



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 esa forma crear una retroalimentación que nos permita acercarnos más a sus necesidades de información.

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

Noticias en la Web

Next-generation COVID-19 vaccines currently being tested

Apr 11. As the COVID-19 pandemic ended almost two years ago, companies continue to research vaccines with new ideas and concepts. This is because COVID-19 cases continue, and as the actual virus evolves, treatment and prevention must also do the same. Three companies recently announced progression in their clinical research for next-generation COVID-19 vaccines: INOVIO, Ocugen, and Pfizer.

INOVIO Pharmaceuticals, a biotechnology company that focuses on developing DNA immunotherapies and vaccines for the treatment and prevention of various

cancers and infectious diseases, announced on March 13 that the company received promising results from its ongoing Phase I trial evaluating DMAbs. Results showed that 100% of subjects (24 out of 24) maintained relevant levels of DMAbs, with no subjects developing anti-drug antibodies and no serious adverse events. The most common side effects seen were injection-site reaction, as well as pain and erythema. The Phase I trial uses synthetic DNA technology to enable in vivo production of monoclonal antibodies directly from muscle cells.

Secondly, Ocugen with Washington University in St Louis looks to start a Phase I clinical trial in the US with its nasal vaccine, OCU500. The vaccine received FDA investigational new drug application approval in 2022. The trial, which will be sponsored by The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, will look to enrol 80 adult subjects between the ages of 18 and 64 years with four different subgroups: low-dose, high-dose, inhalation group, and intranasal group. The trial is anticipated to start sometime in Q2 2025.

Pfizer initiated a Phase II trial in early March 2025 for its next-generation antiviral drug candidate, ibuzatrelvir. The trial, 'An Interventional Efficacy and Safety, Phase III, Double-Blind, 2-Arm Study to Investigate Orally Administered Ibuzatrelvir Compared with Placebo in Non-Hospitalized Symptomatic Adult and Adolescent Participants with COVID-19 Who Are at High Risk of Progressing to Severe Illness', will look to enrol 2,330 patients.

"Next-generation COVID-19 vaccines currently being tested" was originally created and published by Clinical Trials Arena, a GlobalData owned brand.

Fuente: Global Data. Disponible en <https://n9.cl/xjmne>



Favorece nuevo convenio impacto de la ciencia en la salud

11 abr. Con la firma hoy de un nuevo convenio de colaboración entre la Universidad de Oriente y el Instituto Finlay de Vacunas (IFV), científicos cubanos ratifican el compromiso con la salud y bienestar del pueblo.

El acuerdo, rubricado en el marco de la IV Convención Internacional Ciencia y Conciencia, procura proyectar soluciones de impacto directo en el sistema de Salud Pública y garantizar la superación de científicos dispuestos al servicio de la vida.

En declaraciones a la prensa, Vicente Verez, director general del centro de investigaciones, significó la oportunidad de afianzar los lazos establecidos con Santiago de Cuba hace 10 años, con la inclusión de la

provincia en una red centinela, así como extender la cooperación hasta el ámbito académico.

La casa de altos estudios oriental cuenta con una rica y fortalecida tradición en la formación de especialistas en Química, de ahí el orgullo de regresar a Santiago de Cuba para contribuir, desde la teoría y la producción científica, al cuidado de la salud de infantes y adultos, afirmó.

De acuerdo con Verez, el equipo cuenta con un convenio de colaboración con la Dirección General de Salud del territorio, con el propósito de extender los ensayos clínicos de nuevas vacunas hacia la población pediátrica de esta región.

Con el convenio las instituciones prevén fomentar la formación de profesionales, la investigación innovadora y la transferencia tecnológica, siempre con miras al desarrollo sostenible y el bienestar social.

Fundado en 1991, el IFV deviene referente global en biotecnología, por su protagonismo en la creación de inmúnogenos contra los serotipos de meningitis, así como las vacunas Soberana 01, Soberana 02 y Soberana Plus, contra la COVID-19.



Fuente: Agencia Cubana de Noticias. Disponible en <https://n9.cl/5l5sgr>

To eradicate polio once and for all, we need a new vaccine – that's what we're working on

Apr 12. All vaccines work by training our immune systems to recognise a harmless piece of a virus or bacteria so that when the real thing is encountered later, the immune system is prepared to defeat it.

There are two types of polio vaccine in use. One is the inactivated poliovirus vaccine (IPV), and the other the live-attenuated oral poliovirus vaccine (OPV).

The IPV is made by “killing” large quantities of poliovirus with a chemical called formalin, making it unable to replicate.

The immune system is then “trained” to recognise the poliovirus – which is thankfully rendered safe by formalin.

The OPV vaccine contains a weakened (or “attenuated”) version of the virus. These changes in the virus’s genetic code stop it from causing disease. However, as the OPV vaccine is still capable of replicating, it can revert to a form that can cause disease, with the potential to cause paralysis in unvaccinated people.

Because of these risks, scientists are now looking for safer ways to create vaccines – methods that don’t require growing large amounts of the live virus in high-security labs, as is done for IPV.

Our research team has taken an important step towards producing a safer and more affordable polio vaccine. This new vaccine candidate uses virus-like particles (VLPs). These particles mimic the outer protein shell of poliovirus, but are empty inside. This means there is no risk of infection, but the VLP is still recognised by the immune system, which then protects against the disease.

This vaccine candidate uses technology that’s already being used in hepatitis B and human papillomavirus (HPV) vaccines. Thanks to VLPs, since 2008, there have been no cervical cancer cases in women in Scotland who were fully vaccinated against HPV.

Over the past ten years, our research group has worked to apply this successful technology in the fight to eradicate polio.

Vaccine success

Throughout the 19th and 20th centuries, polio was a major global childhood health concern. However, the development of IPV (licensed in 1955) and of OPV (licensed in 1963), almost eliminated polio-derived paralysis. Due to the success of



the Global Polio Eradication Initiative, introduced in 1988, most cases of paralytic polio are now caused by the vaccine.

Despite the success of these vaccines, they both have safety concerns that could threaten to compromise eradication of the disease.

IPV, for instance, is expensive to make because it needs stringent safety measures to prevent the accidental release of live poliovirus and so is mostly used in wealthy countries. OPV is five times cheaper than IPV, and due to its lower cost and ease of use, it is used almost exclusively in developing countries.

OPV has been instrumental in the near eradication of “wild polioviruses” (the naturally occurring form) around the world. But in areas where vaccination rates are low and enough people are susceptible to infection, the weakened virus (OPV) can replicate.

Unfortunately, each round of replication increases the potential for the virus to revert to a form of polio that causes illness and paralysis. This is already evident in new vaccine-derived outbreaks across several countries in Africa, Asia and the Middle East, which now accounts for most paralytic polio cases worldwide. So, once all remaining strains of wild poliovirus have been successfully eradicated, OPV use will have to stop.

Safer vaccine

The next generation of polio vaccinations is likely to be produced in yeast or insect cells. Our research shows that VLPs produced in both yeast and insect cells can perform equally or better than the current IPV.

These non-infectious VLPs are also easier to produce than IPV. They would not need to be handled under such stringent laboratory conditions as IPV, and they are more temperature stable, thanks to genetic alteration of the outer shell. The new vaccines, then, will be less expensive to produce than IPV, helping to improve fair and equal access to vaccination – ensuring that once polio is eradicated, it will stay eradicated.

As we move closer to wiping out polio worldwide, these next-generation vaccines could be the final tool we need – safe, affordable and accessible to all.

Fuente: The Conversation. Disponible en <https://n9.cl/yxxt5>

Agradece Cuba donativo de vacunas provenientes de Venezuela

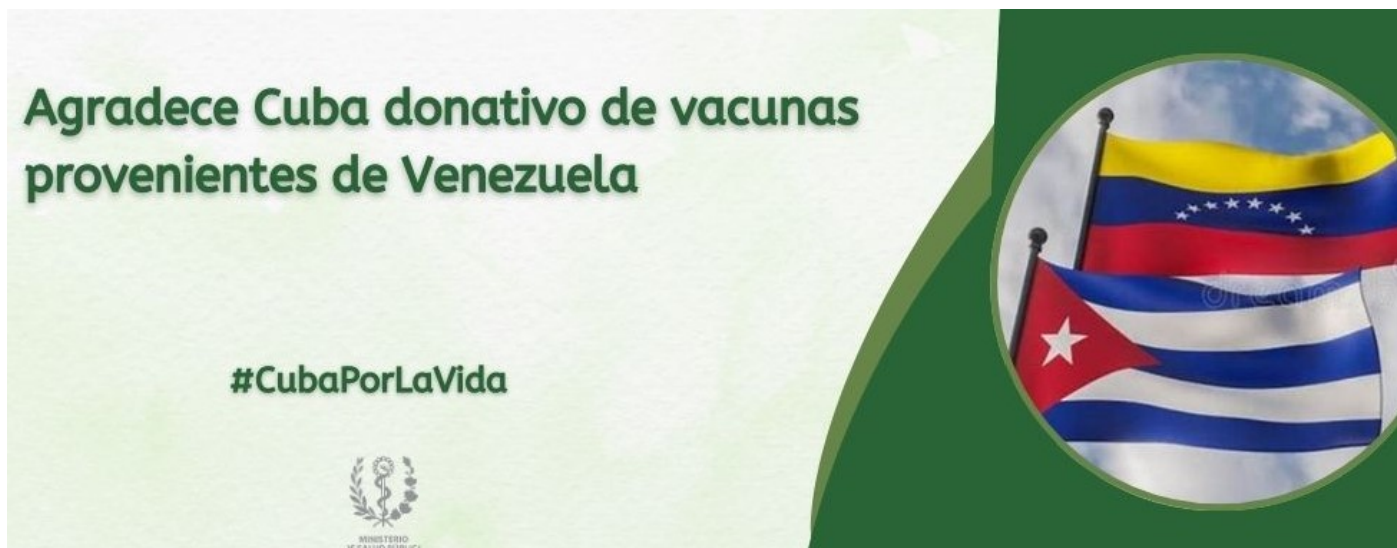
12 abr. El Ministerio de Salud Pública de Cuba (Minsap) agradece al Gobierno de la República Bolivariana de Venezuela el donativo de 90 mil dosis de vacuna doble bacteriana; que protege contra la difteria y el tétanos (ambas enfermedades eliminadas en la Mayor de las Antillas).

