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...vacunar es prevenir.

Análisis bibliométrico sobre vacunas conjugadas

Fuente de información utilizada:



Estrategia de búsqueda:

"(conjugate)" AND (vaccine)" 1710 records

Periodo de estudio 1999-2020

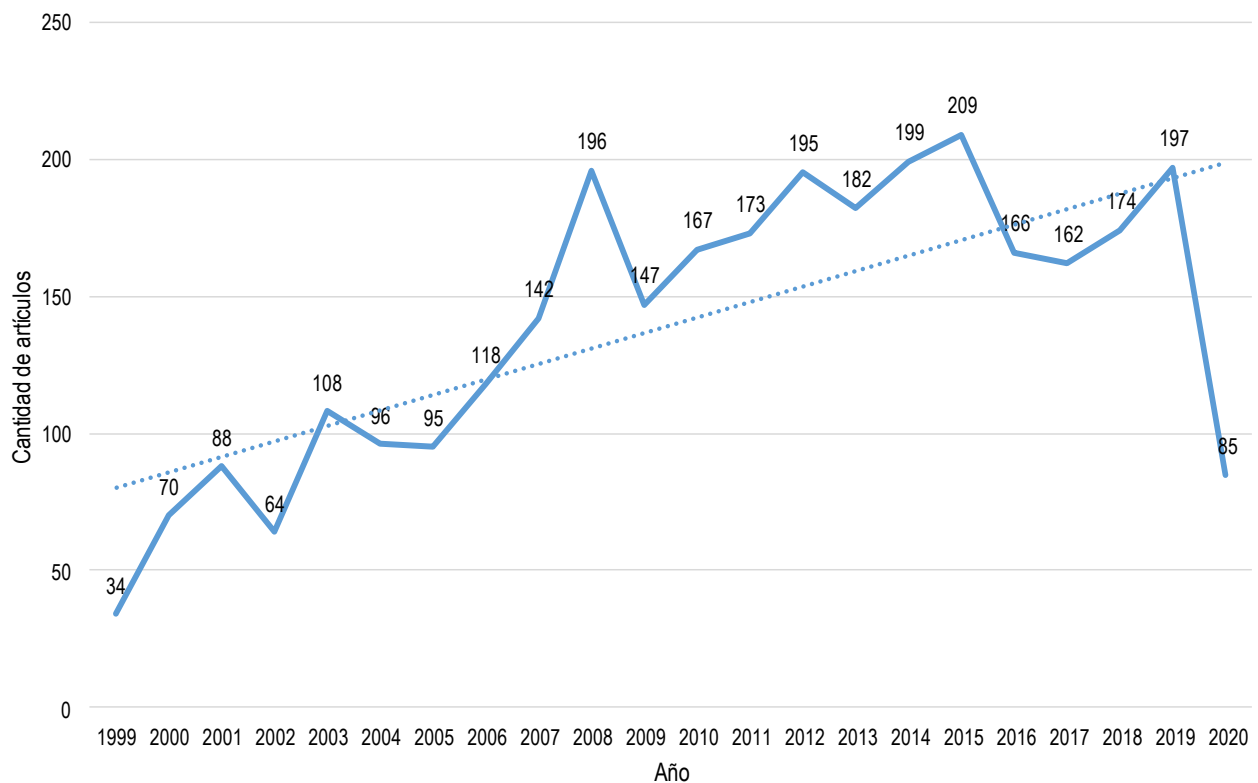
Las variables utilizadas en el análisis fueron:

- ⇒ Productividad científica por año.
- ⇒ Autores con mayor productividad científica.
- ⇒ Revistas con mayor número de publicaciones sobre el tema.
- ⇒ Instituciones que han trabajado el tema de estudio.
- ⇒ Países a la vanguardia sobre el tema.

