell is composed of an iron oxide or a manganese oxide or an aluminum oxide in a metal salt. The nanomaterial can be used as a novel **vaccine** for immunotherapy, can protect a cell and a derivative thereof, can target tumor cells, improves efficiency, and reduces toxic and side effects on patients; the preparation method has the advantages of easy operation, controllable conditions and large-scale production.

88.4448559 CD44-GLYCOEPI TOPE UND CHIMÄRE IMPFSTOFF-GLYCOKONJUGATE FÜR DIE KREBSTHERAPIE UND SYNTHESEVERFAHREN DAFÜR

EP - 23.10.2024

Clasificación Internacional C07K 14/705Nº de solicitud 22777018 Solicitante I3S INSTITUTO DE INVESTIG E INOVACAO EM SAUDE ASSOCIACAO Inventor/a RIBEIRO DE CASTRO FERREIRA JOSÉ ALEXANDRE

The present invention refers to glycopeptides derived from the short CD44 isoforms lacking the amino acids encoded by exons 6-14, the said glycopeptides presenting at least one or multiple serine or threonine residues substituted with Tn (GalNAca-O-Ser/Thr) and/or sialyl-Tn (STn; Neu5Aca2-6GalNAca-O-Ser/Thr) antigens. The present invention further provides a method for synthesizing the herein disclosed glycopeptides, the said method comprising a one-pot glycosylation of synthetic short isoform CD44 peptides through combination with nucleotide sugars and glycosyl transferases and subsequent purification of the CD44s-Tn glycopeptides by lectin affinity chromatography followed by TiO₂ chromatography or liquid chromatography. In one embodiment, the present invention further comprises immunogenic chimeras derived from the said CD44-Tn and/or STn glycopeptides, which are linked, in a polyvalent form, to a carrier immunogenic protein, such as keyhole limpet hemocyanin (KLH) or cross-reacting material (CRM197). Methods for conjugating the synthesized CD44s-Tn glycopeptides to the immunogenic protein carriers CRM197 and KLH, are described, generating the chimeric glycopeptides, herein termed CRM197 -CD44 s-Tn and KLH-CD44s-Tn, respectively. The present invention further regards the above-mentioned CD44-Tn/STn glycopeptides or compositions comprising said glycopeptides for use in the treatment of cancer and pre-neoplastic diseases, most preferably of neoplastic diseases expressing short CD44 isoforms, through generation of antibodies against cancer cells and treatment and prevention of cancer by vaccination. The glycopeptides, compositions, synthesis methods and uses of the present invention can be advantageously employed in the treatment of cancer, alone or in combination with immune checkpoint inhibitor therapy, chemotherapy, and radiotherapy.

89.20240342272 ORAL **VACCINE** VIA DENTAL BACTERIA AND EMITTED PEPTIDES TO PREVENT INFECTION FROM A PATHOGEN

US - 17.10.2024

Clasificación Internacional A61K 39/215Nº de solicitud 18755430 Solicitante David Kotlyar Inventor/a David Kotlyar

Disclosed is a pharmaceutical composition to prevent transmission of a pathogen (i.e., including SARS-CoV-2 amongst other pathogens), the pharmaceutical composition comprising: genetically modified bacteria; sequences of small peptides; and pharmaceutical excipients, wherein the genetically modified oral bacteria are modified to translate, produce, and emit the sequences of small peptides which neutralize a pathogen (i.e., including SARS-CoV-2 amongst other pathogens), wherein transgenic technology is used to modify the

genetically modified oral bacteria to add genes in genetically modified oral bacteria that are transcribed to produce small peptides from the sequences of small peptides so added, wherein the sequences of small peptides show extreme binding and neutralization to a pathogen (i.e., including SARS-CoV-2 amongst other pathogens) but not to host proteins or processes, and wherein the pharmaceutical excipients aid the oral and/or nasal administration of the pharmaceutical composition.

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