Esta vacuna forma parte del esquema establecido en el Programa Nacional de Inmunización y es administrada a los niños que cursan el primer grado de escolaridad en todo el país.



Con acciones como estas, la solidaridad entre nuestros pueblos se fortalece cada día más, ante la hostilidad del imperialismo y el cruel bloqueo que nos impone el gobierno de los Estados Unidos.

La alianza entre Cuba y Venezuela ha sido un ejemplo destacado de cooperación internacional, basada en principios de solidaridad, hermandad y complementariedad.



Fuente: Ministerio de Salud Pública. Disponible en <https://n9.cl/8up0le>

Scientific Conference by GlaxoSmithKline on the Launch of "Bexsero," Egypt's First Vaccine for the Prevention of Meningococcal Bacterial Meningitis (Group B)

Apr 13. GlaxoSmithKline recently held a high-level scientific conference in conjunction with the launch of "Bexsero," the first vaccine in Egypt approved by the Egyptian Drug Authority for the prevention of meningococcal disease, commonly known as bacterial meningitis, caused by *Neisseria meningitidis* Group B.

This potentially life-threatening disease can lead to severe long-term complications and may be fatal within 24 hours. According to global statistics, one in five infected individuals suffers from serious complications, and one in ten dies from the disease.

Held in Egypt's New Administrative Capital, the conference featured advanced scientific discussions on the various types of meningitis, its progression, and the latest prevention methods. It also marked the official introduction of "Bexsero" to the Egyptian market, in the presence of top pediatric healthcare experts from across the country, as well as leading international specialists in pediatrics and healthcare.

The conference included comprehensive scientific and educational dialogues about the different meningococcal serogroups, their prevalence, and potential presence in Egypt. It also presented data and statistics on the global and regional (North Africa and Egypt) epidemiology of meningitis caused by Group B. The aim was to enhance understanding of the epidemiology and clinical implications of the disease, particularly the strain caused by *Neisseria meningitidis* Group B.

Experts emphasized the importance of immunizing infants, especially in the months following their second month of life, when infection rates are globally at their highest.

Discussions also addressed the latest vaccine development technologies, particularly the innovative technology used in creating Bexsero. This advancement enabled the development of a groundbreaking vaccine against the highly dangerous and complication-prone Group B strain of meningococcal bacteria.

Experts praised the efforts of the Egyptian government and the health sector in curbing the spread of meningitis by providing vaccines against different meningococcal strains—both through the free immunization of schoolchildren and other vaccines available in the Egyptian market.

The launch of Bexsero in Egypt complements these national efforts to combat meningitis and reflects the dedication of all relevant parties in Egypt—including the Egyptian Drug Authority, the Ministry of Health and Population, and GlaxoSmithKline as a leading healthcare company—to safeguarding the health of Egyptian citizens and ensuring their access to the latest vaccines and innovative treatments.

Among the prominent international participants was Professor Mohamed-Kheir Taha, a distinguished researcher at the Institut Pasteur in France and Head of the Meningococcal Infections Unit. He noted that the development of an effective vaccine against Group B bacteria was a major scientific challenge that took years to overcome. Thanks to cutting-edge technology, Bexsero was created and now stands as Egypt's first vaccine against Group B meningococcal infections. Professor Taha has authored over 238 scientific publications and made significant contributions to the global understanding of bacterial infections and public health. He also wrote a scientific review on the epidemiology of meningitis and vaccination strategies in North Africa, including Egypt.



Also in attendance was Professor José Tomás Ramos Amador, Head of the Pediatrics Department at Complutense University of Madrid and at one of the largest hospitals in Madrid. As an investigator in multiple clinical trials—including those involving Bexsero—he stated that the introduction of this vaccine in Egypt is a vital step in offering effective preventative solutions against Group B meningitis. He emphasized that Group B meningococcal infections account for approximately 16% of bacterial meningitis cases in Egypt, with about half of those attributed specifically to Group B, according to studies. He commended the advanced technology behind Bexsero's development.

Dr. Ahmed El-Belidi, Professor of Pediatrics at Cairo University, highlighted the severe threat posed by meningitis in children, which can escalate rapidly and cause death within 24 hours. Global statistics show that one in ten patients dies, and one in five suffers severe complications. He pointed out the most common permanent disabilities caused by the disease, including hearing loss, motor disorders, epilepsy, and even limb loss. Due to the difficulty in diagnosing the disease in its early stages—since its symptoms mimic those of other illnesses—preventative vaccination becomes critically important. He stressed that infection rates are especially high in infants under one year of age, followed by those aged one to four.

Dr. Gamal Sami, Professor of Pediatrics at Ain Shams University, discussed the dangers of meningitis (meningococcal disease), which results from inflammation of the protective membranes surrounding the brain and spinal cord—known as the meninges. This inflammation is often caused by bacterial or viral infections and, in some cases, fungal or parasitic infections. Early diagnosis and treatment are essential to preventing serious complications. If left untreated, meningitis can cause irreversible brain or nerve damage, blood poisoning, and even death. Dr. Sami described the symptoms of bacterial meningitis in infants, including unusual irritability, frequent vomiting, refusal to feed, high-pitched crying, blank stares, seizures, and high fever. In older children, symptoms include headaches, neck pain, nausea, sensitivity to light, projectile

vomiting, and high fever. He explained that Bexsero is indicated for individuals from two months to 50 years of age and is the first vaccine in Egypt targeting Group B bacteria. He emphasized the need to educate mothers on the symptoms of the disease and the importance of preventive vaccination.

Dr. Mahmoud El-Zalabany, Professor of Pediatrics at Alexandria University, Dean of the Medical Sector at the Arab Academy for Science, Technology and Maritime Transport, and former Dean of the Faculty of Medicine at Alexandria University, highlighted the critical role of pediatricians in Egypt in raising community awareness about meningitis. He urged parents to adhere to both mandatory and optional vaccination schedules to protect their children from the devastating consequences of this disease. He reiterated the vital importance of vaccination, noting that early symptoms of meningitis are often non-specific. Key symptoms typically emerge within 12 to 15 hours, including petechial rash, delirium, neck stiffness, and photophobia (light sensitivity). The disease can result in death or permanent disabilities such as limb loss.

In closing, Eng. Hassan Fahmy, General Manager of GlaxoSmithKline Egypt, expressed his pride and joy at the launch of Bexsero in the Egyptian market. He reaffirmed the company's commitment to providing access to cutting-edge vaccines and modern medicines developed using the most advanced global technologies. He stated, "The launch of Bexsero in Egypt marks a pivotal step in protecting future generations from a devastating disease like meningitis. We are proud to be trusted partners and will continue to work hand-in-hand with physicians, experts, and health institutions to ensure a safer and healthier future for Egypt's children."

Fuente: Ahram Online. Disponible en <https://n9.cl/z6ioa>

How a single HPV vaccine dose can prevent cervical cancer

Apr 14. Subunit vaccines—which use a piece of the virus to generate an immune response—typically need boosters, but HPV vaccines broke the paradigm. PATH's Hope Randall explains how.

In 2022, the World Health Organization (WHO) reviewed a compilation of data—including those collated and synthesized by the Single-Dose HPV Vaccine Evaluation Consortium—leading to a decision to endorse the alternative use of a single-dose HPV vaccination schedule.

While shifting from a multi-dose to a one-dose regimen promised logistical and financial advantages, WHO's central question was whether the quality of the evidence supported this shift. Did the data suggest that one dose of HPV vaccine protects against cervical cancer just as well as a series of doses? Would that protection be long-lasting?

Immune response analysis paired with clinical observation can help answer these questions.

A surprising first

HPV vaccine is a subunit vaccine, which is a class of vaccines that uses a piece of the virus to generate an immune response. Researchers used an HPV protein called L1, an important region for the immune system's interaction with the virus. When the vaccines teach the immune system to recognize L1, we're able to fight the real virus in the future.

Subunit vaccines typically require subsequent inoculations (boosters) to generate an adequate immune response, which is why HPV vaccines were recommended on a three-dose schedule when they first became available in 2006. But the success of HPV vaccines surpassed even the most optimistic projections, and one observation was particularly surprising: young women who, for various reasons, had fewer doses of HPV vaccine—even just one dose—still had a strong immune response and were equally protected from HPV infection.

Protection from just one dose of a subunit vaccine was unprecedented. To understand what set HPV vaccines apart, researchers took a close look at the immune response.

A geometric jackpot

In HPV vaccines, the L1 protein is delivered using a virus-like particle (VLP) mechanism, which retains the protein's original shape. In its native shape, the protein behaves in a specific way: hundreds of these L1 VLPs (360, to be exact) link up to form a kind of super-sphere, with the L1 targets fanning outward around the perimeter, inviting swarms of B cells (a type of immune cell) to bind them through their cell surface antibodies. This simultaneous response to multiple L1 proteins (as opposed to one or two L1 proteins) results in potent B cell activation signals, and these strong signals stimulate the development of long-lasting plasma cells (LLPCs). LLPCs continuously churn out large numbers of antibodies into the blood for round-the-clock extracellular surveillance duty, humming along as a consistent backdrop of our immune ecosystem.

Critically, LLPCs don't depend on additional vaccine doses or virus exposures to continue production. True to their name, these cells provide long-lasting protection.

Clinical proof

Evidence of this type of immune response has borne out in clinical observation: after an approximately one-year decline following a single dose of HPV vaccine, the antibody level stabilizes at a steady plateau and is sufficient to provide solid long-term protection from infection.