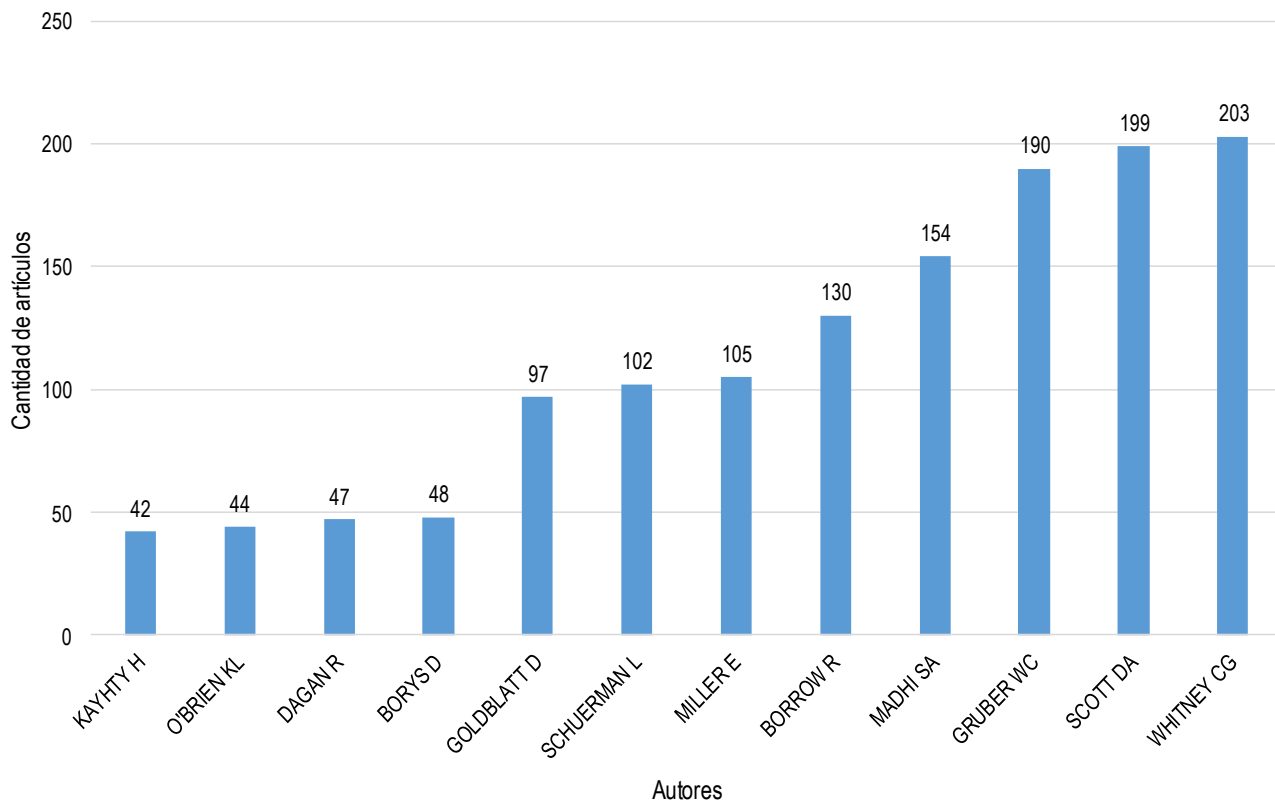
EN ESTE NÚMERO

- * Análisis bibliométrico vacunas conjugadas
- * Noticias en la Web sobre vacunas
- * Artículos científicos más recientes Medline sobre vacunas
- * Patentes más recientes USPTO sobre vacunas

