VacCiencia

FINLAY EDICIONES

Boletín Científico

No. 23 (1-11 noviembre / 2024)

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.

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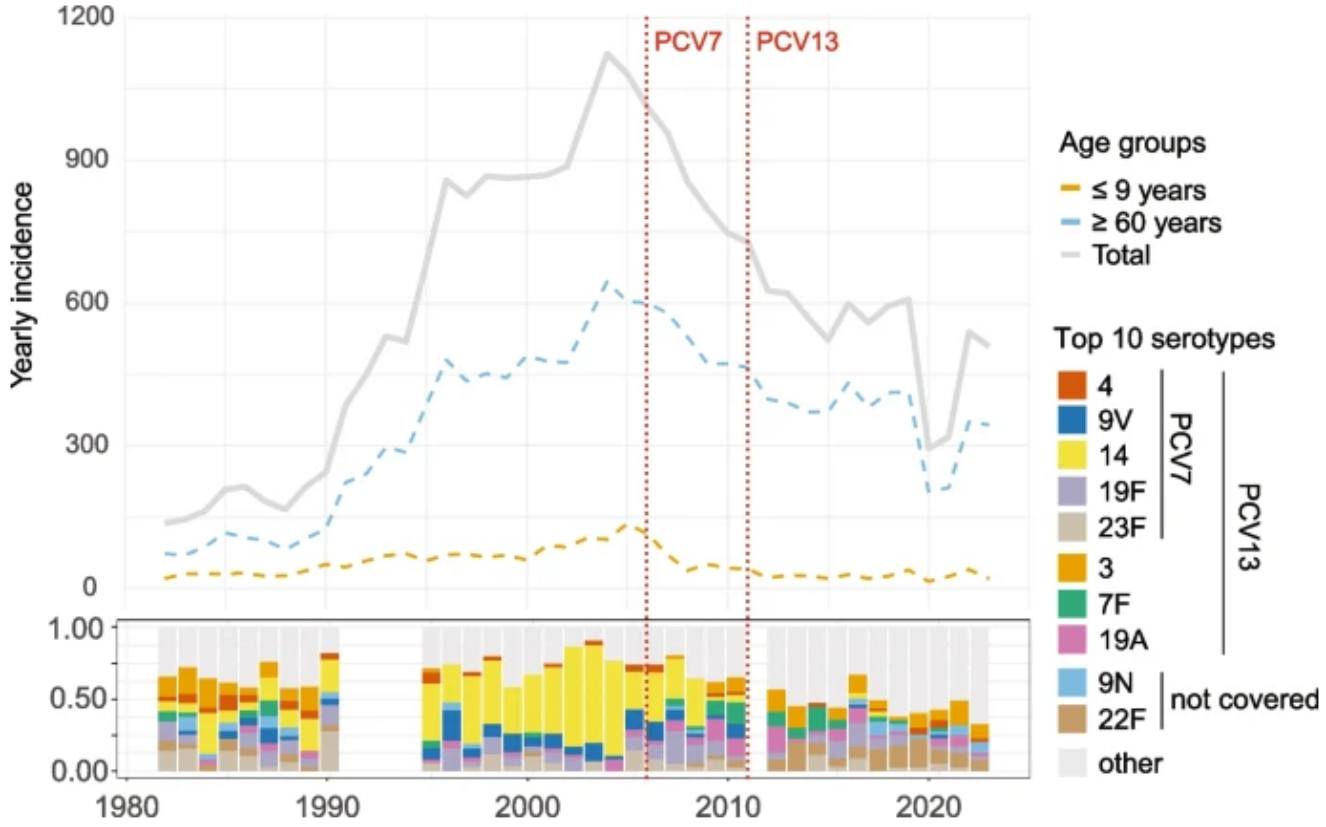
Reseña de artículo científico

Estudio en Noruega revela cómo la introducción de las PCV en el programa de inmunización infantil ha reducido la incidencia de enfermedades neumocócicas invasivas

El número de casos de meningitis y septicemia está disminuyendo, y esto se debe claramente a la inclusión, desde 2006, de la vacuna antineumocócica en el programa de vacunación infantil. "Antes de que se incluyera, se producían más de 1.000 casos al año, frente a unos 600 al año en 2022 y 2023. El descenso de los casos es especialmente evidente entre los niños menores de 10 años. En este grupo de edad, por ejemplo, se produjeron 136 casos de enfermedad neumocócica invasiva en 2005, frente a 40 casos en 2022 y 27 en 2023", explicó Vegard Eldholm, científico investigador del Instituto Noruego de Salud Pública (FHI). Estas cifras se desprenden del estudio "*A genome-based survey of invasive pneumococci in Norway over four decades reveals lineage-specific responses to vaccination*", realizado en colaboración entre el FHI y el Instituto de Ciencias Médicas Básicas (IMB), publicado en la revista *Genome Medicine*.



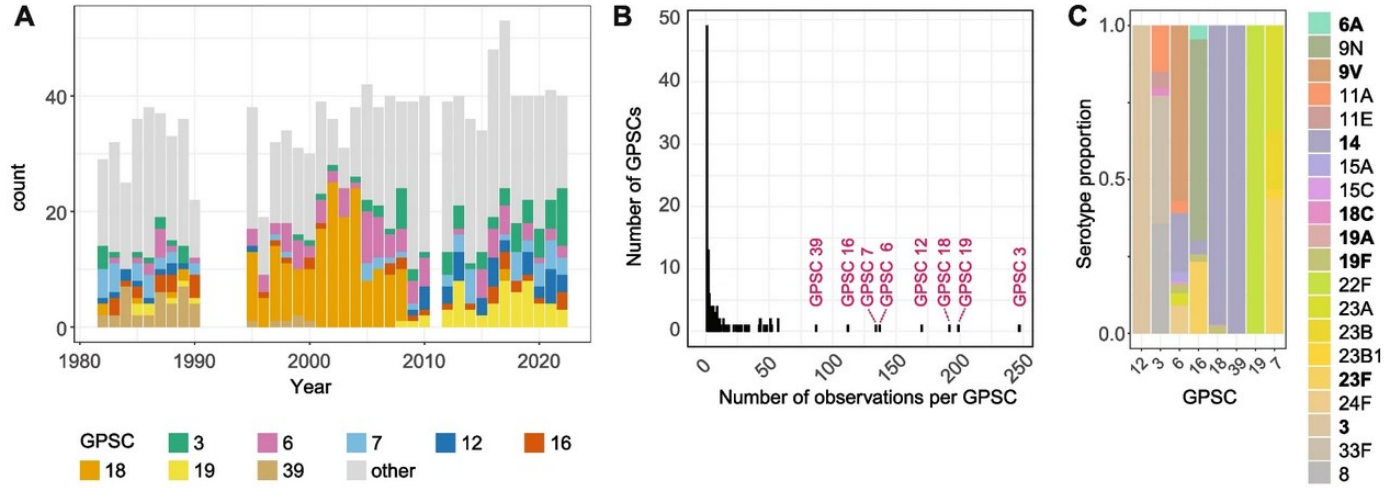
Incidencia de la enfermedad neumocócica invasiva por grupo de edad. Crédito: Genome Medicine (2024).

La vacuna protege a varios grupos de riesgo

"Lo más importante que muestran nuestros análisis genómicos es que la inclusión en el programa de vacunación infantil ha protegido no solo a los niños, sino también a los mayores. Como menos niños enferman, esto hace que se transmitan menos infecciones a sus abuelos, por ejemplo, que también son un grupo de riesgo", afirma Rebecca Ashley Gladstone, investigadora postdoctoral en el IMB.

La amplia base de datos de muestras, que se remonta a la década de 1980, que los investigadores han estado estudiando desde 2018, también proporciona una gran cantidad de conocimientos sobre el desarrollo de las bacterias neumocócicas y una base para seguir desarrollando la vacuna.

En total, esta colección histórica consistió en 1243 genomas submuestreados aleatoriamente para reflejar la carga real de ENI a lo largo del tiempo, y 62 genomas incluidos sobre la base de exhibir la concentración mínima inhibitoria (CMI) de penicilina G por encima del umbral de CMI no relacionado con meningitis, para un total de 1305 genomas. También afirmaron que la distribución por edad de los casos secuenciados a lo largo del tiempo en el conjunto de datos históricos reflejó las tendencias en los datos de vigilancia.



Principales GPSC en Noruega en cuatro décadas.
A - Frecuencia anual de GPSC en el conjunto de datos históricos (submuestreados).
B - Número total de aislamientos por GPSC, incluidos todos los aislamientos, es decir, los años recientes no submuestreados. Se anotan los ocho GPSC más grandes.
C - Distribución de serotipos dentro de los ocho GPSC más grandes. Los serotipos cubiertos por PCV13 se indican en negrita.

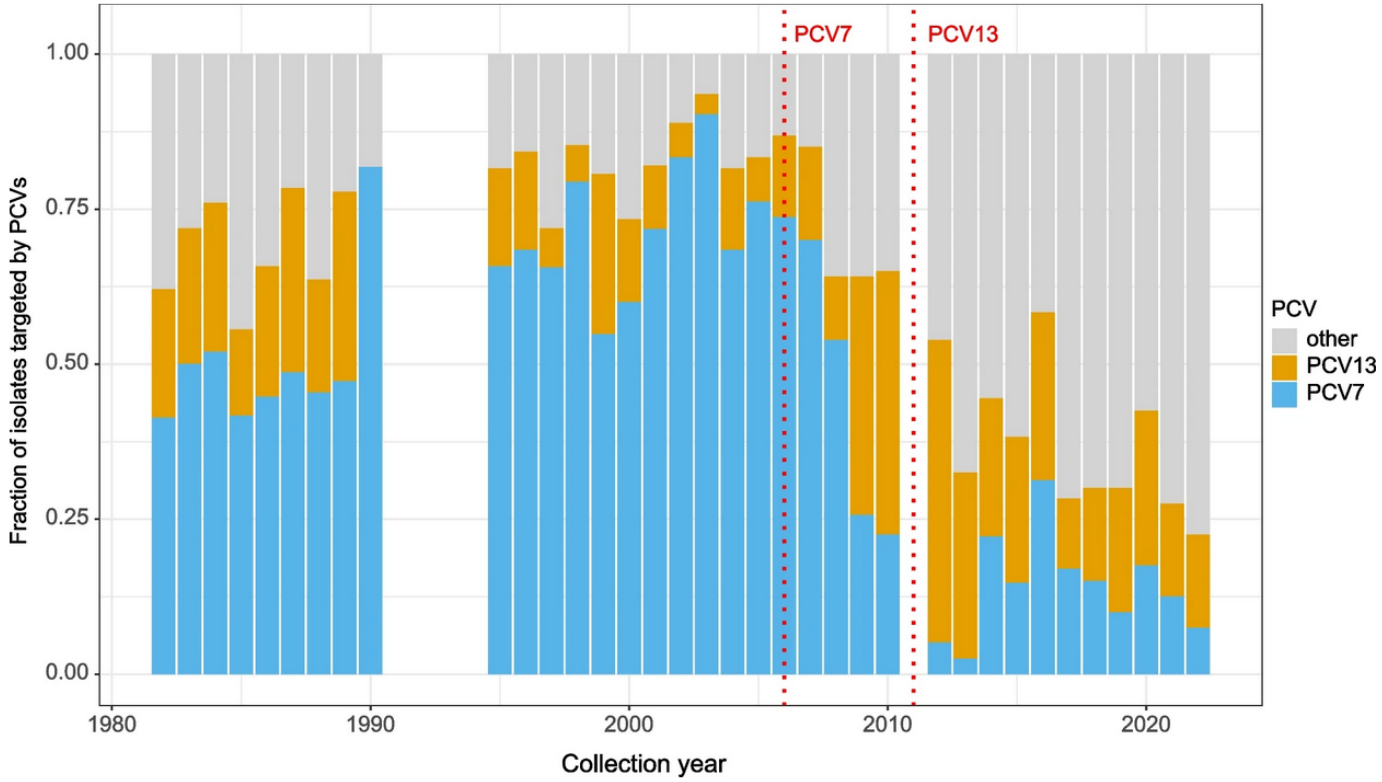
La cápsula de la bacteria es crucial

En el exterior de los neumococos hay una cápsula de polisacáridos, que en muchos aspectos se parece a la proteína de la espiga de la que tanto hemos oído hablar durante la pandemia de COVID-19. Esta espiga también fue una de las razones por las que el virus mutaba constantemente y creaba nuevas variantes.