So far, we have data on antibody levels after one dose through up to 16 years post-vaccination. While monitoring will continue, given what we know about this type of immune response, the levels are unlikely to dramatically change in subsequent years, and are expected to maintain protection against the HPV infections that are at highest risk of becoming cervical cancer.

Assessing single-dose performance for new vaccines

While single-dose schedules have been evaluated in widely used HPV vaccines, researchers will assess the performance of new products on a single-dose regimen.

In late 2024, WHO used data from a PATH-sponsored study to add Cecolin® to the list of vaccine product options for use on a single-dose schedule. And in early 2025, PATH initiated participant enrollment in a new study to assess a nine-valent product (designed to protect against nine types of HPV) on a single-dose schedule.

Continued data collection to support the availability of new products will help expand the number of vaccine options for country use and facilitate greater access.

Reaching more girls

Since WHO's endorsement, nearly 70 countries have adopted a single-dose schedule. Additional doses that are repurposed to reach more women and girls will prevent more cases of cervical cancer and save more lives, especially in low- and middle-income countries, where screening and treatment are limited.

The discovery of the potential of single-dose HPV vaccination illustrates not only the fundamental importance of basic science but also of continuous clinical research following product development. Each step of the way, evidence dissemination is paramount.

As additional countries consider their options, the Consortium continues to present evidence to national policymakers and to provide independent, objective evaluation of new evidence on single-dose HPV vaccination as it becomes available.

Fuente: PATH. Disponible en <https://n9.cl/o11san>

Imported nine-valent HPV vaccine administered to male recipients in China's Hunan

Apr 15. Doses of imported nine-valent human papillomavirus (HPV) vaccine were administered to male recipients in central China's Hunan Province on Tuesday.

The National Medical Products Administration has approved the imported nine-valent HPV vaccine for male recipients aged 16 to 26. Male residents of Changsha, the provincial capital, were among the first to be inoculated upon the approval, according to the provincial center for disease prevention and control.

"This expands comprehensive health protection options for eligible male residents," said Chen Xi, a professor at the center. Previously, only the imported quadrivalent HPV vaccine had been available for men in China.

HPV infection has long been associated with cervical cancer in women, but male health risks are equally significant, said Li Dongjie, a urology professor at Central South University's Xiangya Hospital. "Persistent infection of high-risk HPV strains can lead to anal cancer, oropharyngeal cancer and precancerous lesions in male patients."

"Vaccination serves as a primary prevention measure against HPV-related diseases, protecting both men and their partners," Li added.

The latest vaccine approval comes as China accelerates the opening-up of its medical market, with global pharmaceutical companies actively participating in the country's expanding health care sector.

Fuente: Xinhua. Disponible en <https://n9.cl/xk8mej>

Vacuna rusa contra el cáncer se prepara para ensayos en humanos en 2025; revelan avances

15 abr. Rusia avanza en su lucha contra el cáncer con el desarrollo de una vacuna que se probará en humanos en 2025. A través de un comunicado oficial en sus redes sociales, la Embajada de Rusia en México reveló detalles clave sobre este prometedor tratamiento.

El Centro Gamaleya, conocido mundialmente por su contribución con la vacuna Sputnik V contra el Covid-19, anunció que las pruebas comenzarán a finales de este año. Esta nueva vacuna utiliza tecnología de ARN mensajero (ARNm), la misma que revolucionó la creación de vacunas contra el coronavirus.

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¿Cómo funciona la vacuna contra el cáncer?

Diseñada para adaptarse a cada paciente, la vacuna busca atacar el cáncer de manera más precisa, reduciendo los efectos secundarios típicos de los tratamientos convencionales. La tecnología ARNm entrena al sistema inmunológico para identificar y destruir células tumorales sin dañar tejidos sanos ni causar inflamación.

En 2024, Alexander Gintsburg, director del Centro Gamaleya, afirmó que la vacuna sería eficaz contra todas

Nuevos detalles sobre la **vacuna rusa contra el cáncer**



las variantes del cáncer.

¿Cuál será el costo de la vacuna contra el cáncer?

Si el tratamiento resulta exitoso, el gobierno ruso ha indicado que cada dosis costará alrededor de 3 mil dólares, aunque los ciudadanos rusos podrán recibirla de manera gratuita.

Fuente: EL TIEMPO. Disponible en <https://n9.cl/ll5gk>

WHO Member States conclude negotiations and make significant progress on draft pandemic agreement

Apr 16. After more than three years of intensive negotiations, WHO Member States took a major step forward in efforts to make the world safer from pandemics, by forging a draft agreement for consideration at the upcoming World Health Assembly in May. The proposal aims to strengthen global collaboration on prevention, preparedness and response to future pandemic threats.



**World Health
Organization**

In December 2021, at the height of the COVID-19 pandemic, WHO Member States established the Intergovernmental Negotiating Body (INB) to draft and negotiate a convention, agreement or other international instrument, under the WHO Constitution, to strengthen pandemic prevention, preparedness and response.

Following 13 formal rounds of meetings, nine of which were extended, and many informal and intersessional negotiations on various aspects of the draft agreement, the INB today finalized a proposal for the WHO Pandemic Agreement. The outcome of the INB's work will now be presented to the Seventy-eighth World Health Assembly for its consideration.

"The nations of the world made history in Geneva today," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "In reaching consensus on the Pandemic Agreement, not only did they put in place a generational accord to make the world safer, they have also demonstrated that multilateralism is alive and well, and that in our divided world, nations can still work together to find common ground, and a shared response to shared threats. I thank WHO's Member States, and their negotiating teams, for their foresight, commitment and tireless work. We look forward to the World Health Assembly's consideration of the agreement and – we hope – its adoption."

Proposals within the text developed by the INB include establishing a pathogen access and benefit sharing system; taking concrete measures on pandemic prevention, including through a One Health approach; building geographically diverse research and development capacities; facilitating the transfer of technology and related knowledge, skills and expertise for the production of pandemic-related health products; mobilizing a skilled, trained and multidisciplinary national and global health emergency workforce; setting up a coordinating financial mechanism; taking concrete measures to strengthen preparedness, readiness and health system functions and resilience; and establishing a global supply chain and logistics network.

The proposal affirms the sovereignty of countries to address public health matters within their borders, and provides that nothing in the draft agreement shall be interpreted as providing WHO any authority to direct, order, alter or prescribe national laws or policies, or mandate States to take specific actions, such as ban or accept travellers, impose vaccination mandates or therapeutic or diagnostic measures or implement lockdowns.

Dr Tedros paid tribute to the members of the Bureau who guided the INB process: Co-Chairs Ms Precious Matsoso (South Africa) and Ambassador Anne-Claire Amprou (France), and Vice-Chairs Ambassador Tovar da Silva Nunes (Brazil), Ambassador Amr Ramadan (Egypt), Dr Viroj Tangcharoensathien (Thailand); and Ms Fleur Davies (Australia). Past members included former Co-Chair, Mr Roland Driece (the Netherlands), and former Vice-Chairs Ambassador Honsei Kozo (Japan), Mr Kazuho Taguchi (Japan), and Mr Ahmed Soliman (Egypt). The Director-General also acknowledged the constant support provided by WHO Secretariat colleagues.

INB Co-Chair Ms Matsoso said: “I am overjoyed by the coming together of countries, from all regions of the world, around a proposal to increase equity and, thereby, protect future generations from the suffering and losses we suffered during the COVID-19 pandemic. The negotiations, at times, have been difficult and protracted. But this monumental effort has been sustained by the shared understanding that viruses do not respect borders, that no one is safe from pandemics until everyone is safe, and that collective health security is an aspiration we deeply believe in and want to strengthen.”

Fellow INB Co-Chair, Ambassador Amprou, said the draft agreement is a major step in strengthening the global health security architecture so people of the world would be better protected from the next pandemic.

“In drafting this historic agreement, the countries of the world have demonstrated their shared commitment to preventing and protecting everyone, everywhere, from future pandemic threats,” Ambassador Amprou said. “While the commitment to prevention through the One Health approach is a major step forward in protecting populations, the response will be faster, more effective and more equitable. This is a historic agreement for health security, equity and international solidarity.”

The INB was established in December 2021, at a special session of the World Health Assembly, bringing together Member States and relevant stakeholders, including international organizations, private sector, and civil society. At the World Health Assembly in June 2024, governments made concrete commitments to complete negotiations on a global pandemic agreement within a year. The upcoming Assembly starting 19 May 2025 will consider the proposal developed by the INB and take the final decision on whether to adopt the instrument under Article 19 of the WHO Constitution.

Fuente: World Health Organization. Disponible en <https://n9.cl/st1k9>

Repeated T-Cell Dependent Vaccination Enhances Pneumococcal Immunity in CLL

Apr 17. Serological protection against pneumococcal disease in patients with chronic lymphocytic leukemia (CLL) improved with repeated doses of the 13-valent conjugated pneumococcal vaccine (PCV13), according to results from a study published in *Haematologica*.

Five years after primary immunization with either PCV13 or the 23-valent polysaccharide vaccine (PPSV23), patients with CLL demonstrated significantly lower protection than healthy controls (10% vs 32%; relative risk [RR] 0.3; 95% CI, 0.1–0.7). Revaccination with PCV13 enhanced the serological response, particularly in those initially immunized with PCV13 (24% vs 12% for PPSV23; RR 2.0; 95% CI, 0.6–6.9). A second PCV13 booster further increased serological response, whereas additional PPSV23 administration provided no additional benefit.



“Twelve months after revaccination, antibody levels declined but remained significantly higher than baseline in patients with CLL.”

At baseline, 25% of patients with CLL exhibited hypogammaglobulinemia. Most patients (82%) were treatment-naïve, while a minority had either completed therapy (7%) or were actively receiving Bruton tyrosine kinase inhibitors or anti-CD20 antibodies (9%).