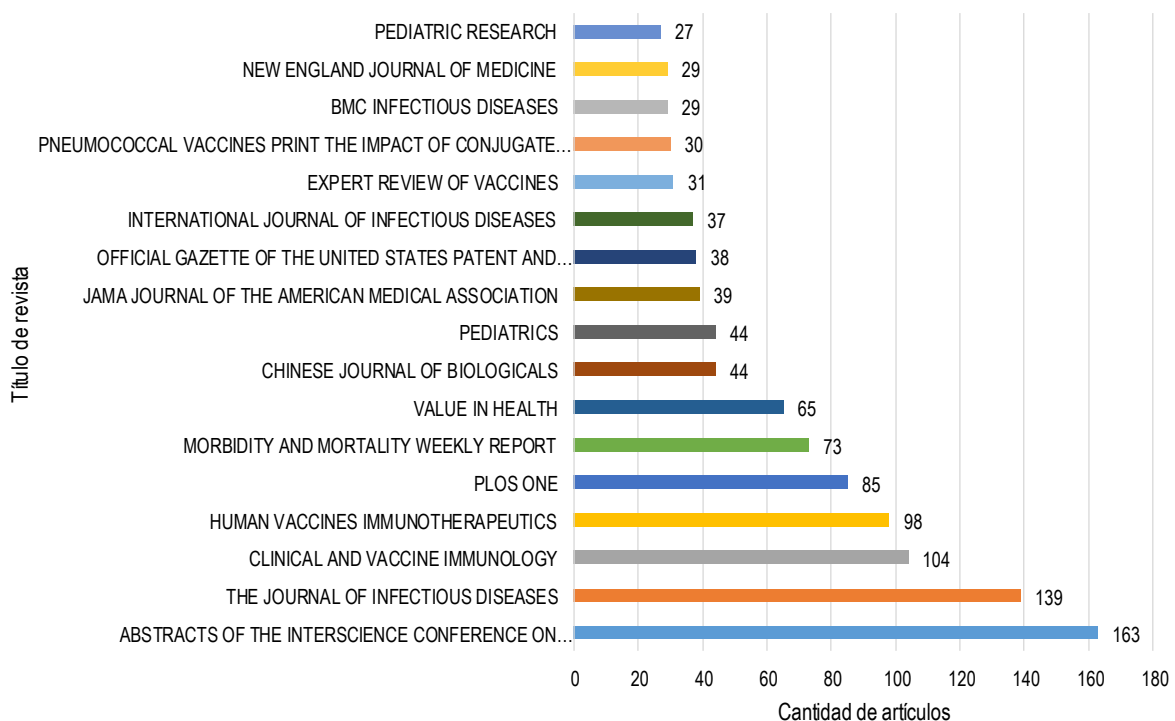
Productividad científica por año



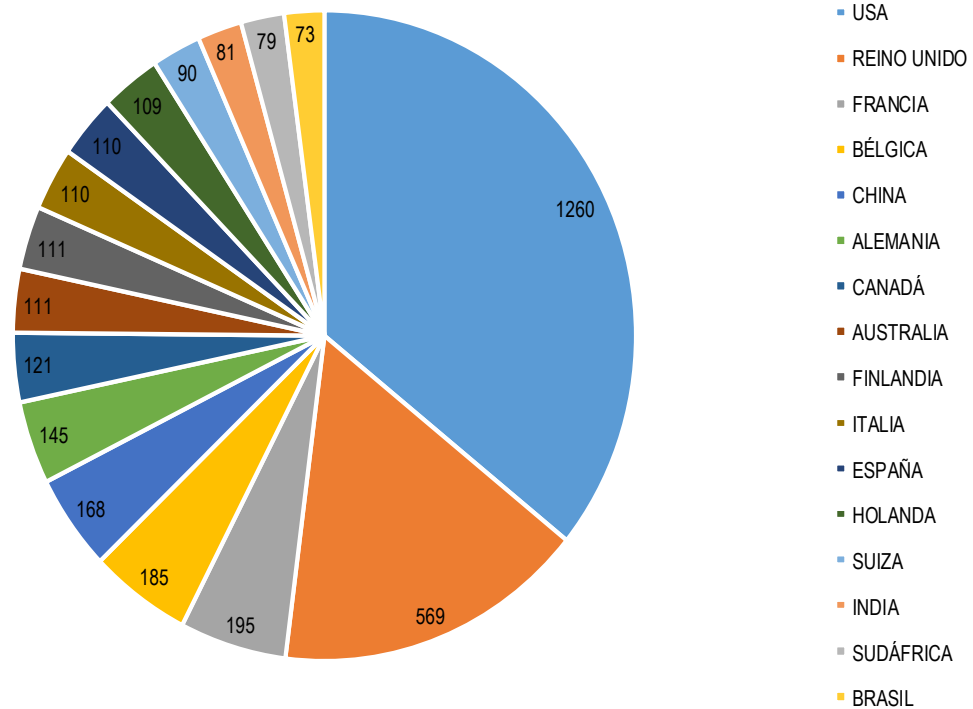
Autores con mayor productividad científica



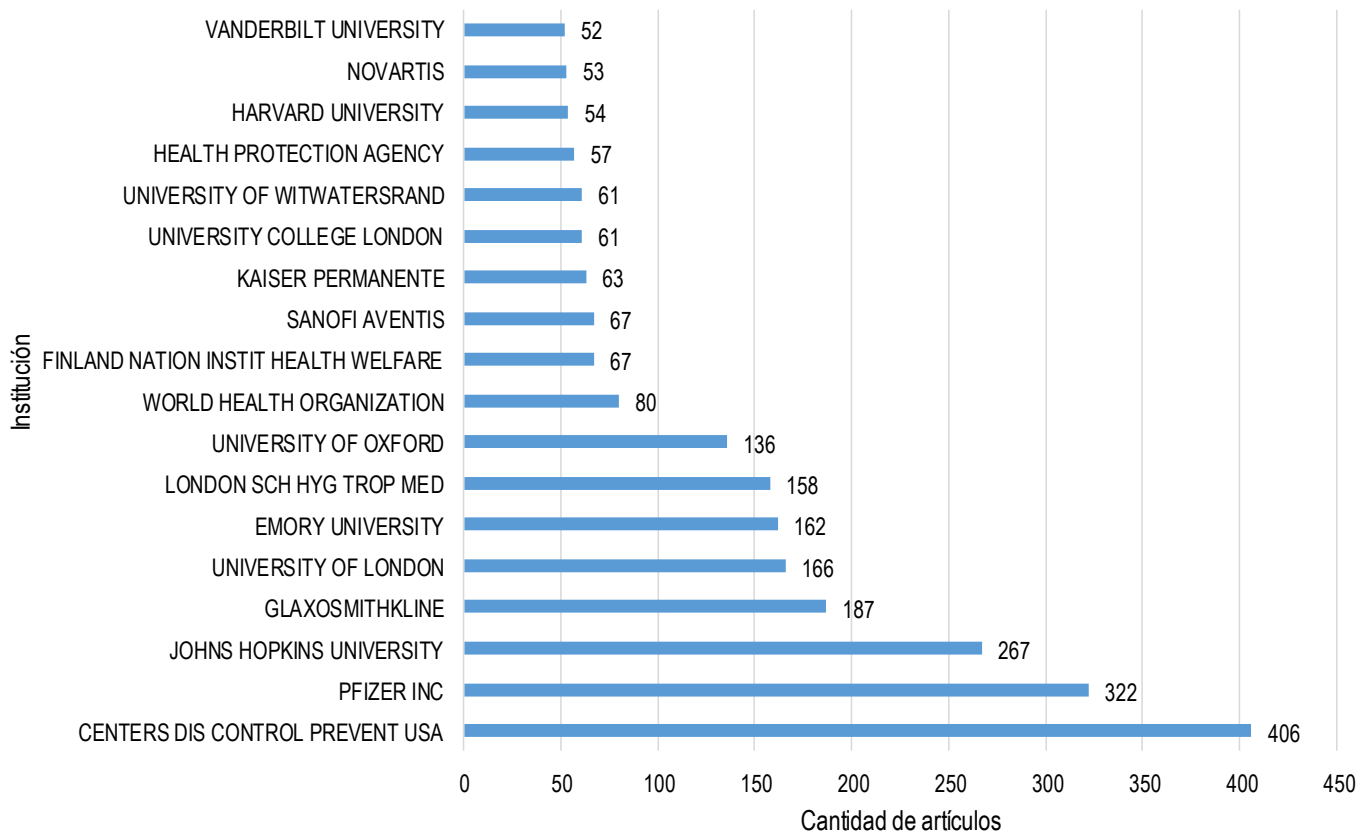
Revistas científicas que han publicado sobre el tema (2019-2020)



Producción científica por países registrada en Web of Science (1999-2020)



Instituciones que han trabajado el tema de estudio



Noticias en la Web

La polio y el sarampión podrían aumentar por la interrupción de las campañas de vacunación en el mundo

26 may. La interrupción generalizada de los programas de inmunización rutinaria en todo el mundo durante la pandemia de coronavirus está poniendo en riesgo a 80 millones de niños menores de un año de contraer enfermedades mortales que pueden prevenirse con vacunas, según un informe presentado el 22 de mayo por la Organización Mundial de la Salud, UNICEF y Gavi, la Alianza de Vacunas.