"Es precisamente esta espiga la que reconoce la vacuna antineumocócica; de hecho, la vacuna actual reconoce 13 de los casi 100 tipos de cápsula o serotipos, como se denomina a los grupos de neumococos con una cápsula similar. Estos 13 serotipos se eligieron originalmente porque eran los que causaban con mayor frecuencia enfermedades graves", explica Eldholm.

En general, la inmunización con PCV (vacuna antineumocócica conjugada) ha reducido de forma bastante clara la incidencia de la enfermedad neumocócica invasiva, tanto entre los jóvenes como entre los mayores. Pero el estudio también muestra que los neumococos "escapan" de la vacuna de forma lenta pero segura mediante el desarrollo de nuevos serotipos o mediante un aumento de serotipos raros que conducen a una mayor incidencia de la enfermedad.

Los autores también investigaron la distribución de serotipos a lo largo del tiempo, específicamente, la fracción de aislamientos en cada año que tenían tipos de cápsula cubiertos por las vacunas PCV7 y PCV13. Observaron una clara reducción en los serotipos cubiertos por PCV7 entre los casos de ENI después de la introducción de la vacuna en 2006, en línea con observaciones anteriores de reducción de la portación. En comparación con PCV7, el efecto de la vacunación con PCV13 fue más moderado, pero todavía hay una clara disminución en la fracción de todos los casos de ENI compuestos por serotipos de PCV13, después de introducción de PCV7 y PCV13.



Fracción de aislamientos que portan serotipos PCV7 y PCV13 a lo largo del tiempo. Los serotipos de PCV13 incluyen los serotipos PCV7 además de seis serotipos únicos. Las líneas de puntos anotadas indican el año de introducción de la vacuna en el programa de vacunación infantil.

En este artículo, se analizaron los principales linajes de la enfermedad endotelial pulmonar en todos los grupos de edad durante 4 décadas y la posterior expansión de linajes con tipos no vacunales de PCV13. Si bien la mayoría de la carga de la enfermedad endotelial pulmonar recae en el grupo de edad de >60 años, la PCV13 se administra principalmente en el programa de inmunización infantil noruego, aunque las PCV se pueden administrar en combinación con la PPV23 en el grupo de edad de ≥65 años cuando el médico general considera que la PPV23 ofrece protección insuficiente.

Nuevas vacunas en desarrollo

"El estudio demuestra que es esencial realizar un seguimiento constante de la población neumocócica. La PCV-13 no es la única vacuna neumocócica disponible y, al estudiar cómo mutan los neumococos a lo largo del tiempo, tendremos un conocimiento mucho mejor sobre el que basar nuestra elección de la mejor vacuna posible para la siguiente fase del programa de inmunización", afirma Gladstone.

Añade que las nuevas vacunas, con capacidad para reconocer más tipos de cápsulas, están en desarrollo y la más reciente, que reconoce 20 tipos de cápsulas, fue aprobada por la Comisión Europea este año.

Los neumococos también causan neumonía, pero son la meningitis y la septicemia las que deben notificarse a las autoridades sanitarias.

Fuente: Vegard Eldholm et al. *A genome-based survey of invasive pneumococci in Norway over four decades reveals lineage-specific responses to vaccination*. Genome Medicine (2024).

Disponible en:

https://genomemedicine.biomedcentral.com/articles/10.1186/s13073-024-01396-3

DOI: 10.1186/s13073-024-01396-3

Noticias en la Web

Mongolia to combat cervical cancer with massive HPV vaccination campaign

Nov 1. Mongolia is set to begin vaccinating all its 11-year-olds against the cancer-causing virus. Survivor Ainagul Samenbek calls the jab "our key chance".

> **"The deaths of 140 women mean more than 500 motherless children. I am angered by the anti-vaccine activists who disregard the suffering of these children. Vaccines are our key chance to prevent this fatal cancer."**
>
> **- Ainagul Samenbek, mother and cervical cancer survivor**

Starting in late 2024, 11-year-olds will be vaccinated against the cancer-causing human papillomavirus (HPV) in schools across Mongolia, free of charge. This year's initiative is part of Mongolia's broader goal to vaccinate 90% of the population by 2030, ultimately reducing the incidence of cervical cancer to fewer than four cases per 100,000 people – a target that aligns with the United Nations Sustainable Development Goals (SDGs).

Available in Mongolia on a voluntary basis since 2012, uptake of the HPV vaccine has hitherto been limited. That first roll-out a dozen years ago appeared to trigger a wave of anti-vaccine activism in the country, which has continued to challenge immunisation programmes to this day.

The new campaign, however, is propelled forwards by a compelling alliance of health leaders, international partners, grassroots activists and cervical cancer survivors.

One strong voice for vaccination is Ainagul Samenbek's. Her personal battle with cervical cancer began two years ago when she was diagnosed with stage 2b cervical cancer. At the time, Mongolia could only offer chemotherapy as a treatment option. With such limited choices, Ainagul made the life-altering decision to sell all her assets and travel to Turkey – navigating pandemic-related border restrictions – for surgery.

Her treatment had a heavy physical and financial cost. Doctors removed her uterus and ovaries in a bid to cut away the cancer. But the greater danger of not pursuing treatment was clear to her: Ainagul has also lost two family members to cervical cancer.

"It will take five years to know if I'm completely cancer-free," Ainagul told VaccinesWork.

Lost women

Cervical cancer is a pressing health issue in Mongolia. The country suffers the highest incidence rate in all of Asia, at 18.8 cases for every 100,000 women. Half of all cervical cancer cases in Mongolia are diagnosed at an advanced stage, limiting treatment options, and the country's mortality rate stands at 10.2 per 100,000.

According to the HPV Information Centre's 2023 data, 334 women are recorded to be newly diagnosed with the disease each year, with 182 of them dying of it.

On those grounds, the Mongolian government in December 2023 decided to make the HPV vaccine – which is capable of blocking cervical cancer in the vast majority of cases – mandatory for all children, aiming to prevent future generations from facing the same devastating health battles as Ainagul.

Ainagul, a mother of two young daughters, has resolved to vaccinate them against HPV as soon as they reach the appropriate age. But she is concerned about what the growing anti-vaccine sentiment in Mongolia could mean in other families.

"The deaths of 140 women mean more than 500 motherless children," she said, citing statistics released by the country's National Cancer Centre a few years ago. "I am angered by the anti-vaccine activists who disregard the suffering of these children. Vaccines are our key chance to prevent this fatal cancer."

Amid her ongoing recovery from surgery and chemotherapy, Ainagul has become an outspoken advocate for cervical cancer awareness and prevention. Last June, she even ran for parliament, driven by her personal experiences with cancer and the lack of adequate health care infrastructure in Mongolia.

She now manages a Facebook group for cervical cancer patients, offering support and sharing insights into the physical and emotional challenges of battling the disease.

Fuente: Gavi. Disponible en https://acortar.link/C6eys9

Vacunarse es la ruta para que la COVID-19 no mute y sea menos peligroso

1 nov. Las víctimas mortales más frecuentes de la COVID-19, el virus que ha sacudido al mundo desde finales de 2019, son los niños menores de 5 años y los adultos mayores de 65. También este grupo etario es el que más posibilidades tiene de terminar hospitalizado o en terapia intensiva.

Por ello, de acuerdo con la Dra. Yéssika Moreno, directora de Asuntos Médicos para Pfizer en América Latina, la responsabilidad social y compartida de las personas entre los 6 y 64 años es vacunarse, pues, si acaso se contagian de COVID-19, la vacuna contribuye a evitar que el virus mute, se fortalezca y se propague con mayor vigor.

Como se sabe, cuando el coronavirus ingresa en el cuerpo humano convierte el organismo en una especie de laboratorio donde muta y se vigoriza, razón por la cual es prácticamente imposible erradicarlo pese a los esfuerzos de la ciencia avanzada.

Si la persona contagiada no presenta comorbilidades y no es menor de 5 años ni mayor de 65, es muy probable que no padezca los síntomas ni consecuencias de la COVID-19, explica la especialista. Sin embargo, sí se convierte en una potencial fuente de contagio, cuya víctima puede ser precisamente la población de mayor riesgo mortal: los niños, los adultos mayores y las personas que padecen comorbilidades como obesidad, diabetes, cáncer, enfermedades respiratorias e hipertensión.

En tanto, cada día los laboratorios fabricantes de la vacuna invierten una cantidad importante de esfuerzo y recursos para actualizar su producto y que sea efectivo contra las nuevas variantes, pues es de saberse que, por ejemplo, el inóculo que se usó contra las cepas de 2020, 2021 y 2022 es prácticamente inservible contra las de 2024.

DURANTE 2024 EL VIRUS HA DEJADO 625 MUERTOS EN MÉXICO

"La parte más importante es saber que la COVID-19 todavía existe", confirma la Dra. Moreno. "La gente está cansada de escuchar de COVID-19, algunos creen que ya no existe y otros ya ni le toman importancia, pero no se ha ido, sigue con nosotros y sigue produciendo casos".

De acuerdo con la información más reciente de la Secretaría de Salud, solo en 2024 en México se han notificado 13,807 casos positivos de COVID-19 y 625 defunciones.

"Sé que se piensa que la gente contagiada de COVID-19 lo padece levemente y no llega al hospital y no se está muriendo. Pero las cifras nos demuestran que hay una gran cantidad de hospitalizaciones de pacientes muy pequeños y muy grandes", agrega Yéssika Moreno, médica con más de dos décadas de experiencia en la industria farmacéutica en América Latina.

“Cuando se trata de personas mayores de 65 años casi el 100 por ciento de los contagiados de covid-19 terminan en hospitalización”, agrega. “Todavía tenemos gente que requiere una hospitalización debido a la enfermedad”.

Tras mostrar un informe elaborado por el gobierno de México, insiste en que los grupos etarios en donde se presentan los mayores fallecimientos es de personas de más de 65 años y menores de 5. “Son los pacientes que más hospitalizaciones están teniendo, terminan en una unidad de cuidados intensivos o lamentablemente fallecen por la enfermedad”.