Five years post-vaccination, serological protection (IgG ≥ 0.35 $\mu\text{g/mL}$ for $\geq 70\%$ of shared serotypes) did not significantly differ between patients with CLL initially immunized with PCV13 vs PPSV23 (14% vs 5%; RR 2.7; 95% CI, 0.5–13.1). However, patients with CLL had overall markedly lower antibody persistence than controls, with none achieving the higher threshold of serological protection (IgG ≥ 1.3 $\mu\text{g/mL}$) compared to 6% of controls.

Following revaccination with PCV13, serological protection increased significantly in all groups, though serological response remained lower in CLL patients compared to controls (18% vs 42%; RR 0.4, 95% CI 0.2–0.7, $p=0.04$). A second revaccination with PCV13 in patients initially immunized with PPSV23 significantly improved serological response (from 12% to 30%; $p=0.017$) and serological protection at the 0.35 $\mu\text{g/mL}$ threshold (from 27% to 49%; $p<0.01$). In contrast, a second revaccination with PPSV23 did not further augment immunity.

Twelve months after the first revaccination, serological protection persisted at significantly higher levels in patients with CLL compared to baseline (40% vs 71% in controls; $P=.002$), though antibody concentrations declined. The proportion of patients maintaining serological response decreased significantly in those initially immunized with PPSV23 (from 30% to 13%; $P=.021$) but not in those who had received PCV13 (from 30% to 20%; $P=.14$). Despite waning immunity, post-revaccination antibody levels remained above pre-revaccination levels.

Serotype-specific IgG geometric mean concentrations increased significantly after each revaccination in both patients with CLL and controls. However, geometric mean concentrations declined over 12 months following the final booster and were lower in patients with CLL than in controls for most serotypes. These results emphasize the need for improved pneumococcal vaccination strategies in CLL, particularly the administration of repeated doses of a T-cell-dependent vaccine such as PCV13.

“Our findings support repeated doses of T-cell dependent pneumococcal vaccines to improve protection in CLL patients further and underline the need for revision of current pneumococcal vaccination recommendations for this high-risk group,” wrote the authors.

Fuente: Hematology Advisor. Disponible en <https://n9.cl/v8dr0>

13 million Adults Gaining Access to RSV Vaccines

Apr 17. With over 13 million adults at increased risk in the United States, GSK plc announced that the Advisory Committee on Immunization Practices (ACIP) voted in favor of recommending the use of Respiratory Syncytial Virus (RSV) vaccines, including AREXVY in adults aged 50-59 who are at increased risk for severe RSV disease.

This action expands on ACIP's previous vote in June 2024 to recommend RSV vaccines for adults aged 60-74.

AREXVY is indicated for the prevention of lower respiratory tract disease (LRTD) caused by RSV in individuals 60 years of age and older, as well as individuals 50 through 59 years of age who are at increased risk for LRTD caused by RSV.



Tony Wood, Chief Scientific Officer, GSK, commented in a press release on April 16, 2025, “RSV can have a significant impact for those with underlying medical conditions. We look forward to helping protect more people with RSV vaccination.”

The ACIP recommendations will be forwarded for review and approval by the U.S. Centers for Disease Control and Prevention. Once approved, the final recommendations will be published to advise healthcare providers on the appropriate use of the vaccine and to inform insurance coverage.

Fuente: VAX BEFORE TRAVEL. Disponible en <https://n9.cl/buxes>

Afirman vacuna materna protege contra la influenza y COVID-19 a madres y recién nacidos

17 abr. La vacunación materna es considerada una herramienta eficaz para la protección de mujeres embarazadas, sus fetos y recién nacidos de enfermedades infecciosas, como el virus respiratorio sincitial (VRS), la influenza o gripe, la COVID-19 y tosferina o pertusis, entre otras.

De acuerdo con la Organización Panamericana de la Salud (OPS), esta práctica es altamente beneficiosa para estas poblaciones y va de la mano con el enfoque del Día Mundial de la Salud 2025, que busca reducir las muertes prevenibles de madres y sus bebés, asegurando que reciban una atención médica adecuada para su bienestar a largo plazo.



Cifras de la OPS señalan que alrededor de 300 000 mujeres fallecen en su etapa de embarazo o parto y más de dos millones de recién nacidos también mueren durante su primer mes de vida, cada año, en el mundo.

Las enfermedades respiratorias, incluyendo las infecciosas, son la principal causa de mortalidad globalmente, incluyendo los lactantes y niños pequeños. En ese sentido, la neumonía ocupa la primera posición con más de 700 000 muertes de niños menores de cinco años, de las cuales 190 000 son recién nacidos.

“El compromiso con la salud materna y neonatal no puede ser aislado ni temporal. Requiere una acción sostenida, uniendo esfuerzos de la sociedad, de los gobiernos, de las organizaciones y del sector privado para garantizar que todas las mujeres y recién nacidos tengan un comienzo saludable y un futuro esperanzador.

Para esto, resulta importante brindar el acceso adecuado a una atención médica de calidad y a herramientas clave de prevención, como lo son las vacunas, incluyendo para la inmunización materna”, expresó Daniel Bustos, director médico de Pfizer Centroamérica y Caribe.

Asimismo, con respecto a enfermedades infecciosas, los recién nacidos corren un mayor riesgo de contraerlas, ya que su sistema inmunológico no suele ser capaz de generar una respuesta defensiva o inmunitaria contra los diversos microorganismos.

Beneficios de la vacunación materna

La vacunación de mujeres embarazadas es reconocida y recomendada como una estrategia de salud pública y sus beneficios se enmarcan en dos vías primordiales. La primera es proteger a la mujer de infecciones a las que puede ser susceptible, permitiendo, a la vez, defender al feto de enfermedades congénitas u otras consecuencias derivadas de la infección materna.

La segunda es la protección otorgada a los lactantes en desarrollo contra infecciones, durante sus primeros meses de vida y hasta que su sistema inmune esté preparado para responder, adecuadamente, a las vacunas o enfermedades.

“La vacunación materna lleva más de un siglo impactando al mundo; específicamente, desde 1879. Es altamente recomendada en todas las fases del embarazo y, además, es una práctica segura, acotó Marcel Marcano, líder médico de Vacunas de Pfizer Centroamérica y Caribe.

“Desde Pfizer, estamos comprometidos no solo con la investigación y el desarrollo de vacunas que beneficien a diversas poblaciones, en áreas en donde todavía es necesario actuar, sino también, con innovaciones para la atención adecuada en salud, a manera de evitar que más recién nacidos, mujeres embarazadas y otros pacientes sigan enfrentando riesgos prevenibles”, explicó.

En esa línea, la campaña de la OPS para el Día Mundial de la Salud 2025 llamada “Comienzos saludables, futuros esperanzadores” resulta fundamental, ya que además de visibilizar la problemática a nivel de salud materna y recién nacidos, busca plantear soluciones orientadas hacia la importancia de contar con sistemas de salud eficientes y con políticas que protejan los derechos de ambas poblaciones.

También, a plantear un enfoque integral de atención que contemple desde la salud mental hasta la planificación familiar

La práctica de la vacunación materna debe ir de la mano de equipos médicos comprometidos con brindar el acompañamiento necesario a la madre, a manera de que esta obtenga la información adecuada del proceso y reciba las vacunas necesarias en cada etapa de su embarazo.

Acuerdo para el acceso asequible a vacunas

En aras de velar por la prevención de enfermedades respiratorias y de garantizar un acceso asequible a la vacuna contra el virus respiratorio sincitial, Pfizer y la OPS establecieron un acuerdo para suministrar esta vacuna a los estados miembros, a través del Fondo Rotativo para el Acceso a las Vacunas de esta entidad.

Fuente: El Nuevo Diario. Disponible en <https://n9.cl/imlfm1>

Hipra, que prometió la primera vacuna contra la COVID-19, busca combatir el virus del Nilo y la gripe aviar

17 abr. Durante la pandemia, los laboratorios Hipra dieron el salto al campo de la salud humana con el desarrollo de la primera vacuna española contra la COVID-19. Desde entonces, se han consolidado como un referente en la lucha contra enfermedades emergentes como la gripe aviar o el virus del Nilo Occidental.

Antes de la llegada del coronavirus, esta empresa farmacéutica estaba centrada en la salud animal. Ahora, aunque mantiene su actividad en el ámbito veterinario, también trabaja en el desarrollo de soluciones para humanos. Su experiencia resulta especialmente valiosa en casos de zoonosis, es decir, enfermedades infecciosas que se transmiten de animales a personas.

Según fuentes de la compañía, las vacunas que han desarrollado para animales actúan contra más de 300 patógenos, una cifra que contrasta con los 31 que cubren sus vacunas para humanos.