Los grupos realizaron encuestas en 129 países pobres y de ingresos medianos, y descubrieron que 68 de ellos habían interrumpido en cierto nivel los servicios de vacunas en clínicas y las campañas de vacunación a gran escala.

Muchos expertos en salud pública dicen que les preocupa que las muertes por enfermedades como el cólera, el rotavirus y la difteria puedan superar por mucho las causadas por la COVID-19.

El informe subrayó las advertencias sobre la polio, que hace poco prácticamente se había erradicado, una victoria conseguida con mucho esfuerzo que derivó en programas masivos de inmunización que llegaron a vacunar a millones de niños.

Seth Berkley, director ejecutivo de Gavi, afirmó que, en años recientes, los países en vías de desarrollo habían logrado grandes avances en cuanto a la inmunización contra múltiples



enfermedades. Antes de que se desatara la pandemia, dijo, en más países había más niños protegidos con vacunas contra enfermedades prevenibles de lo que jamás se había visto.

“Debido a la COVID-19, este gran progreso ahora está en riesgo, lo cual implica el peligro de que resurjan enfermedades como el sarampión y la polio”.

Es crucial reanudar los programas de inmunización, no solo para prevenir que haya más brotes de enfermedades letales, afirmó: “También garantizará que tengamos la infraestructura necesaria para administrar una posible vacuna contra la COVID-19 a una escala global”.

El problema de las tasas decrecientes de vacunas no se limita a los países en desarrollo, los Centros para el Control y la Prevención de Enfermedades de

Estados Unidos informaron que los índices de cobertura en todas las inmunizaciones infantiles entre los bebés de Michigan habían disminuido por debajo del 50 por ciento. La ciudad de Nueva York anunció que, durante un periodo de seis semanas del cierre de emergencia por la pandemia, la cantidad de dosis de vacunas que se habían administrado a los niños se redujo un 63 por ciento, en comparación con el mismo periodo el año pasado.

Según los ministros de salud y los proveedores de salud en los países encuestados, hay varias razones que justifican estas interrupciones.

A fines de marzo, se cancelaron hasta un 80 por ciento de los vuelos que salen a África para entregar vacunas y jeringas. Los trabajadores del sector salud que administran vacunas temieron continuar sus labores con los suministros que tienen a la mano, dado que no

tienen el equipo de protección necesario. Los padres tuvieron miedo de llevar a sus hijos a las clínicas de salud. En muchas áreas, todos los establecimientos están incluidos en el cierre de emergencia. Y miles de trabajadores de salud que en otras circunstancias estarían administrando vacunas, ahora han sido reasignados a contribuir a la respuesta a la COVID-19.

Los expertos en salud pública a nivel internacional, incluida la OMS, habían recomendado en un inicio que los programas masivos de vacunación en particular se suspendieran mientras la pandemia estaba en su punto álgido, a fin de evitar una mayor propagación del virus por las largas filas de niños que esperaban ser vacunados.

Sin embargo, los funcionarios ahora están iniciando un análisis cauteloso de riesgos y beneficios. A partir de la evidencia de que la

COVID-19 ha brotado de manera impredecible en todo el mundo — puesto que varía no solo de país en país sino al interior de las fronteras nacionales— la Iniciativa Global de la Erradicación de la Poliomielitis, un consorcio de organizaciones internacionales, está instando a los países a evaluar de cerca sus propias situaciones y diseñar estrategias alternativas para administrar, lo antes posible, vacunas de manera segura durante la pandemia.

Antes de la pandemia del coronavirus, los casos de sarampión estaban aumentando. En 2017, hubo 7.585.900 casos estimados de sarampión y unas 124.000 muertes, según la OMS. En 2018, el último año para el que se recopilaron cifras internacionales, hubo 9.769.400 casos estimados de sarampión y 142.300 muertes relacionadas.

En 2019, Estados Unidos reportó

1282 casos de sarampión, el más alto en más de 25 años.

“Antes de la COVID-19, el sarampión se movía por todo el mundo a medida que la gente volaba”, dijo Frank Mahoney, experto en inmunización y epidemiólogo médico de la Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja. “Con más y más niños que se vuelven susceptibles a ella, podría amplificarse y convertirse en un importante problema internacional”.

Henrietta Fore, directora ejecutiva de UNICEF, habló sobre el terrible cálculo que los países deben hacer para determinar cómo proceder. “Si bien las circunstancias tal vez requieran que pongamos en pausa algunas iniciativas de inmunización por ahora”, declaró, “estas vacunaciones deben reanudarse lo antes posible si no queremos arriesgarnos a intercambiar un brote letal por otro”.