En ese sentido, advierte que las personas excluidas de estos rangos de edades probablemente no terminen en un hospital, pero sí abren la puerta para que el virus mute e impacte en las poblaciones de alto riesgo, las cuales sí pueden terminar en una unidad de cuidados intensivos o fallecer.

APLICARSE LA VACUNA CONTRA EL COVID-19 PARA MINAR LAS MUTACIONES

“Cada persona infectada damos la posibilidad a que el virus mute en nuestro organismo”, exhibe Moreno. “Cada persona que se infecta es un centro de incubación para esa mutación, y esta es la más peligrosa para las poblaciones de riesgo, pues se convierte en una variante nueva que obviamente desconocemos: no sabemos su capacidad de transmisión ni su severidad”.

Por ello el mensaje a transmitir es: “Esto es una responsabilidad compartida porque si yo me infecto puedo dar pie a que alguien fallezca. De ahí la importancia de que cada persona, aunque no esté en un grupo de riesgo, tenga la responsabilidad de vacunarse y evitar que el virus continúe mutando”.

Desde su aparición, el coronavirus SARS-CoV-2 ha experimentado múltiples mutaciones. Estos cambios se han presentado sobre todo en la proteína *spike*, una de las cuatro que posee el virus. Para darnos una idea, solo ómicron, conocida como la madre de las variantes que circulan hoy en día, ha presentado más de 80 transformaciones.

“¿Qué significa esto?”, se cuestiona la experta. “Que este virus que conocimos en 2020 hoy no es el mismo, es totalmente diferente. La COVID-19 sigue entre nosotros y sigue produciendo contagios, hospitalizaciones y muertes. Sin embargo, el prevenir que yo me contagie disminuye la posibilidad de que el virus cambie y continúe generando problemas”.

Como se mencionó líneas arriba, las vacunas que se desarrollaron en 2020 ya no funcionan hoy en día porque se diseñaron para atacar un virus que ya no existe; y no porque haya desaparecido, sino porque simplemente se transformó. De ahí la necesidad de que la población cuente con vacunas actualizadas que ataquen y combatan los virus que pululan en la actualidad.

UNA VACUNA CONTRA LA SUBVARIANTE JN.1 DE LA COVID-19

En ese sentido, por ejemplo, hace unos días, el 18 de octubre, la Comisión Federal para la Protección contra Riesgos Sanitarios (Cofepris) dio el visto bueno para comercializar en México la actualización de la vacuna de Pfizer.

Según la empresa farmacéutica, esta nueva versión del inóculo fue elegida y recomendada unánimemente para la subvariante JN.1 por el Comité Asesor sobre Vacunas y Productos Biológicos Relacionados de la *Food and Drugs Administration* (FDA) de Estados Unidos.

Esta autorización de la vacuna se presenta cuando el Sistema Mundial de Vigilancia y Respuesta a la Gripe, de la Organización Mundial de la Salud, registra un aumento de casos de COVID-19 de 7.4 por ciento a 13 por ciento en 85 países. De acuerdo con este organismo, solo de mayo a junio de 2024 se ha notificado la

muerte de más de 2,800 personas a causa de la enfermedad.

“Desde que empezó la pandemia escuchamos que la COVID-19 llegó para quedarse; nunca se va a ir, nunca”, recuerda Yéssika Moreno. “Por ello debemos evitare que siga mutando y que produzca más muertes y hospitalizaciones”.

En ese sentido, insiste en que las medidas de prevención jamás deben olvidarse y que son necesarias para combatir cualquier enfermedad. Lavarse las manos, por ejemplo, no solo ayuda a evitar las enfermedades respiratorias, sino también las diarreas, las infecciones y la contaminación de los alimentos, entre otros.

NOS ACECHA UNA TORMENTA PERFECTA

“Lo mismo sucede con el protocolo para estornudar, que no cambia nunca”, agrega. “Volvimos a escucharlo cuando llegó la pandemia, pero existe desde hace mucho y debería ser así siempre porque la gripe común, la influenza y el virus respiratorio sincicial están aquí. Pandemia o no pandemia, el protocolo del estornudo debería ser siempre el mismo, estornudar en el ángulo del brazo o con un pañuelo desechable”.

La especialista considera que hoy en día existen las condiciones para que se forme una tormenta perfecta: “Porque tenemos influenza, COVID-19 y virus respiratorios sinciciales. Pero volvemos a lo mismo: las medidas de prevención deben ser las mismas para todo, funcionan para los tres casos y muchos más”.

La conversación con la Dra. Moreno se ha desarrollado en las instalaciones de Medistik by Traxión, la compañía responsable del almacenaje y distribución de la vacuna Comirnaty COVID-19 de Pfizer.

Ubicada en Toluca, Estado de México, la empresa cuenta con instalaciones diseñadas específicamente para el manejo del inóculo, cuya relevancia consiste en conservar la cadena de frío.

Estas instalaciones tienen la capacidad de almacenar unas 250,000 vacunas a menos de 75 °C. “Además de nuestra flota, que también conserva la cadena de frío, la bajísima temperatura nos permite asegurar el buen funcionamiento de la vacuna”, explica Rafael Figueroa, director general de la compañía.

“Son almacenes, son camiones, es una flota muy importante de cadena de frío”, agrega el directivo. “Contamos con una experiencia de más de 20 años que nos permite ofrecer soluciones logísticas integrales de vanguardia y una gran capacidad operativa”.

La vacuna Comirnaty contra la COVID-19 se almacena a menos de 75 °C. (Especial)

Fuente: Newsweek en español Disponible en https://acortar.link/slVALx

La OPS facilitará el acceso a vacunas maternas para proteger a

1 nov. A partir del primer trimestre de 2025, la Organización Panamericana de la Salud (OPS), a través de sus Fondos Rotatorios Regionales, facilitará a los países de las Américas el acceso a la vacuna contra el virus respiratorio sincitial (VRS), la principal causa de hospitalización pediátrica y muerte por infección respiratoria en los primeros seis meses de vida, a precios asequibles.

Cada año, alrededor de 13 millones de niños nacen en la región, quienes podrían beneficiarse de esta medida en caso de ofrecerse la vacuna a las embarazadas.

iStock/Peter Hansen
Imagen

En noviembre de 2023, el Grupo Técnico Asesor (GTA) en vacunación de la OPS recomendó administrar la vacuna a mujeres embarazadas entre las semanas 32 y 36 de gestación. Esta estrategia asegura una protección efectiva para el recién nacido, reduciendo el riesgo de parto prematuro. Los anticuerpos maternos brindan protección contra el VRS hasta aproximadamente seis meses después del nacimiento, momento en el que el riesgo de enfermedad grave es más alto.

Actualmente, solo una vacuna ha sido aprobada por la Organización Mundial de la Salud (OMS) para prevenir las enfermedades relacionadas con el VRS en lactantes. Los países de la región que la soliciten podrán acceder a ella a través de la OPS el próximo año.

Los Fondos Rotatorios Regionales de la OPS, con más de 40 años de experiencia, brindan cooperación técnica y realizan compras consolidadas de más de 60 biológicos de calidad a precios asequibles. Además, adquieren jeringas, equipos de cadena de frío y otros suministros relacionados con la vacunación, asegurando la sostenibilidad de los programas de inmunización en la región.

Fuente: Organización Panamericana de la Salud. Disponible en https://acortar.link/CXERtc

El nuevo paradigma de las vacunas: de prevenir infecciones a tratar enfermedades como el cáncer o el tabaquismo

3 nov. Las vacunas terapéuticas siguen su camino hacia convertirse en realidad. Al enfoque preventivo de las vacunas contra enfermedades respiratorias como la gripe o la covid, de eficacia ya consolidada, o, recientemente, la inmunización contra el virus respiratorio sincitial, que ha reducido en un 80% las consultas e ingresos por bronquiolitis durante su primer año de administración, se suman ahora una gran cantidad de ensayos de vacunas centradas en el tratamiento y la cura de determinados tipos de cáncer, como de pulmón, páncreas o melanoma, de enfermedades autoinmunes (como la esclerosis múltiple) o para combatir patologías neurodegenerativas como el Alzhéimer o el Párkinson.

A los "grandes campos" en los que se está trabajando en este "cambio de paradigma" de las vacunas y más avanzados están los ensayos se unen también las inyecciones para tratar la hipertensión arterial o la adicción al tabaco o a ciertas drogas como el fentanilo (conocida como 'la droga zombi', con efectos muy tóxicos para el organismo y principal causa de muerte por sobredosis en las grandes ciudades estadounidenses). "No todas estas vacunas [que se están estudiando] llegarán a buen puerto, pero estoy absolutamente convencido de que algunas de ellas, las más avanzadas, las vacunas contra el cáncer, seguro que sí", asegura a 20minutos el director del Instituto de Inmunología Clínica y Enfermedades Infecciosas de Málaga, Fernando Fariñas, ponente de una conferencia sobre el futuro de las vacunas celebrada en el marco del XII Congreso de la Asociación Española de Vacunología (AEV), celebrado la semana pasada en Málaga.

Pero el cáncer no es una enfermedad, sino muchas. "Por eso se está investigando una vacuna para cada tipo de enfermedad". Fariñas expone que se están desarrollando "vacunas personalizadas, en las cuales se cogen previamente las células tumorales del paciente, se analiza el contenido de proteínas de dichas células y se elige una para realizar la vacuna que estimule la respuesta inmunitaria frente a las células tumorales de un paciente particular".

A ellas se suman las vacunas más universales "con antígenos compartidos" que caracterizan a la mayoría de los cánceres de pulmón. En estos casos, con una sola vacuna se puede inducir una respuesta inmunitaria frente a ese tipo de cáncer de pulmón, y eso va a beneficiar a la inmensa mayoría de los pacientes con dicho cáncer de pulmón.

Actualmente, hay en marcha más de 300 ensayos clínicos en todo el mundo que se centran en el enfoque terapéutico de las vacunas; y alguno de ellos se realizan en España. En concreto, seis hospitales de toda España, "de aquí a final de año", van a probar la eficacia -las cuestiones de seguridad ya han sido superadas - de una vacuna contra el cáncer pulmonar no microcítico en unos 15 pacientes. El ensayo, a punto de entrar en fase II, forma parte de un estudio con unos 130 pacientes de todo el mundo que sufren la enfermedad en todos sus estadios y que ya están recibiendo inmunoterapia, basada la mayoría de los casos en el uso de los llamados anticuerpos monoclonales.

Fariñas explica a este periódico que la investigación en el campo de las vacunas oncológicas se está desarrollando principalmente con la tecnología denominada ARN mensajero, la misma que se utilizó para crear algunas vacunas frente a la covid y cuyos descubridores, Katalin Karikó y Drew Weissman, recibieron el Premio Nobel de Medicina en 2023. "Son más fáciles de producir, no demasiado caras y se pueden tener en dos, tres o cuatro meses. Un paciente oncológico no puede esperar dos años. Tiene muchas ventajas y por eso se están desarrollando de forma mucho más ágil y rápida", comenta el especialista.

Entre sus ventajas destaca también que se trataría de un tratamiento menos agresivo que otros enfoques

más tradicionales, como las quimioterapias o las radioterapias. Además, "la eficacia de estas vacunas aumentará si puede aplicarse en estadios tempranos de la enfermedad", aseguran desde la AEV en una nota de prensa.