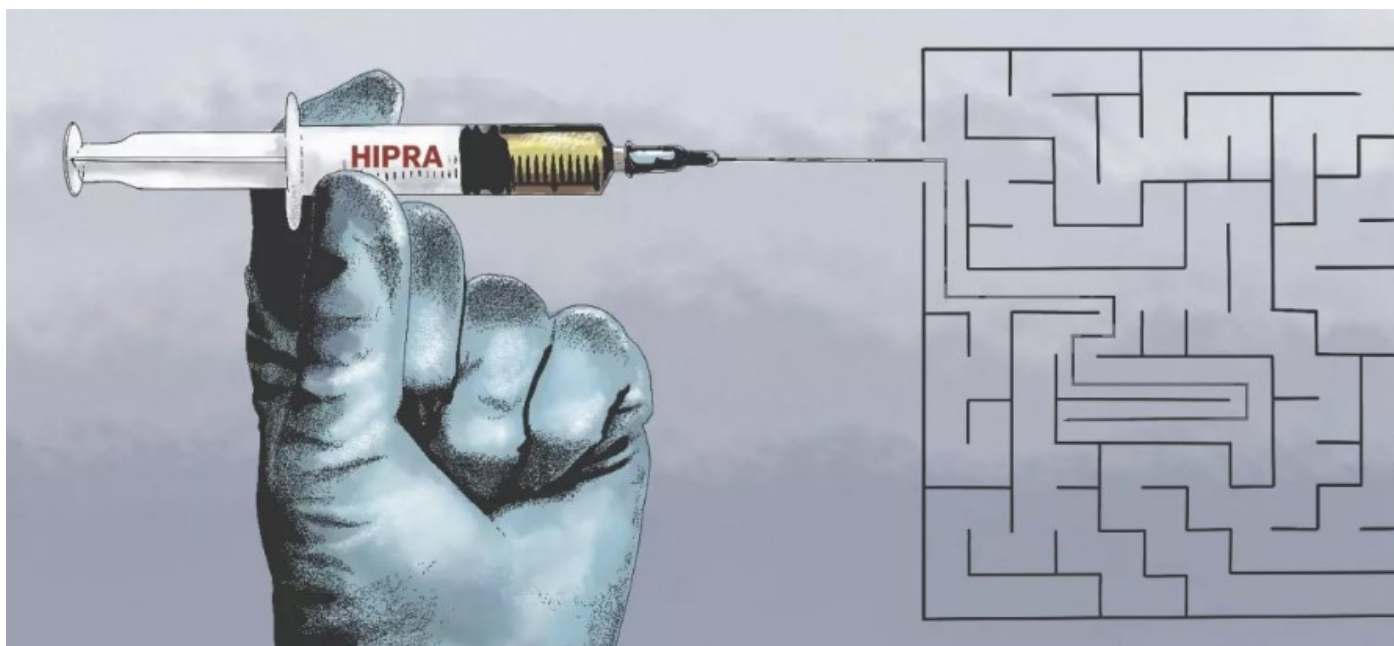
Un hito durante la crisis sanitaria

Con más de medio siglo de trayectoria y con sede en Amer (Girona), Hipra marcó un antes y un después en 2023 al convertirse en el primer laboratorio del país en sacar adelante una vacuna contra la COVID-19, denominada Bimervax.

La vacuna recibió el respaldo de la Organización Mundial de la Salud (OMS), lo que posibilitó su exportación fuera del territorio europeo.

El conocimiento acumulado durante el desarrollo de esta vacuna ha impulsado a Hipra a apostar por la fabricación para terceros, en lo que se conoce como CDMO (*Contract Development and Manufacturing Organization*).

Hoy en día, la empresa participa en diversos proyectos en colaboración con otras compañías del sector, a pesar de competir con grandes multinacionales apoyadas por potencias económicas.



Avances contra el virus del Nilo

Uno de estos proyectos se centra en crear tratamientos para reducir el impacto del virus del Nilo Occidental, un agente infeccioso emergente que actualmente no tiene tratamiento ni vacuna aprobada para su uso en personas.

El proyecto, liderado por IrsiCaixa y con participación de seis entidades de España, Francia y Dinamarca, tiene como objetivo desarrollar una vacuna preventiva capaz de generar una respuesta inmunitaria duradera y efectiva para toda la población.

Conocido como LWNVIVAT (*Limiting West Nile Virus Impact by Novel Vaccines and Therapeutics Approaches*), el proyecto también busca diseñar y evaluar la eficacia de anticuerpos específicos contra este virus.

La autonomía sanitaria europea

La guerra comercial impulsada por el presidente estadounidense Donald Trump subrayó la necesidad de que Europa y España cuenten con mayor autonomía en el ámbito sanitario.

En este contexto, Hipra ha sido seleccionada como una de las empresas clave en el plan de emergencia de la Unión Europea en caso de futuras crisis sanitarias.

Este plan, llamado EU FAB y promovido por la Autoridad de Preparación y Respuesta ante Emergencias Sanitarias (HERA), tiene como fin reforzar la capacidad de reacción europea ante emergencias de salud pública y asegurar el suministro de vacunas a la ciudadanía.

Actualmente, Hipra emplea a unas 2.600 personas, de las cuales más del 60 % cuentan con alta cualificación, y su objetivo es seguir ampliando su plantilla.

Proyectos de expansión

A corto plazo, Hipra está enfocada en la puesta en marcha de su nuevo centro en Aiguaviva (Girona): el Campus HIPRA. Esta instalación busca posicionar a la empresa como uno de los polos biotecnológicos más destacados de Europa.

El Secretario de Estado de Sanidad, Javier Padilla, visitó recientemente la sede de la compañía para conocer de cerca sus planes de futuro.

El proyecto del Campus HIPRA comenzó en 2019 y contempla áreas de producción e investigación en una superficie de 114.000 metros cuadrados, con una inversión prevista de 472 millones de euros hasta 2026 y la generación de 580 nuevos empleos.

En este nuevo espacio, las áreas de salud humana y animal trabajarán de forma conjunta para abordar los desafíos sanitarios que puso en evidencia la pandemia y que siguen siendo relevantes, como la gripe aviar y el virus del Nilo Occidental.

Fuente: El Debate. Disponible en <https://n9.cl/y8oif>

PCV10 Elicits Durable Immune Response in T2D, Though Response Remains Inferior to Nondiabetics

Apr 19. These results suggest that individuals who are immunocompromised with type 2 diabetes (T2D) may need multiple doses of a pneumococcal conjugate vaccine (PCV) to sustain their protection.

- * Patients with T2D have a 3-fold increased risk of pneumococcal infections, leading to higher mortality rates compared with nondiabetics.



- * PCV10 vaccination in patients with T2D results in a significant, but less durable, humoral immune response compared with nondiabetics.

Adults with type 2 diabetes (T2D) vaccinated with pneumococcal conjugate vaccine 10 (PCV10) demonstrated a significant protective humoral immune response, although the response was considerably less robust with a more rapid decline in those with T2D compared with nondiabetic controls, according to the results of a study published in *Vaccine*.

T2D Heightens Risk of Serious Pneumococcal Disease

Individuals with T2D face increased risk of other comorbid conditions, including pneumococcal infections and invasive pneumococcal diseases such as pneumonia and meningitis. There is a particularly heightened risk of pneumococcal infections, as patients with T2D face a 3-fold increased risk of infections, long hospitalizations, and heightened mortality rates compared with nondiabetic counterparts. Fortunately, multiple effective formulations of PCVs are available for adults and pediatrics, although current literature on pneumococcal vaccine responses in patients with T2D is lacking.

Although some past authors have observed heightened serotype-specific antibody titers in patients with T2D compared with healthy counterparts following a pneumococcal polysaccharide vaccine (PPV), there has also been high variability in baseline concentrations and antibody functionality in T2D reported by investigators. Overall, there is limited evidence regarding the immunogenicity of PCV10, particularly in T2D. The current investigators sought to address these gaps through evaluating PCV10 humoral immune responses in a high-T2D-burden, resource-limited setting in Pakistan.

Patients With T2D Have Strong Vaccine Response, But Less Durable Than Nondiabetics

According to the investigators, this trial was the first to study PCV10 immunogenicity in such a setting. In total, 180 adults with and without T2D were enrolled in the trial. In an important note, the enrollees did not present with a history of pneumococcal vaccination. At each time point, serotype-specific anti-pneumococcal polysaccharide IgG concentration was measured against pneumococcal serotypes 1, 19F, 9V, and 18C, given the prevalence of these serotypes in the Pakistani population.

There was a robust humoral response observed against PCV10 and a significantly increased serum IgG against each tested serotype. Furthermore, the antibody concentration remained significantly higher than the baseline level against all 4 serotypes when measured 8 months post-vaccination. Still, when patients were categorized into groups based on the HbA1c values, those without T2D were found to have significantly higher total IgG concentrations than those with T2D following immunization, indicating a less-durable response to the vaccine in the T2D population.

In their discussion, the investigators pointed to the higher mortality rates among patients with diabetes due to pneumococcal infections to underscore the importance of these results. Above all, the results indicate that PCV10 is effective at increasing serotype-specific IgG concentration up to 8 months post vaccination in adults both with and without T2D. However, there was a meaningful decrease in protection after 8 months in patients with T2D, “suggesting an altered immune response to vaccination in those with T2D,” according to the investigators.

There were some limitations reported by the investigators, most prominently the fact that the single-center study was based on a small sample size. Furthermore, there were only 8 months of follow-up; a longer amount of time following vaccination for evaluation could present more thorough outcomes. Still, these results indicate the importance of repeated pneumococcal vaccination in patients with immunocompromised conditions, including T2D.

Fuente: Pharmacy Times. Disponible en <https://n9.cl/77l471>

What the Newest mRNA Vaccines Could Do Beyond COVID-19

Apr 19. Messenger Ribonucleic Acid (mRNA) vaccines gained global recognition during the Coronavirus Disease 2019 (COVID-19) pandemic, proving their value through rapid development, high efficacy, and broad distribution.

Unlike traditional vaccines that use weakened pathogens, mRNA vaccines instruct cells to produce antigens, triggering an immune response without the risk of infection. Their success in combating Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) demonstrated the power of this platform, especially when paired with lipid nanoparticle (LNP) delivery systems.

This breakthrough has now catalyzed interest in using mRNA technology beyond COVID-19.

Researchers are exploring its application in various infectious diseases, such as influenza, Zika, and tuberculosis, as well as in cancer immunotherapy, genetic disorders, and regenerative medicine.

The speed, adaptability, and scalability of mRNA vaccines offer a new frontier in precision medicine. However, improving delivery mechanisms and stability remains essential for maximizing their full potential in future clinical applications.

This article explores how mRNA vaccine platforms are expanding into new disease areas, from flu to cancer, and what this means for biotech innovation.



Image Credit: QINQIE99/Shutterstock.com

How it works?

mRNA vaccines work by using synthetic mRNA sequences that instruct the body's cells to produce specific antigens, typically proteins from a virus. Once injected, these mRNA molecules enter the cytoplasm of host cells, where ribosomes translate them into antigenic proteins. These proteins are then displayed on the cell surface, triggering both innate and adaptive immune responses.

Specifically, cytotoxic T cells target infected cells, while helper T cells and B cells drive antibody production. A critical component of this process is the delivery system- most commonly LNPs- which encapsulates the mRNA to protect it from enzymatic degradation and facilitate its entry into cells.