Fuente: The New York Times. Disponible en <https://nyti.ms/2Ubz9Ea>

De forma frenética, científicos rusos buscan vacuna contra Covid-19

26 may. En frenética carrera por ser el primero en llegar, aunque los corredores virtuales son conscientes de que falta mucho para alcanzar la meta, cuando pueda decirse que por fin se derrotó para siempre el Covid-19, no menos de una quincena de instituciones científicas de Rusia, de unos meses para acá, recurren a todo su bagaje de conocimientos acumulado y recursos humanos en aras de encontrar la fórmula más eficaz de la vacuna

que anhelan este país y el mundo.

A la fecha hay 47 estudios que buscan encontrar esa vacuna en Rusia y se llevan a cabo en catorce prestigiados centros de investigación, pero sólo cuatro de éstos —la Agencia Federal Médico-Biológica (FMBA, por sus siglas en ruso) sobre todo su filial el Instituto de Vacunas y Sueros de San Petersburgo; el Centro Federal de Virología y Biotecnología Vektor de Novosibirsk; la Universidad

Estatil Lomonosov de Moscú; y la compañía privada de biotecnología Biocad, de Petrovo-Dalnoye— gozan del aval de la Organización Mundial de la Salud, al figurar en su lista de proyectos más prometedores para crear una vacuna que pueda frenar la pandemia.

Tan sólo Vektor, que se dio a conocer por ser el primero en hacer aquí las pruebas para detectar el nuevo coronavirus,

elaboró 26 prototipos de vacuna, que han ido descartándose según se obtenían los resultados de los experimentos con animales de laboratorio.

El gobierno ruso, por voz de la viceprimer ministra Tatiana Golikova, confía en que alguna de esas investigaciones –que empezarán a probarse en humanos este mes de junio– permita avanzar hacia la vacuna contra el Covid-19, que deberá quedar definida por completo en el transcurso del segundo semestre de este año.

La directora de la FMBA, Veronika Skovortsova, está convencida de que esa vacuna podrá adquirirse en las farmacias como medicamento registrado ya a comienzos de 2021.

Otros científicos, saltándose las reglas, quieren ir más rápido y es el caso, por poner el ejemplo más sonado, del Centro Nacional de Investigaciones Gamalei de epidemiología y microbiología.

El académico Aleksandr Guinzburg, su director, acaba de revelar que él y todos los que trabajaron en su elaboración decidieron probar en sí mismos una vacuna propia de tipo vectorial basada en el adenovirus del SARS-CoV-2.

Sus colegas rusos arremetieron contra ellos, argumentando como la Asociación de organizaciones de investigaciones clínicas que “experimentaron con humanos sin obtener el debido permiso de las autoridades, ni efectuar el periodo de pruebas preliminares con animales ni cumplir otros requisitos habituales”.

En consecuencia, agregan en su carta al ministro de sanidad, Mijail Murashko, “se violaron los principios más elementales de ese tipo de estudios, la legislación de Rusia y las normas internacionales en la materia”.

Vasili Vlasov, vicepresidente de la Sociedad de Expertos en Medicina basada en la Evidencia, es aún más demoledor: “el Centro Gamalei siempre trata de promover sus productos a cualquier precio, incluso con métodos ilegales, y por eso cabe preguntarse si en este caso podrían dudar en falsificar los resultados de las pruebas de su vacuna”.

Al eludir enfrascarse en cualquier polémica, Guinzburg responde a sus críticos con estas palabras: “Todos estamos vivos, sanos y contentos”.

Fuente: La Jornada. Disponible en <https://bit.ly/2A1L9kH>

Científicos descubren una nueva vía de transmisión del coronavirus

26 may. Científicos chinos de la Universidad Médica de Guangzhou lograron por primera vez detectar el SARS-CoV-2 vivo de las heces de pacientes que murieron a causa del covid-19, lo que sugiere que el coronavirus puede transmitirse a través de la inhalación de partículas de excrementos infectados.

"El aislamiento del SARS-CoV-2 infeccioso en las heces indica la posibilidad de transmisión fecal-oral o transmisión fecal-respiratoria a través de heces en aerosol",

escribieron los autores del estudio, publicado en *Emerging Infectious Diseases*.

Normalmente, las personas se infectan después de que alguien enfermo tose o estornuda, rociando gotitas que transportan virus en el aire, que son inhaladas por otros. Pero los investigadores chinos afirman que han encontrado fragmentos del material genético del virus en muestras fecales de aproximadamente una decena de pacientes.

El ARN y la carga viral

En el marco de la investigación, el equipo observó a un hombre de 78 años que dio positivo por coronavirus a principios de este año. Fue hospitalizado en Guangzhou el 17 de enero con tos, fiebre irregular y tomografías computarizadas de tórax anormales.

Cinco días después, el 22 de enero, su estado empeoró y el paciente fue conectado a un respirador artificial. Las pruebas

detectaron el ARN del virus en cuatro muestras fecales que se recolectaron entre el 27 de enero y el 7 de febrero. El hombre falleció el 20 de febrero.

Posteriormente, los investigadores recolectaron muestras fecales de 27 pacientes más, 11 de las cuales contenían ARN viral. Además, el

equipo aisló el SARS-CoV-2 vivo en las muestras de dos pacientes, "lo que indica que el virus infeccioso en las heces es una manifestación común de covid-19", reseña el estudio.