Potencian la inmunoterapia

Las vacunas con ARN mensajero, por sí solas, a veces no están mostrando la eficacia suficiente como terapia oncológica. No obstante, combinadas con inmunoterapia, que ya sí se está aplicando en pacientes de forma habitual, ,"se incrementa de forma significativa su eficacia". Es decir, "el efecto sinérgico de la inmunoterapia junto con la vacuna tiene mejores resultados que la inmunoterapia sola o que la vacuna sola", apunta Fariñas.

"Por ejemplo, la inmunoterapia sola frente al melanoma presentan una eficacia significativa, pero combinada con una vacuna de ARN mensajero esta protección se incrementa de forma importante y, por eso, la filosofía es usar ambos sistemas combinados", agrega.

De los más de 300 ensayos en marcha actualmente y a la espera de resultados concluyentes, Fariñas advierte de que "seguro que muchos se quedarán en el camino por falta de seguridad o eficacia". Pero mira al futuro con optimismo: "Estoy convencido de que un porcentaje significativo va a pasar a fase III y a su aplicación de forma rutinaria a distintos tipos de pacientes. Lo vamos a tener. Más tarde o más temprano, más bien temprano que tarde, lo vamos a tener".

Fuente: 20 minutos. Disponible en https://goo.su/9Eutj6n

Vietnam aims to produce innovative medicines

Nov 3. The Ministry of Health has proposed a policy to encourage the transfer of new and innovative drugs, aiming to create more opportunities for patients.

According to the ministry's Drug Administration of Vietnam (DAV), innovative drugs in Vietnam account for only about 3% of the total but represent up to 22% of the value and are primarily imported. Only a few medicines have been researched and produced domestically, or have had initial technology transfer for production.

The main reason is that most domestic pharmaceutical production facilities are currently small- and medium-sized enterprises (SMEs) that have not prioritised investment in research, production, or the transfer of these drugs due to the substantial demand for financial resources, time, and high-quality human resources.

Investment in research and development also remains modest, focusing primarily on conventional drugs, not on research and production of modern pharmaceutical formulations, optimisation of formulas and production.

According to DAV General Director Vu Tuan Cuong, Vietnam encourages the production of generic drugs to ensure essential medicines, and that is why enterprises have not focused on researching and producing hi-tech drugs, new drugs, specifics, or innovative drugs.

He underlined the need to develop incentive mechanisms and policies to attract enterprises and investors, thus promoting investment in researching and developing new technologies for producing priority drugs as proposed in the draft amendment to the Pharmacy Law.

According to DAV, domestically produced drugs currently account for 70% of the quantity used but only about 45-50% in the value. The draft amendment to the Pharmacy Law has proposed regulations to encourage the production of innovative medicines and hi-tech dosage forms, rather than focusing on the production of generic drugs.

The authority reported that Vietnam has 230 pharmaceutical factories that meet GMP-WHO standards, with 20 of them meeting GMP-EU standards. The World Health Organisation (WHO) classifies Vietnam's pharmaceutical industry at Level 3, indicating its capability to produce generic drugs and partially self-sufficient in certain pharmaceutical products. In 2023-2024, the pharmaceutical market is hoped to reach 6.5 - 7 billion USD, with imports accounting for 3.5 billion USD.

Under the national strategy for developing Vietnam's pharmaceutical industry to 2030, with a vision to 2045, the country aims to become a key hub for the manufacturing, processing, and technology transfer of brand-name drugs, particularly in Southeast Asia.

Additionally, the strategy seeks to elevate the domestic pharmaceutical industry to WHO Level 4, with its export value expected to reach 1 billion USD by 2030.

The strategy also targets domestic medicine production to meet about 80% of the country's demand, representing 70% of the market value, and to produce 20% of the raw materials needed for the domestic drug production.

Fuente: Vietnam Plus. Disponible en https://goo.su/1YhSJ

International and Regional Experts Address the Role of Vaccines in Disease Management during Pfizer MERA Vaccines Summit 2024

Nov 4. International and regional experts addressed more than 180 regional physicians and healthcare professionals during the annual vaccines summit, hosted by Pfizer Middle East, Russia and Africa (MERA), from 1-2 November, in Dubai, United Arab Emirates, to discuss the global and regional impact of vaccinations and recommended vaccine strategies for various patient groups.

Critical issues discussed during the MERA Vaccines Summit included the remaining burden of pneumococcal disease, the evolution and impact of pneumococcal conjugate vaccines, and the importance of vaccination in combating antimicrobial resistance. Speakers also addressed the global burden of respiratory syncytial virus (RSV), with discussions on expanding immunization coverage, particularly among adults and through maternal vaccination. Additionally, the summit explored post-COVID-19 vaccine regulatory strategies and the prevention of invasive meningococcal disease in at-risk populations.

According to the World Health Organization (WHO), vaccination is one of the most cost-effective ways to avoid diseases such as diphtheria, tetanus, pertussis, influenza, and measles. It has been estimated that vaccines can prevent 4 to 5 million deaths per year, with the ability to prevent 1.5 million more if global coverage of vaccines improves.i Today, more people benefit from vaccines to help prevent certain infectious diseases than ever before, providing essential health benefits at all ages, from infant populations to seniors. By helping reduce the potential seriousness of disease outbreaks, vaccines can help societies mitigate disease epidemics and the subsequent burdens on human health, public services, the economy, and political stability.

Stressing the rising need to address the burden of respiratory disease on a global and regional level, Dr. Iona Munjal, MD FAAP, Executive Director in Pfizer Vaccine Clinical Research and Development said, "From changing climates to increased travel, the world faces a number of realities that facilitate the transmission of infectious diseases. In addition, improved diagnostics have revealed the nature of these threats including the contribution of leading respiratory pathogens such as COVID-19, RSV, Pneumococcal, and Influenza. Our industry-leading pipeline, scientific expertise and end-to-end global capabilities put Pfizer at the forefront of a new era of vaccine innovation to help address these realities as we continue in our efforts to deliver more vaccine breakthroughs to the world."

Key international speakers at the event included Javier Diez-Domingo, Head of Vaccine Research Area, Center for Public Health Research (FISABIO), Spain; Jaime Eduardo Fergie, Medical Director, Global Institute for Hispanic Health and Director of Pediatric Infectious Diseases, Driscoll Children's Hospital, Corpus Christi, Texas, United States of America; and Antoni Torres Martí, Senior Consultant of the Respiratory and Intensive Care Unit, Respiratory Institute, Hospital Clinic of Barcelona, Spain.

Setting the stage for the important discussions at the event, Prof. Bassam Mahboub, Consultant Respiratory Medicine Emirates Thoracic Society, emphasized the need for ongoing collaboration between the medical community and vaccine developers to protect public health and reduce the overall disease burden. He said, "Communicable diseases, particularly respiratory diseases, are becoming a growing burden in our region, in line with the aging population, prevalent chronic diseases and high smoking rates. Vaccinations have a critical role to play in reducing the impacts of these diseases at an individual and community level. As healthcare providers, it is our responsibility to stay ahead of emerging threats and ensure that all patient populations, particularly those most vulnerable, have access to life-saving vaccines."

Dr Hammam Haridy, Pfizer MERA Senior Director Regional Medical & Scientific Affairs, Vaccines and Anti Virals, added, "We believe vaccination is one of the best ways possible to help protect infants, children, and adults against infectious diseases. Our 175-year track record of researching, developing, manufacturing, and delivering innovative medicines and vaccines has led to reduce the burden of infectious diseases and decrease the use of antibiotics for several deadly infectious diseases. The MERA Vaccines Summit reaffirmed the importance of collaborative efforts and tailored vaccination strategies for various patient populations, ensuring we are better equipped to protect vulnerable groups and reduce the antibiotic resistance across the region."

During the event, Pfizer reaffirmed its commitment to impacting public health through vaccines. Pfizer's vaccines have been pivotal in advancing public health by preventing, controlling, and nearly eradicating numerous infectious diseases, protecting millions of lives globally and across the MERA region.

The biopharmaceutical leader continues to focus on research and development in new areas, with the goal of improving patient lives.

Fuente: First Word PHARMA. Disponible en https://goo.su/GDuDvF0

Free meningococcal B vaccines coming to the NT (Australia)

Nov 5. The Northern Territory Government has confirmed the rollout of a free meningococcal B vaccine program from 1 January 2025 — a commitment that it took to the most recent election.

As noted by NT Minister for Health Steve Edgington, "The meningococcal B strain can be fatal and leave babies or adolescents who contract the disease with permanent and devastating disabilities.

"In the Territory, there have been 18 cases of meningococcal B in the last 10 years and three deaths in the last five years, while one in four Territorians who get meningococcal B will end up with a lifelong disability."

Previously, meningococcal B vaccination was only available for free in the Territory under the National Immunisation Scheme for Aboriginal children, or those children with specific medical conditions that put them at risk of contracting meningococcal disease. From 2025, the vaccine will be free for all infants under the age of two, and adolescents aged 14 to 19 years. This means about 4200 babies and 18,500 adolescents will be eligible for the free vaccine.

"Territorians are currently paying around $200 per MenB vaccine, with babies under two requiring three doses and adolescents needing two doses," said Chief Minister Lia Finocchiaro.

"That's $600 per baby and $400 per teenager, which majority of families simply can't afford.

"Our free MenB Vaccination Program is part of the CLP's plan to lower the cost of living for Territory families. It will remove financial barriers, increase vaccine uptake and provide protection against the deadly meningococcal disease."

As part of the new vaccination program:

Meningococcal B will be added to the baby immunisation schedule from January 2025, making it free for infants aged six weeks to 12 months;

A free school-based meningococcal B program will start from January 2025 providing the vaccine to Year 9 students, aged 14–15 years old;

A catch up vaccination program will be undertaken for children under two years and adolescents aged 15–19 years;

Work will be undertaken to expand the meningococcal B program beyond GPs to include pharmacies, community immunisation clinics, and Aboriginal and Torres Strait Islander Health Services.

NT Health will work with the Department of Education to progress and implement the school immunisation program, and work with pharmacies to expand access to the program beyond GPs.

Fuente: Lab+Life Scientist. Disponible en https://goo.su/3L11t

WHO study lists top endemic pathogens for which new vaccines are urgently needed

Nov 5. A new World Health Organization (WHO) study published today in *eBioMedicine* names 17 pathogens that regularly cause diseases in communities as top priorities for new vaccine development. The WHO study is the first global effort to systematically prioritize endemic pathogens based on criteria that included regional disease burden, antimicrobial resistance risk and socioeconomic impact.

The study reconfirms longstanding priorities for vaccine research and development (R&D), including for HIV, malaria, and tuberculosis – three diseases that collectively take nearly 2.5 million lives each year.

The study also identifies pathogens such as Group A streptococcus and *Klebsiella pneumoniae* as top disease control priorities in all regions, highlighting the urgency to develop new vaccines for pathogens increasingly resistant to antimicrobials.

“Too often global decisions on new vaccines have been solely driven by return on investment, rather than by the number of lives that could be saved in the most vulnerable communities,” said Dr Kate O’Brien, Director of the Immunization, Vaccines and Biologicals Department at WHO. “This study uses broad regional expertise and data to assess vaccines that would not only significantly reduce diseases that greatly impact communities today but also reduce the medical costs that families and health systems face.”