LNPs improve stability and bioavailability and enable mRNA to reach immune cells efficiently. The modularity of mRNA vaccines allows for rapid reprogramming by simply altering the encoded sequence, making them highly adaptable to different pathogens or diseases.

This flexibility, coupled with a swift and scalable production process, positions mRNA technology as a promising platform for future vaccines targeting infectious diseases, cancers, and more.

Emerging targets

mRNA vaccines are rapidly expanding beyond COVID-19, targeting a wide array of emerging diseases. For respiratory conditions like influenza and Respiratory Syncytial Virus (RSV), mRNA vaccines offer faster adaptability to viral mutations, ensuring more timely and effective protection.

In the case of Human Immunodeficiency Virus (HIV), where traditional vaccines have failed, mRNA technologies enable the generation of T cell and antibody responses that better mimic natural infection control.

Cancer is another major frontier. mRNA cancer vaccines are being designed to encode tumor-specific antigens, prompting the immune system to recognize and eliminate cancer cells. They have shown early promise in treating melanoma, prostate cancer, and non-small-cell lung cancer.

Beyond common diseases, mRNA vaccines are also entering the realm of rare and orphan diseases by offering rapid design and production customized to genetic or antigenic profiles. Their scalability, precision, and ease of modification make them ideal for rare conditions that lack commercial incentives for traditional vaccine development.

Overall, mRNA technology represents a paradigm shift in immunization, offering unmatched speed, flexibility, and potential for personalization across a wide disease spectrum- from seasonal viruses to chronic, life-threatening, and genetically rare disorders.

Personalized vaccines

Personalized vaccines in cancer immunotherapy represent a transformative approach that targets tumor-specific neoantigens (unique proteins resulting from genetic mutations in cancer cells).

Unlike traditional tumor-associated antigens, neoantigens are absent in normal tissues, making them ideal for precise immune targeting with minimal off-target effects. mRNA vaccines enable rapid, flexible, and scalable production of individualized therapies.

Using next-generation sequencing, a patient's tumor-specific mutations are identified, and computational tools predict which neoantigens can most effectively stimulate a T cell response.

The corresponding mRNA sequences are then synthesized and delivered via lipid nanoparticles to instruct the patient's cells to produce these neoantigens, triggering the immune system to attack the cancer. Clinical trials have shown encouraging results, with mRNA vaccines such as Moderna's mRNA-4157 and BioNTech's BNT122 demonstrating strong immune responses and tumor regression.

These vaccines can be integrated with immune checkpoint inhibitors to boost efficacy further. Personalized mRNA cancer vaccines hold immense promise for treating melanoma, lung, colorectal, and other cancers.

However, challenges remain in optimizing delivery, reducing manufacturing costs, and ensuring rapid turnaround from biopsy to treatment. Still, this approach signals a new era of precision oncology, where therapies are not just disease-specific but patient-specific.

Pharma activity

Moderna and BioNTech have emerged as global frontrunners in mRNA vaccine innovation, particularly after their rapid deployment of COVID-19 vaccines. Both companies leveraged decades of mRNA research and LNP delivery systems to bring safe and highly effective vaccines to market quickly.

BioNTech, in collaboration with Pfizer, developed BNT162b2, while Moderna introduced mRNA-1273, each demonstrating over 90% efficacy in clinical trials. These successes catalyzed broader biotech interest and funding into mRNA platforms.

Both companies have significantly expanded their pipelines beyond COVID-19. BioNTech is advancing mRNA therapies for influenza, tuberculosis, and various cancers while also exploring circular RNA and self-amplifying RNA (saRNA) technologies to boost durability and reduce doses. Similarly, Moderna is developing mRNA vaccines for RSV, cytomegalovirus (CMV), seasonal influenza, and rare diseases. It is also applying mRNA to cancer immunotherapy and personalized vaccine approaches.

Strategic partnerships have further accelerated innovation. BioNTech collaborates with Genentech, Fosun Pharma, and Regeneron, while Moderna partners with Merck for cancer therapies and Vertex for cystic fibrosis.

These alliances, combined with proprietary LNP technologies and scalable manufacturing, position both companies to lead the next wave of mRNA-based therapeutics and prophylactics.

Barriers and challenges

Despite their transformative potential, mRNA vaccines still face key challenges that limit their widespread adoption in personalized medicine and RNA therapeutics.

A major barrier is cold chain logistics. Most mRNA vaccines, including those developed by Moderna, require storage at sub-zero temperatures to maintain stability, complicating distribution in low-resource settings.

This restricts access to potentially life-saving treatments, especially in rural or underserved regions.

Another concern is the risk of immune-related side effects. While mRNA vaccines are designed to trigger precise immune responses, unmodified RNA or impurities can overstimulate the innate immune system, causing inflammation or adverse reactions.

Although techniques like chemical modification and LNP encapsulation help reduce this risk, they add complexity and cost to vaccine development.

Scalability remains a hurdle, as manufacturing mRNA vaccines demands high-purity raw materials, specialized infrastructure, and tightly controlled processes. As a result, transitioning mRNA technology from pandemic response tools to routine RNA therapeutics for cancer, rare diseases, or individualized treatments remains an ongoing challenge.

Addressing these barriers is essential for realizing the full promise of mRNA vaccines in personalized medicine and advancing the next generation of oncology vaccine platforms.

Concluding remarks

The future of the mRNA vaccine industry looks promising, with ongoing innovations poised to reshape global healthcare. Following the success of COVID-19 vaccines, the industry is shifting toward next-generation platforms that offer greater efficacy, stability, and broader applications.

Companies are exploring self-amplifying and circular mRNA structures, which can increase protein expression and require lower doses, reducing cost and side effects.

Novel delivery systems, including ionizable lipids, dendrimer-based carriers, and biologically derived exosomes, are being developed to enhance precision and reduce toxicity.

These advances aim to overcome current challenges like thermal instability, immune overactivation, and the need for cold chain logistics. mRNA technology is also expanding into oncology, personalized medicine, and treatments for genetic and rare diseases.

Organ-specific targeting and new administration routes like inhalation and oral delivery could make mRNA therapies more accessible and user-friendly. As a result, mRNA platforms are expected to lead the next era of scalable, rapid, and adaptable therapeutics worldwide.

Fuente: News Medical Life Sciences. Disponible en <https://n9.cl/e5zsf>

China boosts public health with vaccine and immunization progress

Apr 20. China has made significant progress in vaccine development and immunization, marked by a growing portfolio of domestically produced vaccines and remarkable public health results.

These achievements were highlighted at the 2025 National Vaccines and Health Conference, held over the weekend in Wuhan, capital of Hubei Province in central China, and attended by nearly 3,000 public health officials and medical professionals.

Over the past years, China has achieved notable breakthroughs in vaccine technology. Milestones include the successful development of homegrown HPV and Ebola vaccines, as well as advances in pneumococcal conjugate vaccines against 13 types of bacteria and shingles vaccines.

Several Chinese vaccines have received prequalification from the World Health Organization, enabling their distribution in partner countries of the Belt and Road Initiative.

These advancements underscore a broader shift in China's vaccine industry -- from focusing primarily on domestic needs to increasingly contributing to the global vaccine supply chain, according to Wang Yunfu, head of the Health Commission of Hubei Province.

The global biotechnology landscape has also helped accelerate this transformation, as the participants pointed out. In recent years, breakthroughs in technologies such as mRNA platforms, viral vectors, and nanoparticle delivery systems have opened up unprecedented opportunities for vaccine research and development, significantly improving both efficiency and immune response.

Alongside scientific innovation, China has placed strong emphasis on safety and regulatory oversight. In 2019, it became the first country to implement a comprehensive vaccine administration law, followed by updated immunization standards introduced in 2023.

A nationwide traceability system has been set up, ensuring that every dose can be tracked from production to administration, enhancing transparency and public trust.

China's national immunization programs have yielded strong public health results.

The country achieved polio-free status in 2000, eliminated neonatal tetanus by 2012, and has reported no locally transmitted diphtheria cases since 2007. The prevalence of hepatitis B surface antigen among children under five declined from nearly 10 percent in 1992 to just 0.3 percent in 2020.

Routine vaccination coverage has remained above 90 percent nationwide, supported by an extensive healthcare infrastructure that ensures every township has at least one vaccination unit.

Efforts to expand access and improve service delivery remain a central priority. "Public health should be protected through more accessible and higher-quality vaccine services," said Li Bin, president of the Chinese Preventive Medicine Association, adding that this goal was reflected in the conference's theme.

For example, in Hubei, girls aged 14 are now eligible for free HPV vaccination, and immunization for newborns is being integrated into the birth registration process to ensure early and timely coverage.

Looking ahead, China is preparing to refine its immunization strategy and services further.

Health authorities are considering dynamic adjustments to the national immunization program to prioritize vaccines with high cost-effectiveness or those associated with costly diseases. In some regions, pilots may allow the use of personal health insurance accounts to cover non-mandatory vaccines, reducing out-of-pocket expenses for the public.

Digital tools will also play an increasing role in modernizing immunization services. Electronic vaccination records are being shared across provinces, while artificial intelligence (AI) is assisting with appointment scheduling. Big data platforms are improving vaccine inventory management and logistics.

Yin Zundong, head of the Immunization Program Center at the Chinese Center for Disease Control and Prevention, emphasized the role of advanced data technologies.

"With the help of big data and AI, disease surveillance and early warning systems can become more accurate and efficient," Yin said. "In the future, data-driven tools will enable precise assessments of vaccine protection efficacy."

Fuente: Xinhua. Disponible en <https://n9.cl/5kqyu>

Las claves del primer tratado global ante pandemias

21 abr. A partir de la creación del primer tratado global de la historia sobre pandemias, con más de 190 países que participan, la Organización Mundial de la Salud (OMS) lo lanzó en pos de contar con pautas para actuar ante crisis sanitarias y no caer en errores como sucedió con la COVID-19.