Además, las muestras de heces recolectadas entre 17 y 28 días después de que comenzaron los

síntomas tenían mayores cargas de ADN del virus que las muestras respiratorias. El virus vivo no pudo aislarse de las muestras fecales recolectadas después de 28 días, pero se encontró ARN viral, es decir solo fragmentos de ARN, no virus infecciosos.

Fuente: *CubaSí*. Disponible en <https://bit.ly/36uGO5e>

Instituto alemán prevé vacunación masiva contra la COVID-19 en "cuestión de meses"

26 may. El presidente del Instituto Paul Ehrlich (PEI), Klaus Cichutek, espera que los fabricantes ofrezcan la vacuna contra el nuevo coronavirus "cerca del precio de costo", dijo al canal de noticias ntv. "Por supuesto, es una cuestión de prestigio que las empresas se sientan desafiadas a ayudar al mundo y, por lo tanto, no pueden abrumar al mundo en términos de precios".

Mecanismos de distribución equitativa

El Instituto Paul Ehrlich es el organismo responsable de la aprobación de vacunas en Alemania. Según Cichutek, dos proyectos alemanes de investigación de vacunas están "cerca de los ensayos clínicos". Un producto de la compañía CureVac de Tübinga y una vacuna del

Centro Alemán de Investigación de Infecciones son prometedores.

Cichutek espera que el próximo ensayo clínico sea aprobado por el Instituto Paul Ehrlich en unas pocas semanas. Hasta ahora, solo la compañía BioNTech de Maguncia ha recibido la aprobación para las primeras pruebas clínicas en pacientes voluntarios.

Según Cichutek, una vacunación integral de la población en Alemania es "cuestión de meses". Pidió a los políticos que hablen sobre mecanismos de distribución equitativa en todo el mundo. "En la realidad, debe discutirse cómo puede suceder exactamente". Esta vez el mundo está frente a un patógeno del cual se aprenden cosas nuevas todos los días. Por lo tanto, se necesitan diferentes regulaciones, agregó.

¿Lluvia de vacunas?

La búsqueda de una vacuna adecuada está en curso desde hace tiempo. Según la Asociación de Empresas Farmacéuticas Investigadoras (vfa), existen más de 120 proyectos de vacunas en todo el mundo, desde pequeñas empresas como Biontech de Maguncia o Curevac en Tübinga, hasta corporaciones como Sanofi y GlaxoSmithKline.

En Estados Unidos, la empresa de biotecnología Moderna ya ha informado sobre el progreso en la investigación sobre una vacuna contra la COVID-19. Los expertos esperan que la vacunación se realice a escala mundial en 2021 y que muchos proveedores lancen vacunas al mismo tiempo, o en rápida sucesión.

Fuente: DW. Disponible en <https://bit.ly/2Y6H1rv>

La OMS suspende por seguridad los ensayos con hidroxiclороquina en coronavirus

26 may. Los resultados de un gran estudio observacional con más de 90.000 pacientes en 671 hospitales del mundo, publicado en *The Lancet* la semana pasada, concluían que los tratamientos con cloroquina o su análogo hidroxiclороquina no solo no mejoran la condición de los enfermos de la COVID-19, sino que causan problemas cardíacos y aumentan el riesgo de muerte.

Como consecuencia de ello, la Organización Mundial de la Salud (OMS) comunicó ayer que suspendía temporalmente los ensayos clínicos con este fármaco, debido a "razones de seguridad", dijo Tedros Adhanom, director general de la institución.

"El grupo ejecutivo ha implementado una pausa temporal del grupo de hidroxiclороquina dentro del ensayo SOLIDARITY, mientras los datos son revisados por la jun-



ta de supervisión de seguridad", señaló el director general en una sesión informativa *on line*.

La hidroxiclороquina, un medicamento contra la malaria, ha sido promocionada por Donald Trump como un posible tratamiento contra el coronavirus. El presidente estadounidense dice estarla tomando para ayudar a prevenir la infección.

La OMS ya había recomendado anteriormente que no se utilizase la hidroxiclороquina para tratar o prevenir la infección por coronavirus, excepto como parte de ensayos clínicos.

Mike Ryan, jefe del programa de emergencias de la organización, señaló que la decisión de suspender los ensayos con hidroxiclороquina se había tomado por "precaución".

Fuente: agencia sinc. Disponible en <https://bit.ly/2Y8m3sf>

Las diferentes vías de infección del coronavirus: ¿más allá del sistema respiratorio?

28 may. A principios de enero de 2020 se atribuyó a un nuevo coronavirus una serie de síntomas. La lista incluía fiebre, tos, dolor muscular y de cabeza y, en algunos casos, pérdida de gusto, olfato y cuadros respiratorios graves. Esta característica le valió la denominación de SARS-CoV-2. No es la

primera vez que miembros de esta familia generan problemas respiratorios: ya ocurrió con el SARS-CoV en 2003 y con el MERS-CoV en 2012. Sin embargo, el carácter pandémico de la COVID-19 nos está permitiendo saber que la sintomatología es más variada de lo que se pensaba.

Incluso se han descrito pacientes positivos para el virus sin síntomas respiratorios, pero con problemas de otro tipo. Algunos ejemplos son la apoplejía, alteraciones en la circulación periférica, trombos, hipoxia (menos cantidad de oxígeno en sangre) no acompañada de dificultad al

respirar, desorientaciones, delirios y una rara patología inflamatoria como es el síndrome multisistémico pediátrico, caracterizado por fiebre, dolor abdominal, sarpullidos y ritmos cardíacos acelerados, descrito en pacientes jóvenes.