WHO asked international and regional experts to identify factors that are most important to them when deciding which vaccines to introduce and use. The analysis of those preferences, combined with regional data for each pathogen, resulted in top 10 priority pathogens for each WHO region. The regional lists where then consolidated to form the global list, resulting in 17 priority endemic pathogens for which new vaccines need to be researched, developed and used.

This new WHO global priority list of endemic pathogens for vaccine R&D supports the Immunization Agenda 2030’s goal of ensuring that everyone, in all regions, can benefit from vaccines that protect them from serious diseases. The list provides an equitable and transparent evidence base to set regional and global agendas for new vaccine R&D and manufacturing, and is intended to give academics, funders, manufacturers and countries a clear direction for where vaccine R&D could have the most impact.

This global prioritization exercise for endemic pathogens, complements the WHO R&D blueprint for epidemics, which identified priority pathogens that could cause future epidemics or pandemics, such as COVID-19 or severe acute respiratory syndrome (SARS).

The findings of this new report on endemic pathogens are part of WHO's work to identify and support the research priorities and needs of immunization programmes in low- and middle-income countries, to inform the global vaccine R&D agenda, and to strategically advance development and uptake of priority vaccines, particularly against pathogens that cause the largest public health burden and greatest socioeconomic impact.

WHO Priority endemic pathogens list

Vaccines for these pathogens are at different stages of development.

Pathogens where vaccine research is needed

- Group A streptococcus
- Hepatitis C virus
- HIV-1
- *Klebsiella pneumoniae*

Pathogens where vaccines need to be further developed

- Cytomegalovirus
- Influenza virus (broadly protective vaccine)
- *Leishmania* species
- Non-typhoidal *Salmonella*
- *Norovirus*
- *Plasmodium falciparum* (malaria)
- *Shigella* species
- *Staphylococcus aureus*

Pathogens where vaccines are approaching regulatory approval, policy recommendation or introduction

- Dengue virus
- Group B streptococcus
- Extra-intestinal pathogenic *E. coli*
- *Mycobacterium tuberculosis*
- Respiratory syncytial virus (RSV)

World Health Organization

Fuente: World Health Organization. Disponible en https://goo.su/6rY2cUU

La Cofepris otorga el registro sanitario a la vacuna Arexvy® de GSK contra el virus respiratorio sincicial

6 nov. La Comisión Federal para la Protección contra Riesgos Sanitarios (Cofepris), bajo el liderazgo de la nueva Comisionada Federal Armida Zúñiga Estrada, otorgó recientemente el registro sanitario a la vacuna Arexvy® contra el virus sincicial respiratorio (VRS) desarrollada por el laboratorio de investigación farmacéutica GSK, la que se incorporará al arsenal de vacunas con las que contamos en México para evitar, o cuando menos disminuir, el riesgo de contagio de enfermedades potencialmente peligrosas, prevenibles por vacunación.

Vale la pena comentarles que esta vacuna de GSK ha sido aprobada en 17 países, siendo México la primera nación latinoamericana en hacerlo, lo que nos pone a la vanguardia en el combate contra este virus que, si bien es cierto, suele ocasionar síntomas leves en niños y adultos jóvenes, no lo es así en bebés lactantes, personas mayores de 60 años de edad o adultos que padezcan alguna enfermedad como asma, EPOC (enfermedad pulmonar obstructiva crónica), enfermedad arterial coronaria, fallo cardiaco congestivo, diabetes y enfermedad renal crónica, llegando a ser fatal.

Arexvy® es la primera vacuna unidosis inyectada contra el virus sincicial respiratorio aprobada por la Administración de Alimentos y Medicamentos de los EE. UU. (FDA, por sus siglas en inglés) para su uso en personas de 60 años en adelante, demostrando una efectividad superior al 82% en la prevención de infecciones en pulmones y vías respiratorias bajas por VRS, y más del 94% para prevenir infecciones en pulmones y vías respiratorias bajas por VRS en personas de 60 años o más con asma, diabetes, enfermedad pulmonar obstructiva crónica (EPOC), insuficiencia cardíaca crónica (ICC), enfermedades avanzadas de riñón o hígado o cualquier enfermedad respiratoria o pulmonar crónica.

"El virus sincitial respiratorio puede afectar a personas de todas las edades. Pero es muy común en niños pequeños. Casi todos los niños se infectan con el virus respiratorio sincitial a los 2 años. En general, las infecciones ocurren durante la temporada de virus respiratorio sincitial, la que usualmente abarca del otoño a la primavera".

MedlinePlus

Signos y síntomas

Los signos y síntomas generalmente se manifiestan entre los 4 y 6 días después de la exposición al virus, y suelen incluir:

- nariz congestionada o que gotea
- tos seca
- fiebre baja
- dolor de garganta
- estornudos
- dolor de cabeza

Fuente: Código F. Disponible en https://lc.cx/noFfjN

GSK's RSV vaccine approved in Canada for adults aged 50 to 59

Nov 6. GlaxoSmithKline (GSK) has received approval for its vaccine, AREXVY, in Canada to prevent lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in adults aged 50 to 59 at increased risk for the disease.

The vaccine was previously approved in Canada for adults aged 60 and over. Credit: MargJohnsonVA/Shutterstock.

This expanded age indication approval stems from the positive outcomes of a Phase III, placebo-controlled, observer-blind, randomised, multi-country immunogenicity trial.

The study evaluated the immune response and safety of the RSV vaccine in adults aged 50 to 59 and those with underlying medical conditions at increased risk for RSV-LRTD.

Regulatory submissions have also been made by the company to prolong the use of the vaccine to the same age group in Japan and other regions.

The decisions are currently under review by the respective regulatory bodies.

Further trials are underway to assess the vaccine's immunogenicity and safety in adults aged 18 to 49 at increased risk, and immunocompromised adults aged 18 and above. The outcomes will be announced in late 2024.

AREXVY was previously approved in Canada for use in adults aged 60 and above. It is recommended by the National Advisory Committee on Immunization (NACI) for all adults aged 75 and over, and for those in nursing homes and chronic care facilities aged 60 and older.

NACI also suggests that adults aged 60 to 74 may consider RSV vaccination after consulting with a healthcare provider.

The approval of AREXVY's expanded age indication in Canada aligns with similar approvals in the European Union (EU) and the US.

GSK interim country medical director Michelle Horn stated: "The natural age-related decline in immune function we all experience, which can increase our vulnerability to viruses like RSV, becomes more evident the older we get.

"Not surprisingly, the incidence of RSV-associated hospitalisations in adults starts to increase at the age of 50. For adults with underlying medical conditions, RSV can worsen these conditions and lead to serious consequences."

GSK recently agreed to acquire Chimagen Biosciences' CMG1A46, designed to target B cell-driven autoimmune diseases.

Fuente: Pharmaceutical Technology. Disponible en https://lc.cx/cdlzD6

Researchers Highlight Need for Increased RSV Vaccination

Nov 7. According to research findings published in The Lancet, respiratory syncytial virus (RSV) vaccines are proven to be effective, but more individuals need to be immunized. With 2023's approval of RSV vaccines, researchers have evaluated the vaccines' real-world impacts, emphasizing their positive results.

"The evidence is clear; individuals should get vaccinated if they have conditions that place them at risk for severe disease. For older adults and those with chronic conditions, RSV should be considered as serious as the flu, and they should get vaccinated," said Angela Branche, MD, an infectious diseases researcher at the University of Rochester Medical Center (URMC), in a news release.

RSV commonly impacts older adults and individuals with underlying health conditions, causing millions of annual infections. Study authors noted that tens of thousands of deaths annually are associated with RSV infection in adults 60 years and older.1 Data show that older adults hospitalized with RSV are 2 to 3 times more likely to need supplemental oxygen and are 1.5 times more likely to be admitted to an intensive care unit (ICU), compared with individuals hospitalized for COVID-19 or influenza. Additionally, this population faces an increased risk of mechanical ventilation or death compared with those diagnosed with influenza, according to study authors.

In 2023, the FDA approved 3 RSV vaccines—RSVPreF3 (Arexvy; GSK), RSVpreF (Abrysvo; Pfizer,) and mRNA-1345 (mRESVIA; Moderna). The current study assessed the effectiveness of the vaccines using data from a large electronic health record network, which included the CDC and various US health care networks.

Initial results found that the uptake of RSV vaccination in the winter of 2023-2024 was low, as only 24% of adults aged 60 years and older received an immunization, compared with 50% influenza vaccine coverage for the same population.

"Providers were not sure how to apply the shared clinical decision-making recommendations in the first season, and there remains a general lack of knowledge among the medical community and the public on what constitutes a risk for severe disease and who needs to be protected," Branche said in the news release.

Despite the low rates of RSV vaccination, the study results showed that RSV vaccines were 80% effective in preventing hospitalization, ICU admission, and death among adults aged 60 years and older. The study authors noted that the effectiveness was matched across various age groups, including individuals aged 75 years and older and individuals who are immunocompromised.

Following the release of the study results, the US Advisory Committee on Immunization Practices (ACIP) updated their guidelines, recommending a single dose of any FDA-approved RSV vaccine for adults 75 years and older and for adults 60 to 75 years who are at increased risk for severe RSV. The updated recommendations replaced the previous suggestions that emphasized shared clinical decision-making.

"This new data enabled the ACIP to make more definitive recommendations, which will build public confidence in the effectiveness of these vaccines and make implementation a lot easier for providers and pharmacies," said Branche, in a news release.

Fuente: Pharmacy Times. Disponible en https://acortar.link/XcGBAf

Ministerio de Salud de Chile incorpora dosis de refuerzo de la vacuna meningocócica recombinante serogrupo B

Nov 7. En una actividad en el Cesfam Pablo Neruda de la comuna de Lo Prado, el Ministerio de Salud anunció la incorporación de la dosis de refuerzo de la vacuna meningocócica recombinante serogrupo B al Programa Nacional de Inmunizaciones (PNI). Ésta comenzó a implementarse el 1 de noviembre y será administrada de forma gratuita a los lactantes de 18 meses de edad que cuenten con su esquema primario de dos dosis de esta vacuna, administradas a los 2 y 4 meses de edad.

"Es una muy buena noticia, este refuerzo de la vacuna meningocócica recombinante serogrupo B sirve para prevenir infecciones graves, hospitalizaciones o incluso muertes por enfermedades invasoras provocadas por la bacteria *Neisseria meningitidis*. Esta nueva dosis es gratuita y se administra en todos los vacunatorios públicos y privados en convenio con las seremis de salud del país. La estrategia tiene una meta de cumplimiento de un 90% de la población objetivo a alcanzar durante este año", dijo la subsecretaria de Salud Pública, Andrea Albagli.

El 1 de julio de 2023, el Departamento de Inmunizaciones de Minsal había ampliado el esquema para la vacuna anti-meningocócica, incorporando la vacunación a los 2 y 4 meses (en lactantes nacidos desde el 1 de mayo de 2023) con vacuna recombinante (serogrupo B). Hasta el 4 de octubre, la cobertura de estas vacunas corresponde a un 98,5% para la primera dosis y a un 96,3% para la segunda dosis, según datos de la base de datos del Registro Nacional de Inmunizaciones (RNI).