De esta forma, el tratado busca ayudar a mejorar la coordinación entre los países y repartir en forma más equitativa los recursos disponibles para enfrentar futuras amenazas, las cuales ocurrirán tarde o temprano con algún nuevo patógeno según especificaron los científicos.

Tratado global sobre pandemias

El acuerdo ofrece las directrices para que, tanto a niveles nacional e internacional, se desarrollen mecanismos de prevención, de preparación y de respuesta a futuras pandemias, con un énfasis en aspectos como la solidaridad y reciprocidad, aunque no en la medida que los países de desarrollo medio y bajo esperaban. Además, varios de los participantes lamentaron que gran parte de los compromisos asumidos en el acuerdo sean de carácter voluntario.

Las claves del tratado de pandemias

Algunas de las claves para comprender el proceso que condujo a este acuerdo, que debe ser adoptado oficialmente durante la próxima asamblea de la OMS (del 19 al 27 de mayo) en Ginebra, son:

- ♦ Inicio de las negociaciones: La idea de este tratado fue lanzada por líderes europeos en diciembre de 2020, el primer año de la pandemia, y fue respaldada por el director general de la OMS, Tedros Adhanom Ghebreyesus. Tiempo después, los Estados miembros de la organización aprobaron el inicio de las negociaciones y se dieron de plazo hasta 2024 para completarlas, aunque tuvieron que prolongar ese plazo un año más.

Con esa finalidad se constituyó un Órgano de Negociación Intergubernamental (INB), formado por los 194 Estados miembros, pero que tras el anuncio de retirada de Estados Unidos de la OMS se quedó con un miembro menos.

- ♦ Importancia del tratado de pandemias: La OMS, apoyada en las evidencias históricas y epidemiológicas, da por seguro que la pandemia de COVID-19 -causante de unas 20 millones de muertes- no será la última y considera que un tratado internacional ayudaría a preparar mejor al mundo para las que lleguen en el futuro. El texto del acuerdo subraya que las pandemias son una amenaza para las sociedades y economías, y que se requiere cooperación y solidaridad para combatirlas. Por ello, el objetivo del acuerdo es mejorar la prevención, preparación y respuesta frente a emergencias sanitarias de tal magnitud.
- ♦ Áreas del acuerdo: El tratado señala que los países firmantes deben fortalecer sus sistemas de alerta temprana y de identificación de nuevas enfermedades zoonóticas (las que se transmiten del animal al ser humano) y fortalecer la bioseguridad en los laboratorios. A su vez, establece un nuevo mecanismo de acceso y participación en los beneficios que se obtengan de los patógenos compartidos en un sistema existente y que gestiona la OMS.

La transferencia de tecnología, generalmente desarrollada por países desarrollados para permitir que países en desarrollo incrementen sus capacidades propias de manufactura de productos farmacéuticos, se hará conforme a los términos que las partes “hayan acordado mutuamente” y no de manera obligatoria. En este tema, los países con potentes industrias farmacéuticas mostraron poca voluntad de ceder en su posición.

- ♦ Trascendencia del acuerdo: El tratado contra las pandemias es solo el segundo acuerdo internacional entre países en el campo sanitario que logra consensuarse, tras la Convención para el Control del Tabaco (2003). Una de sus posibles consecuencias será el refuerzo de las competencias de la OMS en caso de pandemia, después de que en la de COVID-19 el organismo recibiera numerosas críticas por su supuesta falta de previsión o por decisiones equivocadas.

Fuente: Rosario3. Disponible en <https://n9.cl/l6jb3>

Somalia launches nationwide vaccination against pneumococcal disease and rotavirus diarrhoea

Apr 22. The Federal Republic of Somalia has officially introduced two life-saving vaccines into its national immunization programme against pneumococcal infections and the other against rotavirus diarrhoea. The country has simultaneously launched a nationwide measles catch-up campaign to combat one of the leading killers of children in the country.

This integrated effort marks a major milestone in the country’s journey to reduce the prevalence of three of the most dangerous causes of disease and death in Somali children – measles, pneumonia, and rotavirus-related diarrhoea.

The Somali Ministry of Health is leading this effort with support from Gavi, the Vaccine Alliance, the World Health Organization (WHO), and UNICEF. It comes at a critical time as Somalia grapples with persistent measles outbreaks as well as deaths caused by pneumonia and rotavirus-related diarrhoea. Together, measles, pneumonia, and diarrhoea account for an estimated 43 percent of annual child deaths in the country.

“The introduction of these two vaccines marks a significant step forward in our national effort to reduce child deaths and build a healthier future for Somalia’s next generation,” said Dr Ali Haji Adam Abubakar, the Federal Minister of Health of Somalia. “Our government is committed to investing in the health of our children and strengthening our immunization services in partnership with global and regional health partners.”

Pneumococcal infections can cause severe diseases such as pneumonia, meningitis and septicemia. Countries that have incorporated the pneumococcal conjugate vaccine (PCV) into their routine immunization schedules have reported significant declines in infant deaths and hospitalizations due to bacterial infections.

Similarly, rotavirus is a leading cause of severe diarrhoea in young children. It contributes significantly to malnutrition and death due to dehydration.



In sub-Saharan Africa alone, rotavirus is estimated to cause over 200,000 deaths among children under five each year. Before the widespread use of the rotavirus vaccine, the virus was responsible for approximately 40% of hospital admissions due to severe diarrhoea in children.

Thanks to support and input from countries, civil society and the Gavi Board, introduction of the two vaccines is supported by Gavi's revised policy for fragility, emergencies and displaced populations, which provides additional and flexible support to countries whose immunisation efforts are severely undermined by these issues. Ensuring future tailored support to countries is dependent on continued global investment in immunization, including funding for Gavi's next five-year strategic period starting in 2026.

Commenting on the development, Patience Musanhu, Senior Country Manager for Somalia at Gavi, the Vaccine Alliance, said, "We commend the Federal Ministry of Health, frontline health and community workers, and other stakeholders involved for the commitment to introduce these two critical vaccines amid multiple competing priorities. Given the burden of these diseases in Somalia, this is an investment well worth making – one that will save lives and have a transformative impact on health and development, families, communities, and the health system. Gavi remains committed to working with the government and partners to support the vision of a healthier, more prosperous future for Somalia."

The introduction of these two vaccines marks a major step forward in strengthening Somalia's immunization system and protecting children from preventable disease outbreaks. By expanding the national immunization schedule, Somalia is enhancing its ability to safeguard children against the deadly threats of pneumonia and diarrhoea.

The measles catch-up campaign is designed to rapidly close immunity gaps among children who have missed routine vaccinations due to insecurity, displacement, or service disruptions. The campaign aims to reach millions of children across the country, protecting them from one of the most contagious and deadly vaccine-preventable diseases.

"This is more than just a vaccine launch – it is a promise to Somalia's children that their lives matter, their health matters," said Dr Kamil Mohamed Ali, WHO Representative a.i. For years, we have witnessed too many young lives lost to diseases we now have the power to prevent. With these new vaccines and the measles catch-up campaign, we are turning the tide and reaffirming our commitment to equity, access, and a healthier future for all."

"The introduction of these two vaccines is a big win for children in Somalia," said Dr Wafaa Saeed, UNICEF Representative for Somalia. "By this action alone, and with the measles campaign, we will be preventing nearly half of the deaths occurring every year among young children in Somalia, and sparing families the grief and sorrow of losing their loved ones. These children will be given an opportunity to grow up, realize their dreams, and contribute to their nation's progress."

This joint effort reflects the unwavering commitment of the Somali government and its partners to expand equitable access to essential health services and protect every child in Somalia from preventable diseases, laying the foundation for a healthier, more resilient future.

Fuente: Gavi. Disponible en <https://n9.cl/n5eii>

Protección para los niños: Comienza en Cuba la Campaña Nacional de vacunación antipoliomielítica oral bivalente

22 abr. Este 21 de abril comenzó en Cuba la 64 Campaña Nacional de vacunación antipoliomielítica oral bivalente, coincidiendo con la 23 Semana de Vacunación de las Américas y la 14 Semana Mundial de Inmunización.

Se trata de un esfuerzo masivo que se realiza anualmente para mantener la poliomielitis eliminada, asegura la Doctora en Ciencias Lena López Ambron, directora del Programa Nacional de Inmunización del Ministerio de Salud Pública (Minsap), subrayando el compromiso del país y del sector sanitario con el cuidado de la infancia.

Además, refiere que se establecerá una semana de recuperación del 28 de abril al 3 de mayo para enfermos, u otras causas que le impidieron vacunarse en la semana de la campaña. La segunda etapa se ejecutará del 16 al 21 de junio, con recuperación del 23 al 28 de junio.

“Detalla que, en esta primera etapa, programada del 21 al 26 de abril, de forma simultánea en todo el territorio nacional, se vacunará con la primera dosis a todos los niños mayores de un mes y menores de tres años.”

La poliomielitis, una enfermedad grave y potencialmente incapacitante, fue eliminada en Cuba en apenas cuatro meses tras la primera campaña de vacunación en 1962. Desde entonces, comenta la doctora, la disciplina de las familias y su responsabilidad con la vacunación han sido clave para mantener esta condición, que a la vez se traduce en alegrías para los hogares.

“La participación activa y responsable de los padres asegura no solo la salud de sus propios hijos, sino también la protección colectiva de toda la población”.

En sus valoraciones, López Ambron asegura que vacunar es salvar vidas. “La vacunación no solo previene enfermedades, sino que también fortalece el sistema de salud y preserva el bienestar de las futuras generaciones”.

La 64 Campaña Nacional de vacunación antipoliomielítica oral bivalente, cuyo acto central de inicio se va a realizar en el policlínico Guiteras de La Habana Vieja, representa una oportunidad para garantizar que los niños cubanos sigan creciendo libres de poliomielitis, un logro del que todo el país puede sentirse orgulloso.