Sin embargo, los problemas no respiratorios más comunes son los relacionados con el aparato digestivo, pérdida de apetito, náusea y diarrea. Está generalmente aceptado que el contacto o ingestión de animales portadores del virus fue la vía inicial de contagio a humanos, como lo fue con el SARS-CoV y el MERS-CoV. En el caso que nos ocupa, el pangolín es uno de los candidatos, si bien no es algo claramente establecido. También se desconoce si el virus pudo entrar en los seres humanos en una variante no dañina, pero mutar a una patogénica en nuestro interior.

Para que un virus pueda infectarnos es necesario que en la superficie de algunas de nuestras células se encuentren proteínas, denominadas receptores, que se unan a otras proteínas situadas en la membrana lipídica que rodea al virus. De este modo, el virus puede entrar y usar la maquinaria celular para fabricar nuevas partículas víricas.

Hasta el momento se han encontrado dos tipos de receptores en nuestro cuerpo que, aunque cumplen otras funciones, pueden



ser empleados por el SARS-CoV-2 para infectarnos.

El primero de ellos es el ACE2, que es también el receptor usado por el SARS-CoV del año 2003. Este receptor precisa de otra proteína para realizar su función: una proteasa (una proteína que rompe proteínas), la TMPRSS-2. Esta a su vez, procesa a otra proteína que protruye de la superficie del virus (la proteína Spike o S) y que le otorga la apariencia de estrella o corona que le da nombre. Tras este procesamiento, la proteína vírica S puede ser reconocida por ACE2 y, de este modo, el virus es introducido en la célula.

ACE2 tiene una amplia localización en nuestros órganos: desde la corteza cerebral y el hipotálamo hasta el músculo y, aunque está presente en las células pulmonares, no es allí donde es más abundante. De hecho, hay más ACE2 en testículo, riñón, vesícula

biliar, vasos sanguíneos, órganos endocrinos y, sobre todo, en el tubo digestivo, desde la boca hasta el recto, con concentraciones máximas en duodeno e intestino delgado. Esta amplia distribución no es de extrañar, ya que ACE2 desarrolla importantes funciones fisiológicas como, entre otras, regular la presión sanguínea transformando la hormona vasoconstrictora angiotensina II en la vasodilatadora angiotensina 1-7.

Un segundo receptor descrito recientemente es el CD147, también denominado basigina o EMMPRIN(8). El CD147 es una proteína importante para el reconocimiento celular, por ejemplo, durante la gametogénesis y el desarrollo del sistema nervioso, así como para la determinación del grupo sanguíneo. Una de sus denominaciones obedece a que induce la producción de proteasas que ayudan a destruir la sustancia extracelular, el material que da consistencia a nuestros tejidos.

La distribución de esta molécula es ubicua. Se encuentra en pulmones, pero con mayor abundancia en muchos otros órganos como los del sistema nervioso central, las glándulas endocrinas, el hígado y la vesícula biliar, riñón, páncreas, músculo y, de nuevo, sobre todo, en el tubo digestivo. El CD147 tiene afinidad por la misma proteína S de la superficie del virus que ACE2, si bien aún no está claro si ambos receptores son igualmente importantes o si CD147 tiene un carácter secundario.

En definitiva, el SARS-CoV-2 podría tener, o haber tenido, varias vías de entrada en nuestro cuerpo y, aunque la respiratoria parece la predominante, no está claro que la transmisión entre humanos no pueda ser también variada. Así, se han encontrado virus en las heces, aunque se discute su infectividad.

Nos hallamos aún con muchas preguntas sin respuesta. Pese a todo, hemos de ver el lado positivo: la propia adaptación del virus para utilizar distintos receptores preexistentes nos permite varias aproximaciones para impedir la entrada del mismo.

"...EL SARS-CoV-2 PODRÍA TENER, O HABER TENIDO, VARIAS VÍAS DE ENTRADA EN NUESTRO CUERPO Y, AUNQUE LA RESPIRATORIA PARECE LA PREDOMINANTE, NO ESTÁ CLARO QUE LA TRANSMISIÓN ENTRE HUMANOS NO PUEDA SER TAMBIÉN VARIADA ."

De hecho, ya se están realizando ensayos para bloquear estos receptores valorando, en todo caso, que no se vean afectadas de manera significativa las funciones fisiológicas que estos realizan.

Fuente: HUFFPOST. Disponible en <https://bit.ly/2MBwzDm>

Biotecnólogo desarrolla vacuna comestible COVID-19

28 may. Daniel Garza García, biotecnólogo egresado de la Facultad de Ciencias Biológicas de la Universidad Autónoma de Nuevo León (UANL) junto a otros investigadores, están desarrollando una vacuna comestible para atacar a la COVID-19.

La investigación fue publicada el pasado 6 de mayo por el portal Alianza para la Ciencia que administra la Universidad de Cornell, en Estados Unidos.

Dos días después el sitio hortidaily.com también la publicó.

Garza García en 2017 presentó un artículo contra los virus del dengue, zika y chikungunya en el Instituto de Biotecnología y en simposios nacionales.