La subsecretaria de la Niñez, Verónica Silva, indicó que "la protección integral de los niños y niñas es un compromiso del gobierno del presidente Gabriel Boric. La incorporación de este refuerzo de vacunas, en particular, es un aporte a todos los niños y niñas del país, una vacuna a la cual solo un grupo específico tenía acceso, y que ahora está disponible en el sistema público y privado, permitiendo avanzar en un beneficio para la protección de la salud de todos los niños".

La enfermedad meningocócica (EM), causada por la bacteria *Neisseria meningitidis*, se presenta como de baja endemia en Chile, pero de alta letalidad. Entre 2012 y 2024 la incidencia se ha mantenido inferior a 1 por cada 100.000 habitantes y la letalidad alcanzó un máximo porcentaje en 2019 con 31%. Durante 2023 se confirmaron 65 casos con una incidencia de 0,3 y al año 2024 (a la semana epidemiológica 44) se han confirmado 79 con tasa de 0,4 por 100.000 habitantes.

"Quiero agradecerle a estas autoridades, al Ministerio de Salud, que hayan puesto los ojos en la comuna de Lo Prado, para sacar adelante este importante anuncio que va a beneficiar a miles de niñas y niños de nuestro país", expresó el alcalde de Lo Prado, Maximiliano Ríos.

En nuestro país la vigilancia de la Enfermedad Meningocócica es de notificación universal e inmediata ante la sospecha de la enfermedad. El flujo de información va desde el nivel local hasta el nivel central, pasando por etapas intermedias en las seremias de salud. La vigilancia se realiza caso a caso, se evalúa exhaustivamente a través de indicadores de gestión de calidad que permiten conocer el funcionamiento de la red de vigilancia en sus componentes clínico-epidemiológico y de laboratorio.

Finalmente, Mirta Acuña, directora de la Sociedad Chilena de Pediatría (SOCHIPE), agregó que "esto es un avance en la equidad al poder contar con esta vacuna en el Programa Nacional de Inmunizaciones que permite el acceso de todos los niños y niñas de nuestro país, tanto en el sector público como privado, a la inmunoprevención de enfermedades infecciosas y, en este caso, al refuerzo de una vacuna que ya fue

incorporada a los lactantes más pequeños, en los dos y cuatro meses. La verdad que estamos muy contentos e invitamos a todos los padres de los niños y a sus tutores a traerlos a sus controles y que reciban las vacunas que están el Programa Nacional de Inmunizaciones para tener a nuestros niños protegidos y creciendo sanos".

Fuente: MEDIABANCO. Disponible en https://acortar.link/57eQyz

La vacuna contra el VRS de Moderna, mRESVIA, aprobada en Canadá

8 Nov. Moderna, Inc. (NASDAQ:MRNA) ha recibido la aprobación de Health Canada (la agencia reguladora de salud canadiense) para mRESVIA, una vacuna diseñada para prevenir enfermedades graves del tracto respiratorio inferior causadas por el Virus Respiratorio Sincitial (VRS) en adultos de 60 años o más. Esta es la primera vacuna de ARNm dirigida al VRS y el segundo producto de Moderna en obtener aprobación en Canadá.

mRESVIA se destaca como la única vacuna contra el VRS que se ofrece en formato de jeringa precargada de dosis única, proporcionando una opción lista para usar que busca simplificar el proceso de vacunación. Este desarrollo es particularmente significativo para la población de edad avanzada, que tiene un mayor riesgo de enfermedades graves relacionadas con el VRS. El Comité Asesor Nacional de Inmunización (NACI, por sus siglas en inglés) de Canadá recomienda la vacunación contra el VRS para personas de 75 años o más, así como para aquellas de 60 años o más que residen en residencias de ancianos y otros centros de atención a largo plazo. Se aconseja que la vacunación para adultos de la comunidad en el mismo grupo de edad se decida tras consultar con los profesionales sanitarios.

La aprobación de mRESVIA en Canadá sigue a su autorización en Estados Unidos, Europa y Qatar, demostrando la creciente presencia global de Moderna en el campo de las vacunas de ARNm. El director ejecutivo de la empresa, Stéphane Bancel, destacó el papel de su plataforma de ARNm para abordar problemas de salud pública como el VRS y expresó el compromiso de la compañía de proteger a las poblaciones vulnerables.

La base clínica para la aprobación de Health Canada provino del ensayo de Fase 3 ConquerRSV, que involucró a aproximadamente 37.000 adultos de 60 años o más en 22 países. El estudio no reportó problemas de seguridad graves, reforzando el perfil de seguridad de la vacuna. Moderna planea hacer que mRESVIA esté disponible en Canadá a principios de 2025 y continúa buscando autorizaciones de comercialización en todo el mundo.

La tecnología de ARNm de Moderna, que también se utilizó en una de las primeras vacunas contra la COVID-19, ahora se está aplicando para abordar varios desafíos de salud, incluyendo enfermedades infecciosas, inmuno-oncología, enfermedades raras y trastornos autoinmunes. Esta aprobación consolida aún más la posición de Moderna como líder en medicina de ARNm, con esfuerzos continuos para expandir el alcance y el impacto de sus tratamientos innovadores.

En otras noticias recientes, Moderna Inc. reportó un significativo aumento de ingresos con su vacuna contra la COVID-19, Spikevax, superando las estimaciones de consenso en un 50%. El sólido desempeño de Spikevax ha llevado a un robusto rendimiento financiero para el tercer trimestre de 2024, con ingresos alcanzando los 1.900 millones de dólares y un beneficio neto de 13 millones de dólares. La compañía mantiene su estimación de ventas anuales de productos entre 3.000 y 3.500 millones de dólares.

TD Cowen revisó su objetivo de precio para Moderna, reduciéndolo a 55 dólares desde los 60 dólares anteriores, manteniendo una calificación de Mantener para la acción. Este ajuste sigue a los recientes desarrollos en Moderna, incluyendo la esperada presentación de nuevos candidatos a vacunas que podrían impulsar los futuros ingresos de la compañía.

Fuente: Investing.com. Disponible en https://acortar.link/0CLjuz

Australia Expands Access to Japanese Encephalitis Virus Vaccine

Nov 9. In recent years, mosquito-transmitted Japanese encephalitis virus (JEV) outbreaks have occurred in many parts of southern and eastern Asia.

According to health agencies, JEV has extended beyond its traditional boundaries to Indonesia, Papua New Guinea, and the Torres Strait and has been detected in Victoria, Australia, since 2022.

To help protect people from this disease, Victoria's Chief Health Officer announced on October 31, 2024, that more Victorians would have protection this mosquito season, with the Allan Labor Government expanding the eligibility of the free JEV vaccine program across the state.

This means people in Alpine, Macedon Ranges, Mansfield, and Mitchell, as well as local government areas, can access the JEV vaccine.

Minister for Health Mary-Anne Thomas said in a media release, "Summer provides mosquitos with an ideal breeding ground. In addition to getting vaccinated against JEV, Victorians in high-risk areas should take simple actions, like wearing loose-fitting clothes and using mosquito repellent."

This announcement means ValnevaSE's IXIARO® (JESPECT®) vaccine is now available to about seven million people in 24 regional local government areas in southeast Australia at a higher risk of exposure to the virus.

Furthermore, over 110 million international visitors are expected to visit Victoria in 2024.

IXIARO is the only JEV vaccine approved by the U.S. Food and Drug Administration. The U.S. Department of Defense has relied on IXIARO since 2010 to protect personnel deployed to JEV-endemic areas.

Valneva recently announced that IXIARO/JESPECT sales increased by 31% in the first nine months of 2024 compared to 2023.

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

Valoran impacto de vacunación en Uruguay

Nov 10. Uruguay se mantiene libre hoy de enfermedades como el sarampión, la poliomielitis y el síndrome de rubéola congénita, afirma un informe del Ministerio de Salud Pública (MSP).

El reporte valora los resultados sobre la cobertura del Programa Ampliado de Inmunizaciones en menores de cinco años, adolescentes, embarazadas y la vacunación antigripal.

Destaca que la cobertura es superior al 90 por ciento en infantes con menos de dos años.

En los adolescentes, la inmunización contra el Virus del Papiloma Humano (VPH) alcanza al 70 por ciento en primeras dosis para mujeres y 53 por ciento en hombres.

Respecto a la vacunación con TdaP (contra el tétanos, la difteria y la tos ferina) superó el 95 por ciento en adolescentes en 2023, en tanto la aplicada durante la gestación para proteger al bebé contra la tos ferina se mantiene cercana al 80 por ciento.

“Sin embargo, la vacunación antigripal en este grupo sigue siendo un desafío, destacando la necesidad de abordar barreras que limitan la adherencia”, advierte el informe del MSP.

La institución alertó además sobre variaciones en la cobertura de los grupos de riesgo para la inmunización antigripal.

Por ejemplo, en 2020, durante el período más crítico de la pandemia de Covid-19, la cobertura alcanzó al 100 por ciento del personal de la salud, porcentaje que se redujo significativamente en los años siguientes hasta un 19 por ciento en 2023.

Este contraste resalta la necesidad de reforzar la percepción del riesgo y la confianza en la vacuna antigripal, especialmente en contextos fuera de emergencias sanitarias”, indica el reporte.

Fuente: Prensa Latina. Disponible en https://acortar.link/uo1CYF

World Pneumonia Day: Championing The Fight To Stop It From Spreading

Nov 11. World Pneumonia Day is observed on November 12th every year to spread awareness about the lethal nature of pneumonia. A common misconception in our society is that pneumonia is similar to upper respiratory tract infection (URI), also known as the common cold. However, pneumonia is quite dangerous and can be life-threatening. According to the American Lung Association, more than a million people are hospitalized each year due to pneumonia, and over fifty thousand deaths are caused by this disease. The disease is the single biggest reason for morbidity and mortality in adults.

The theme ‘championing the fight to stop pneumonia’ has been chosen this year to enlighten people on how to avoid the infection and protect their loved ones. The focus is also on increasing the use of pneumococcal vaccine, which is one of the safest ways to protect against deadly pneumonia.

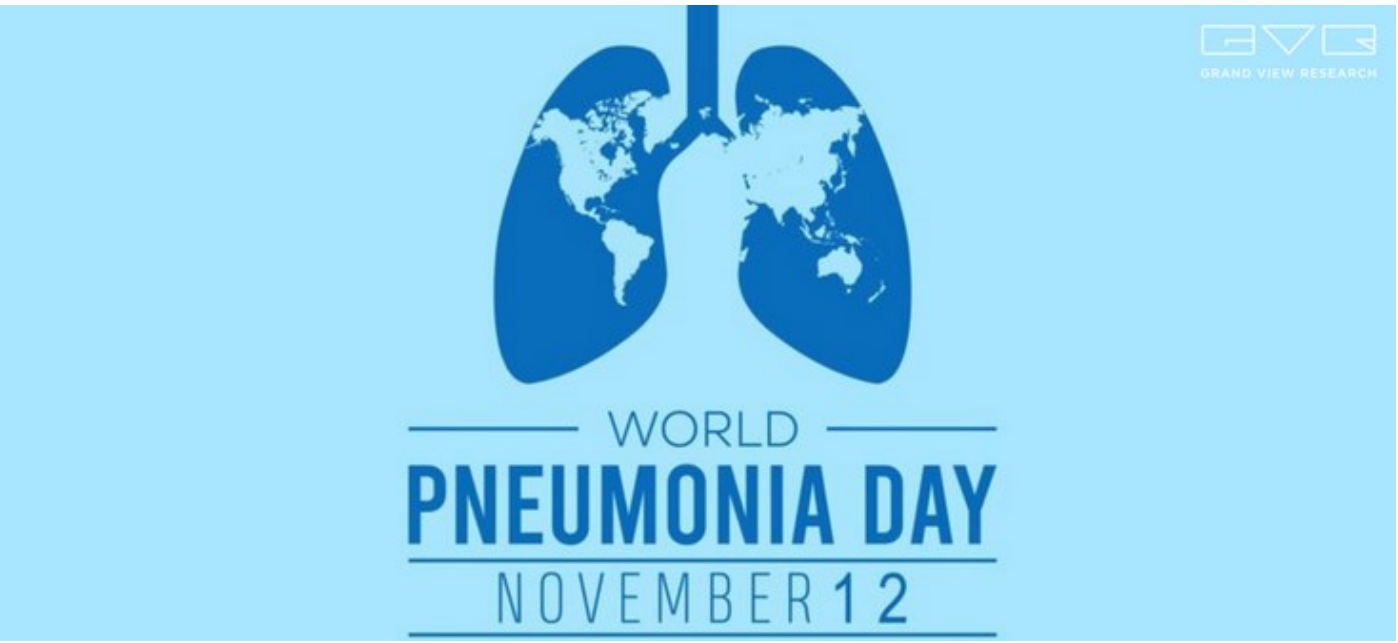
To reduce the chances of getting pneumonia, stay vaccinated

Getting a flu shot every year helps avoid seasonal influenza. Since flu often leads to pneumonia, avoiding it will significantly reduce the chances of pneumonia.

Anyone can get infected

Although children and elderly (above 65 yo) are at a higher risk, anyone can get pneumonia. Symptoms such as fever, chills, wheezing, coughing, rapid breathing, shortness of breath, and weakness or illness must be taken seriously and treated by a professional to avoid the chances of pneumonia.

Since pneumonia is turning out to be the biggest infectious killer of senior citizens and children, to tackle the situation, the pharmaceutical market is constantly investing in researching and developing new drugs with higher efficacy.



Fuente: Grand View Research. Disponible en https://acortar.link/IV2e3l

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Patentes registradas en Patentscope

Estrategia de búqueda: (Vaccine) AND DP:([01.11.2024 TO 11.11.2024]) *as the publication date 28 records.*

1.WO/2024/228212BIO-LUMPIVAXIN FORMULATIONS AND METHOD OF PREPARATION THEREOF

WO - 07.11.2024

Clasificación Internacional A61K 39/12Nº de solicitud PCT/IN2024/050446Solicitante BIOVET PRIVATE LIMITEDInventor/a KILARI, Sreenivasulu

The present invention discloses stable lyophilized or frozen formulations of lumpy skin disease virus [LSDV] vaccine, that comprise a live attenuated virus, and combination of one or more stabilizers selected from amino acid-based stabilizers, Protein based stabilizers, sugar-based stabilizers, Sugar alcohol-based stabilizers, Polyethylene Glycol, Potassium dihydrogen phosphate Potassium hydrogen phosphate and Disodium Phosphate. Further the invention discloses the particular ratio of the, combination of one or more stabilizers and virus antigen, which provide stability to the formulations. The LSD vaccine can be prepared by lyophilization and by reconstituting the formulations with the diluent. Further invention also discloses ready to use liquid vaccine against LSDV. Invention provides methods of upscaling the virus production with high titters. The present invention also discloses the manufacture of Lumpy Skin disease vaccine, stabilization of vaccine virus and methods of safety in particular non¬ reversion to virulence, efficacy dose range

demonstration, superiority of LSD vaccine over other heterologous goat pox vaccines by protecting vaccinated animal by administration of vaccine against Lumpy Skin Disease.

2.20240369540MECHANISMS AND PREDICTORS OF ADJUVANTICITY AND ANTIBODY DURABILITY

US - 07.11.2024

Clasificación Internacional G01N 33/50Nº de solicitud 18567325Solicitante The Board of Trustees of the Leland Stanford Junior UniversityInventor/a Bali Pulendran

Methods are provided herein for vaccine development, characterization and validation. Using the response signatures disclosed herein, methods are provided for optimization, selection and benchmarking of vaccines, including adjuvants for vaccines. The methods include a prediction of response durability. e.g. the longevity of an antibody response, for a candidate vaccine or vaccine adjuvant; and assessment of similarity to a benchmark reference vaccine.

3.4458843MRNA-IMPFSTOFF

EP - 06.11.2024

Clasificación Internacional C07K 14/08Nº de solicitud 22915221Solicitante GUANGZHOU NAT LABORATORYInventor/a PENG HUA

Provided is an mRNA vaccine, said mRNA vaccine containing an immune cell targeting molecule that is expressed in fusion with an antigen and enhances the immunological effectiveness of an mRNA vaccine.

4.4456913EXPRESSION VON EIMERIA-SEQUENZEN IN PFLANZEN UND PFLANZENPRODUZIERTER IMPFSTOFF DAFÜR

EP - 06.11.2024

Clasificación Internacional A61K 39/00Nº de solicitud 22917480Solicitante MAZEN ANIMAL HEALTH INCInventor/a HOWARD JOHN

Vaccines and methods of expressing a polypeptide of *Eimeria* are provided in which a protective response to *Eimeria* is produced when administered to an animal. The vaccine provides for expression of *Eimeria* vaccine proteins 3-1e, Gam82, and/or EF-1a polypeptide in a plant or plant part, linked to a promoter preferentially directing expression to embryo tissue of the plant or plant part. Further embodiments provide that the polypeptide may be targeted to the apoplast/cell wall or the endoplasmic reticulum. Increased expression levels in the plant or plant part are obtained. The plant or plant materials in an embodiment may be orally administered.

5.20240366752VACCINE COMPOSITION FOR PREVENTION AGAINST COVID-19

US - 07.11.2024

Clasificación Internacional A61K 39/215Nº de solicitud 18686928Solicitante KOREA ADVANCED INSTITUTE OF SCIENCE AND TECHNOLOGYInventor/a Heung Kyu LEE

The present invention relates to a vaccine composition for preventing or treating coronavirus disease (COVID-19) comprising a recombinant adenovirus as an active ingredient. The present invention enhances immune responses against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which is a severe pandemic that has resulted in millions of deaths worldwide, through the recombinant adenovirus, and thus

may be useful as a prophylactic vaccine composition that provides fundamental and efficient protection against SARS-CoV-2.

6.20240366746COMPOSITIONS AND METHODS FOR THERAPEUTIC OR VACCINE DELIVERY

US - 07.11.2024

Clasificación Internacional A61K 39/12Nº de solicitud 18641205Solicitante GenVivo, Inc.Inventor/a Jacqueline FISCHER-LOUGHEED

Described herein are compositions for delivering a therapeutic or vaccine. Also described herein are methods for using the compositions described herein for delivering a therapeutic or a vaccine.

7.20240368601NCOVSIRNA DRUG FOR TARGETED DELIVERY SHRNA BY RBD, SYNTHESIS METHOD, AND APPLICATION THEREOF

US - 07.11.2024

Clasificación Internacional C12N 15/113Nº de solicitud 18661524Solicitante Binghuan WENGInventor/a Binghuan WENG

The present disclosure relates to a synthesis method of A targeted drug nCoVshRNA, using RBD derived from the receptor binding domain of Covid-19 as a targeted delivery carrier, synthesizing shRNA with siRNA selected from common RNAi sequence of various stains; and connecting the plus and antisense strands of the shRNA to the N terminus of the RBD, to obtain a compound with targeted gene drug and macromolecular vaccine; and enabling RBD and shRNA to produce new effects. Among them, shRNA is both a broad spectrum antiviral drug and an immune adjuvant to enhance RBD vaccine; RBD acts as a targeted delivery carrier to avoid the side effects of non-targeted therapy; and RBD is a protein vaccine, and anti-RBD can neutralize the viruses and prevent viruses infection through ACE2.

8.20240366741NOVEL VACCINE FORMULATIONS FOR MYCOBACTERIUM TUBERCULOSIS AND USE OF THEREOF

US - 07.11.2024

Clasificación Internacional A61K 39/04Nº de solicitud 18550036Solicitante Purdue Research FoundationInventor/a Suresh Kumar Mittal

The present invention discloses a recombinant adenovirus vector of a replication-defective human adenovirus ($HAdv^{85C5}$) or a bovine adenovirus ($BAdv^{85C5}$) comprising a recombinant adenovirus vector having a heterologous DNA segment encoding mycobacterial Ag85B-p25 epitope (SEQ ID NO: 1), mycobacterial Ag85B-p25 epitope fusion of autophagy-inducing peptide-C5 (SEQ ID NO: 2), or a substantially homologous functional fragment thereof. The vector, having a heterologous DNA segment of SEQ ID NO: 3, SEQ ID NO: 4, or a substantially homologous functional fragment thereof, is an effective vaccine for therapeutically or prophylactically immunizing a subject for protection of infections by various microorganisms, especially *Mycobacterium tuberculosis* (Mtb), which causes the widespread tuberculosis. Methods of uses and pharmaceutical composition matters are within the scope of this disclosure.

9.WO/2024/227236RECOMBINANT PROTEIN, EXPRESSION CASSETTE, IMMUNOGENIC COMPOSITION AND USE THEREOF

WO - 07.11.2024

Clasificación Internacional C07K 14/235Nº de solicitud PCT/BR2024/050175Solicitante INSTITUTO BUTANTANInventor/a LADANT, Daniel

The present invention relates to a recombinant protein comprising one or more fragments of pneumococcal surface protein A (PspA) and the adenylate cyclase (CyaA) from Bordetella species, especially Bordetella pertussis, wherein said PspA fragments are selected from clades 1 to 4, or a combination of two or more thereof. Additionally, the invention relates to an expression cassette comprising a DNA sequence encoding said recombinant protein, especially a DNA sequence selected from the group consisting of nucleotide sequences as set forth in SEQ ID NOs: 12 to 18 and degenerate sequences thereof that encode a recombinant protein as set forth in SEQ ID NOs: 5 to 11 respectively. Further, an immunogenic composition comprising said recombinant protein or said expression cassette, and additionally a pharmaceutically acceptable carrier and/or adjuvant is disclosed. Finally, the invention relates to the use of said recombinant protein, or said expression cassette, or said immunogenic composition for the manufacture of a vaccine for preventing infections caused by Streptococcus pneumoniae, wherein said vaccine offers broad-spectrum protection against different pneumococcal isolates, regardless of serotypes.

10.20240366747UNIVERSAL VACCINE FOR INFLUENZA VIRUS BASED ON TETRAMERIC M2 PROTEIN INCORPORATED INTO NANODISCS

US - 07.11.2024

Clasificación Internacional A61K 39/145Nº de solicitud 18574482Solicitante The Board of Trustees of the University of IllinoisInventor/a Federico A. Zuckermann

Immunogenic compositions that include a full-length influenza A virus matrix 2 (M2) protein, an amphipathic molecule, and at least one phospholipid, which assemble to form a nanodisc, are described. Use of the immunogenic compositions, for example as a universal influenza virus vaccine, is described.