La idea contempla ingerir un tomate aplicando la vacunología inversa donde interviene la ingeniería genética computacional y agrotransformación que busca modificar genéticamente las plantas de tomates para que puedan expresar la vacuna contra el SARS CoV-2, informó el portal Punto UANL.

De acuerdo al medio antes citado, este desarrollo científico quizá sea único entre los 120 desarrollos de vacuna contra el SARS CoV-2 que, refiere la OMS.

Punto UANL refiere que el proceso de producción y purificación de las vacunas convencionales es más costoso para países en vías de desarrollo.

Pero una vacuna en la que el antígeno se expresa en la parte comestible de la planta reduce los costos debido a la facilidad de cultivo.

Garza menciona que la planta de tomate les permite obtener altos niveles de expresión de la proteína recombinante para ser expresada en la especie andina *Solanum lycopersicum*, como vacuna comestible y como caso exitoso de agricultura molecular.

"Nuestra vacuna cumple con todas las características; cómo estabilidad, accesibilidad, antigenicidad y flexibilidad, evidenciando eficacia protectora y seguridad como vacuna contra la infección por SARS-CoV-2 en humanos", informó Daniel Gar-

Fuente: ABC NOTICIAS. Disponible en <https://bit.ly/30fglYw>

La empresa vasca Viralgen Vector Core producirá una vacuna contra el Covid-19

30 may. La donostiarra Viralgen Vector Core, única empresa no americana que forma parte de este proyecto y que cuenta con el apoyo institucional y financiero del Gobierno Vasco, producirá una vacuna contra el Covid-19 desarrollada por un consorcio de centros de investigación y hospitales afiliados con Harvard. Se espera poder probarla en humanos en otoño de este año.

Dispone de una tecnología única en el mundo para producir a gran escala y está especializada en la producción de vectores virales para terapia génica. Con sede en San Sebastián, Viralgen Vector Core fabricará la vacuna contra el Covid-19 que está desarrollando

el Massachusetts General Brigham Hospital (MGB), afiliado con Harvard, quien lidera un consorcio de organizaciones para la fabricación de dicha vacuna, para su uso en ensayos clínicos y posterior comercialización. Viralgen será el único participante de ese consorcio de fuera de los EE UU.

Tal y como ha publicado el MGB a través sus entidades asociadas, el Massachusetts Eye and Ear y el Massachusetts General Hospital, la vacuna para Covid-19 desarrollada por estas instituciones contará con tres empresas que llevarán a cabo la producción y el escalado a nivel mundial. Estas empresas serán

Viralgen, Aldevron en Dakota de Norte y Catalent en Nueva Jersey. La vacuna experimental utiliza vectores Adenoasociados (AAV) para entregar y expresar el gen S (spike) del virus SARS-Cov-2 y así crear una respuesta inmune.

Un aspecto importante de esta vacuna es que utiliza la experiencia y capacidad de desarrollo de la industria que trabaja desde hace años con vectores adenoasociados (AAV). Este conocimiento y experiencia en áreas como producción que ofrecen estas compañías será de gran ayuda para alcanzar el objetivo de una vacuna que llegue al máximo número de personas.

Fuente: im MÉDICO. Disponible en <https://bit.ly/2YbCCUx>

Científicos chinos confían en que su vacuna contra el Covid-19 tendrá una efectividad "del 99%"

1 jun. Los avances en busca de una vacuna en contra del Covid-19 continúan, y ahora, desde China llegan noticias esperanzadoras, ya que científicos de la empresa biotecnológica Sinovac, aseguran que su vacuna tendrá una efectividad "del 99%".

Información otorgada a SKY News reveló que la vacuna, la cual se encuentra en ensayos de la etapa 2 en alrededor de mil voluntarios será efectiva para detener la enfermedad: "...Debe ser exitoso ... 99%", respondió Luo Baishan, investigador de Sinovac.

Fuente: MARCA Claro. Disponible en <https://bit.ly/2YbCCUx>

El reporte también indica que la fase 3 de las pruebas se implementará en el Reino Unido, ya que China no registra un alto grado de contagios para poder hacer experimentos sobre una epidemia. De igual forma, se informó que ya se construye en Beijing una planta comercial para la producción de la vacuna, con el objetivo de entregar hasta 100 millones de dosis.

China quiere que la vacuna esté disponible para países en desarrollo

Este día, durante el foro "Después de la pandemia: nuestro nuevo

mundo", organizado por SKY News el embajador de China en el Reino Unido, Liu XiaoMing expresó que el deseo del país asiático es que, una vez que la vacuna esté disponible, ponerla al acceso de países en desarrollo; como parte de la responsabilidad de los gobiernos del mundo a proteger la raza humana.

"Una vez que la vacuna esté disponible, China quiere que sea accesible para los países en desarrollo. China está avanzada en la investigación de vacunas. Queremos compartir con el resto del mundo".



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PAT. NO.	Title
1 10,662,464	Methods of analyzing virus-derived therapeutics
2 10,662,233	Peptides and combination of peptides for use in immunotherapy against lung cancer, including NSCLC and other cancers
3 10,660,952	Vaccine against porcine parvovirus and porcine reproductive and respiratory syndrome virus and methods of production thereof
4 10,660,951	Antibody recognizing arbitrarily designed epitope of three or more amino acid residues in a peptide and method of generating thereof
5 10,660,949	Vaccination using plant virus particles linked to HER2 antigens
6 10,660,854	Thermostable vaccines based on ether lipids and native viral envelope proteins

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