11.20240366742A VACCINE FOR PROTECTION AGAINST STREPTOCOCCUS SUIS OF VARIOUS SEROTYPES

US - 07.11.2024

Clasificación Internacional A61K 39/09Nº de solicitud 18293007Solicitante Intervet Inc.Inventor/a Antonius Arnoldus Christiaan Jacobs

The present invention pertains to a vaccine comprising in combination an IgM protease antigen of *Streptococcus suis* serotype 1, a *Streptococcus suis* bacterin serotype 9, sequence type 16, and a pharmaceutically acceptable carrier, The invention also pertains to a combination of an IgM protease antigen of *Streptococcus suis* serotype 1, and a *Streptococcus suis* bacterin serotype 9, sequence type 16, for use in a method to protect a pig against a pathogenic infection with *Streptococcus suis* and to a method for protecting pigs against a pathogenic infection with *Streptococcus suis*, by administering to the pigs an IgM protease antigen of *Streptococcus suis* serotype 1 and a *Streptococcus suis* bacterin serotype 9, sequence type 16.

12.20240366738MOLECULAR VACCINES FOR INFECTIOUS DISEASE

US - 07.11.2024

Clasificación Internacional A61K 39/00Nº de solicitud 18643793Solicitante Agilent Technologies, Inc.Inventor/a Jørgen Schøller

The present invention relates to methods for construction of pharmamers i.e. vaccine components characterized by their multimerization domain and the attached biologically active molecules, and their use in preparation of vaccines that contains the pharmamers alone or in combination with other molecules. The individual molecules of the construct can be bound to each other or the multimerization domain(s) by covalent or non-covalent bonds, directly or via linkers. The invention further relates to the use of such preparations in vaccine settings aimed to function as preventive/prophylactic or therapeutic vaccines in humans and animals.

13.WO/2024/229195VIRAL INFECTION MODULATION IN VACCINATED SUBJECTS TREATED WITH GRANULOCYTE-MACROPHAGE COLONY-STIMULATING FACTOR (GM-CSF)

WO - 07.11.2024

Clasificación Internacional A61K 38/19Nº de solicitud PCT/US2024/027366Solicitante PARTNER THERAPEUTICS, INC.Inventor/a JOSHI, Ila

The present disclosure relates to the treating or preventing a viral infection in a subject who has received a viral vaccine with granulocyte-macrophage colony-stimulating factor.

14.4456916CORONAVIRUS-IMPFSTOFFZUSAMMENSETZUNGEN UND VERWENDUNGEN DAVON

EP - 06.11.2024

Clasificación Internacional A61K 39/215Nº de solicitud 22854761Solicitante BOOST BIOPHARMA INCInventor/a SCHOMBURG FRITZ

Provided is a recombinant polypeptide containing at least one immunogenic fragment of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) spike glycoprotein. Also provided are a method for preventing, inhibiting, reducing, eliminating, protecting, or delaying the onset of an infection or an infectious clinical condition caused by a coronavirus in a subject which includes administering to the subject the recombinant polypeptide, and a method for inducing an immune response against a coronavirus in a subject, which includes administering to the subject the recombinant polypeptide.

15.20240366754PHARMACEUTICAL COMPOSITIONS FOR DELIVERY OF VIRAL ANTIGENS AND RELATED METHODS

US - 07.11.2024

Clasificación Internacional A61K 39/25Nº de solicitud 18701119Solicitante BioNTech SEInventor/a Richard B. Gaynor

The present disclosure provides pharmaceutical compositions for delivery of viral antigens (e.g., a viral vaccine) and related technologies (e.g., components thereof and/or methods relating thereto).

16.20240366517METHODS AND COMPOSITIONS FOR DENDRITIC CELL TARGETING VACCINES

US - 07.11.2024

Clasificación Internacional A61K 9/51Nº de solicitud 18629722Solicitante Rock BioMedical Inc.Inventor/a Chi-Huey Wong

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.

17.20240366753VIRAL-LIKE PARTICLES FOR THE TREATMENT OR PREVENTION OF AN INFECTION BY A CORONAVIRIDAE VIRUS

US - 07.11.2024

Clasificación Internacional A61K 39/215Nº de solicitud 18688200Solicitante SORBONNE UNIVERSITEInventor/a David KLATZMANN

The invention pertains to new viral-like particles (VLPs), pharmaceutical compositions comprising the same and methods of using the same to prevent or treat an infection by a Coronaviridae virus. Advantageously, these VLPs can be used as a vaccine to be orally or nasally administrated.

18.WO/2024/229446RNA VECTORS WITH HAIRPIN-LIKE INSERTS

WO - 07.11.2024

Clasificación Internacional A61K 39/13Nº de solicitud PCT/US2024/027884Solicitante UNIVERSITY OF MARYLAND, COLLEGE PARKInventor/a SIMON, Anne Elizabeth

The present disclosure relates to a viral vector having an exogenous RNA segment with a hairpin-like structure, for example having two or more base-paired regions separated by one or more non-base-paired regions. The exogenous RNA segment may have a secondary structure, minimum free energy, average positional entropy or other attributes within specified ranges, or with values similar to one or more hairpin-like structures of a reference wild type virus. In some examples, the viral vector is a live attenuated vaccine. In some examples, the viral vectors downregulates a susceptibility gene in a host plant.

19.20240369538LIVE VIRUS VACCINE INJURY RISK

US - 07.11.2024

Clasificación Internacional G01N 33/50Nº de solicitud 17769133Solicitante Rene AnandInventor/a Rene Anand

Methods for assessing the risk of autism from the use of live virus-vaccines in neonates and toddlers are disclosed.

20.4458374ALUMINIUM-MANGAN-VERBUNDNANOKRISTALL UND HERSTELLUNGSVERFAHREN DAFÜR UND VERWENDUNG DAVON

EP - 06.11.2024

Clasificación Internacional A61K 39/39Nº de solicitud 22913248Solicitante THE GBA NAT INSTITUTE FOR NANOTECHNOLOGY INNOVATIONInventor/a CHEN CHUNYING

An aluminum-manganese composite nanocrystal, and a preparation method therefor and the use thereof. The method for preparing the aluminum-manganese composite nanocrystal comprises: step 1, mixing an aluminum salt solution, a manganese salt solution and an anionic adjuvant solution to obtain a mixture, and adjusting the pH value of the mixture to 5.5-8.5; and step 2, heating the mixture for a reaction, and washing the obtained solid reactant to obtain the aluminum-manganese composite nanocrystal. According to the aluminum-manganese composite nanocrystal prepared using the preparation method and the use thereof in

the preparation of a vaccine adjuvant, a pharmaceutical composition, a drug delivery carrier or an immunogenic composition, the technical problem that an existing aluminum adjuvant cannot activate humoral immunity and cell immunity at the same time can be effectively solved.

21.315743CORONAVIRUS VACCINE

IL - 01.11.2024

Clasificación Internacional A61K 9//08Nº de solicitud 315743Solicitante BIONTECH SEInventor/a

22.20240366751CORONAVIRUS VACCINE

US - 07.11.2024

Clasificación Internacional A61K 39/215Nº de solicitud 18526938Solicitante BioNTech SEInventor/a Alexander Muik

This disclosure relates to the field of RNA to prevent or treat coronavirus infection. In particular, the present disclosure relates to methods and agents for vaccination against coronavirus infection and inducing effective coronavirus antigen-specific immune responses such as antibody and/or T cell responses.

23.2024227638VACCINE FORMULATIONS WITH INCREASED STABILITY

AU - 07.11.2024

Clasificación Internacional Nº de solicitud 2024227638Solicitante Vaxess Technologies, Inc.Inventor/a Jain, Nishant K.

24.4456911T-ZELL-THERAPIE MIT IMPFUNG ALS KOMBINATIONSIMMUNTHERAPIE GEGEN KREBS

EP - 06.11.2024

Clasificación Internacional A61K 39/00Nº de solicitud 22854399Solicitante US HEALTHInventor/a KRISHNA SRI

Disclosed are methods of treating or preventing cancer in a mammal, the method comprising: (a) isolating T cells from a tumor sample from the mammal, wherein the isolated T cells are one or both of exhausted and differentiated, and the isolated T cells have antigenic specificity for a tumor-specific antigen expressed by the tumor sample from the mammal, wherein the tumor-specific antigen is a tumor-specific neoantigen or an antigen with a tumor-specific driver mutation; and optionally expanding the numbers of isolated, tumor antigen-specific T cells; and (b) administering to the mammal (i) the isolated T cells of (a) and (ii) a vaccine which specifically stimulates an immune response against the tumor-specific antigen for which the isolated T cells have antigenic specificity.

25.WO/2024/227418MUTANT OF RSV F PROTEIN

WO - 07.11.2024

Clasificación Internacional C07K 14/135Nº de solicitud PCT/CN2024/089988Solicitante NATIONAL VACCINE AND SERUM INSTITUTE (NVSI)Inventor/a LI, Qiming

Disclosed is a mutant of a wild-type RSV F protein. The binding experiment of a pre-fusion conformation trimer-specific monoclonal antibody AM14 shows that the mutant provided in embodiments can have strong activity

of binding to the AM14 monoclonal antibody, while the wild-type RSV F protein before artificial mutation has no activity of binding to the AM14 monoclonal antibody. The accelerated stability test result shows that the activity of binding of the mutant provided in the embodiments when placed in a 37°C environment for four weeks to the AM14 monoclonal antibody does not change obviously. The animal immune experiment result shows that compared with the wild-type RSV F protein before artificial mutation, the mutant provided in the embodiments can induce production of a neutralizing antibody having a higher titer.

26.20240366630TREATMENT TO INFECTIVE ILLNESSES 2

US - 07.11.2024

Clasificación Internacional A61K 31/568Nº de solicitud 18144181Solicitante Menni Menashe ZingerInventor/a Menni Menashe Zinger

At this invention I present medication treatment vaccine to smallpox and maybe also to the plague and ebola and other infective illnesses.

27.WO/2024/229199HUMORAL MODULATION IN VACCINATED AND VIRALLY INFECTED SUBJECTS WITH GRANULOCYTE-MACROPHAGE COLONY-STIMULATING FACTOR (GM-CSF)

WO - 07.11.2024

Clasificación Internacional A61K 38/19Nº de solicitud PCT/US2024/027377Solicitante PARTNER THERAPEUTICS, INC.Inventor/a JOSHI, Ila

The present disclosure relates to the treating or preventing a viral infection in a subject who has received a viral vaccine with granulocyte-macrophage colony-stimulating factor.

28.20240371476VACCINE ASSESSMENT AND COMPLIANCE TESTING METHODS AND SYSTEMS

US - 07.11.2024

Clasificación Internacional G16C 20/30Nº de solicitud 18683950Solicitante Innovar Scientific, Inc.Inventor/a Richard A. Gilstrap

Various methods and corresponding systems for evaluating potency-correlated material states of a state dependent pharmaceutical product are disclosed. The method may include the steps of creating a data representation of material state specifications for a pharmaceutical product using data gathered from at least one sensor. The method may include correlating a minimum viable potency of the pharmaceutical product and communicating the data representation to at least one participant of a supply chain. The method may include the steps of generating a specimen representation of a material state of a sample of the pharmaceutical product using data gathered from at least one sensor acting on the sample and evaluating the specimen representation of the material state of the sample. The method may include the step of determining whether the specimen representation of the material state of the sample exhibits a material state change greater than the maximum allowable material state change.

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