Fuente: Cubadebate. Disponible en <https://n9.cl/r2niv>

Una nueva innovación húngara podría acelerar la producción de vacunas

22 abr. Sentimento, que fabrica equipos para las industrias farmacéutica, alimentaria y química, ha desarrollado un sistema complejo para acelerar la producción de vacunas a base de huevo en un proyecto con Fluart Innovative Vaccines y la Universidad de Debrecen.

Sentimento dijo a MTI que los socios recibieron alrededor de 800 millones de HUF del Fondo Nacional de I+D+i para apoyar un proyecto de cuatro años de duración que suma 1.1 millones de HUF. Sentimento Ltd. Ha dedicado cuatro años al desarrollo de un complejo sistema que analiza la utilidad de los óvulos que se van a analizar, los corta y aspira, y controla el material aspirado, además de la pureza requerida en la industria farmacéutica. Su capacidad diaria es de 27,500 óvulos. El gerente técnico, Norbert Imre Imre, declaró a MTI que la solución desarrollada podría cubrir un nicho de mercado importante tanto a nivel nacional como internacional.

Con el prototipo, pueden automatizar la parte más compleja y laboriosa de la propagación del virus a partir de huevos, acelerando así la producción de anticuerpos. Sentimento Ltd. confía en que la producción en masa pueda comenzar en 2025 y que las ventas comiencen en 2026, con un aumento previsto del 30 % en la facturación. Ya han recibido un gran interés internacional, añadió. Fundada en 2008, Sentimento Ltd. trabaja principalmente en la industria farmacéutica, diseñando, construyendo, distribuyendo y reparando equipos y componentes personalizados. Según datos disponibles públicamente, Sentimento Ltd. tuvo unas ventas netas de 3 millones de HUF (7.33 millones de EUR) y un beneficio después de impuestos de 132 millones de HUF (320,000 EUR) en 2023, en comparación con 1.7 millones de HUF en 2022 y un beneficio después de impuestos de 12 millones de HUF.

Fuente: DAILY NEWS HUNGARY. Disponible en <https://n9.cl/941pe>

BioCubaFarma en la búsqueda de nuevas alianzas para el desarrollo científico biofarmacéutico

22 abr. Expandir la construcción de alianzas estratégicas, fundamentalmente para identificar nuevos proveedores para la industria biofarmacéutica cubana es uno de los principales propósitos de BioCubaFarma durante la XVI Feria Internacional Salud para Todos, expresó a Granma, Mayda Mauri Pérez, presidenta del grupo empresarial biotecnológico y farmacéutico.

Destacó que es una realidad las limitantes que impone el bloqueo del gobierno de los EE. UU. Para la industria por lo que esta tiene que prepararse para constantemente seguir recibiendo negativas de los proveedores.



Debido a ello, manifestó «estamos en ese camino de diversificar la cartera de proveedores de nuestra industria con el objetivo de tener nuevas alternativas o variantes a la hora de decidir sobre la adquisición de las materias primas, de los insumos, de las piezas de respuesta, equipos y dispositivos que necesita la industria, para satisfacer la demanda de medicamentos y de otros insumos que proveemos a nuestro Sistema Nacional de Salud».

Mauri Pérez puntualizó que otra de las metas durante este evento es la identificación de inversionistas con la particularidad de que serían «inversionistas a riesgo», para que participen junto a nosotros en el codesarrollo de proyectos que son muy innovadores, pero que requieren, para poder llegar al mercado, inversiones importantes de capitales.

Entonces, reiteró estamos en la búsqueda de esos inversionistas, pues en las propuestas de codesarrollo estamos hablando de productos que son muy innovadores y que van dirigidos a terapias, fundamentalmente de las principales enfermedades de las que padece nuestra población, como son las, las oncológicas, las neurodegenerativas y de otras índoles.

«En estos importantes eventos, la misión de BioCubaFarma es precisamente identificar nuevas alternativas que permitan que nuestra industria gane en solidez, con el propósito de darle una mejor atención al suministro de los medicamentos a la población cubana», significó.

A la par del programa de negocios, el grupo empresarial potencia su programa científico dentro de la Feria asociada a la V Convención Internacional Cuba Salud 2025, enfocado a mostrar los resultados de la investigación científica biotecnológica y farmacéutica, además del lanzamiento de productos de su cartera de entidades.

Fuente: Granma. Disponible en <https://n9.cl/kuvja>

Cuba busca expandir cooperación con China en biotecnología

22 abr. Cuba busca expandir la cooperación con China en materia biotecnológica, aseguró la presidenta del estatal grupo empresarial BioCubaFarma, Mayda Mauri.

"Podemos decir que hoy estamos en pleno proceso de expansión de la alianza estratégica con la República Popular China", dijo a Xinhua la directiva, en la apertura de la XVI Feria Comercial Salud para Todos, que forma parte de la V Convención Internacional "Cuba Salud 2025", que sesiona desde este lunes y hasta el jueves.



BioCubaFarma tiene tres empresas mixtas en territorio chino y una de capital totalmente cubano, además de trabajar en tres laboratorios conjuntos establecidos en China.

Mauri destacó el trabajo que realiza la empresa cubana BioBridge Medical Technology, asentada en el Parque de Alta Tecnología de Shijiazhuang, en la provincia china de Hebei.

"Esa empresa tiene como misión convertirse en un puente que una a China con América Latina, donde BioCubaFarma estaría identificando productos que pudiera llevar al mercado latinoamericano, donde ya BioCubaFarma tiene una amplia red de distribución comercial", explicó la directiva.

Calificó como "excelentes" las perspectivas de crecimiento en la relación bilateral y confirmó la presencia del grupo empresarial cubano en la venidera VIII Exposición Internacional de Importaciones de China (CIIE, siglas en inglés) de Sanhghai.

Por su parte, el director del Centro de Neurociencias de Cuba, Mitchell Valdés, subrayó el empeño de BioCubaFarma de internacionalizar las investigaciones científicas.

"Eso quiere decir, donde quiera que sea posible, crear laboratorios conjuntos donde se unan los recursos de más de un país en la solución de los problemas complejos de salud que tenemos que enfrentar", amplió el científico cubano.

Valdés destacó como un importante resultado la producción en China por primera vez de anticuerpos monoclonales para el tratamiento de cáncer con tecnología desarrollada por el Centro de Inmunología Molecular (CIM) de Cuba.

"El objetivo es hacer avanzar más rápido la ciencia, uniendo el esfuerzo, integrando las tareas de investigación", explicó en referencia al trabajo conjunto de científicos cubanos y chinos.

Una decena de empresas chinas asisten al foro comercial de la Convención "Cuba Salud 2025", que está dedicada a China "por las excelentes relaciones y resultados del trabajo durante décadas", afirmó el vice primer ministro Eduardo Martínez, en la inauguración del encuentro.

Fuente: XINHUA NET. Disponible en <https://n9.cl/zrpoj>

World Immunization Week 2025: Immunization for All is Humanly Possible

Apr 24. World Immunization Week, celebrated from 24 to 30 of April, aims to promote the life-saving power of immunization to protect people of all ages against vaccine-preventable diseases.



Vaccines are one of humanity's greatest achievements. Since 1974, they've saved 154 million lives – that's more than 3 million lives a year or six people every minute for five decades. In the same period, vaccination has reduced infant deaths by 40%, and more children now live to see their first birthday and beyond than at any other time in human history. Measles vaccine alone accounts for 60% of those lives saved.

More lives are now being saved, among people of all ages, with more recent vaccines against malaria, HPV, cholera, dengue, meningitis, RSV, Ebola and mpox, reflecting an era of massive scientific advancements in vaccine development and delivery.

Every new child born deserves the benefit of these vaccines, yet millions still miss out each year. To ensure that the immunization successes of the past 50 years are built on in the coming decades, this year's theme, Immunization for All is Humanly Possible, aims to continue the "Humanly Possible" campaign with a future forward look on the importance of ensuring more people, especially children, are vaccinated.

As 2025 is the mid-point in the Immunization Agenda 2030, World Immunization Week will look at not only what immunization does to improve lives today but what immunization can achieve in the coming decades as more children are reached with essential immunizations and new and newer vaccines are developed to cover a broader range of diseases and ages.

Vaccines are proof that less disease, more life is possible when we put our minds to it. In 2025, let's show the world that Immunization of All is Humanly Possible.

Fuente: World Health Organization. Disponible en <https://n9.cl/2111z>

US FDA asks Novavax to complete new clinical trial for delayed COVID-19 shot, WSJ reports

Apr 25. Federal regulators have asked Novavax (NVAX.O), opens new tab to complete an additional clinical trial on its COVID-19 vaccine after previously delaying approval, the Wall Street Journal reported on Friday, citing people familiar with the matter.

Shares of the vaccine maker fell nearly 6% to close at \$6.67. The stock was down more than 1% in after-market trade.

The U.S. Food and Drug Administration asked the Maryland-based company to show its vaccine is effective with another study after appointees under Health and Human Services Secretary Robert F. Kennedy Jr. intervened in the approval process, the report added.

Novavax said the company has responded to FDA's Post Marketing Commitment (PMC) request and is awaiting feedback from the agency.



The vaccine maker added that its application is approvable and it looks forward to moving to approval as soon as possible, without disclosing further details.

The FDA's request for new data gives Novavax room to negotiate for a smaller, less expensive study, perhaps costing only a few million dollars, the newspaper reported.

The vaccine's prospects were thrown into doubt after the FDA missed its April 1 deadline to approve the shot and Kennedy attributed the delay to the shot's composition in a CBS interview earlier this month.

Novavax on Wednesday said U.S. regulators asked the company to produce more data on its COVID-19 vaccine if it gets full approval, easing concerns around the future of the shot and sending its shares soaring.

This comes amid mass layoffs, including high-ranking scientists, as part of a major overhaul under Kennedy that has prompted worries about potential disruptions to the regulatory review of treatments and vaccines.

The company wants to convert the vaccine's emergency authorization from 2022 into a full approval that would allow for expanded use and to compete better against messenger RNA shots from rivals Moderna, Pfizer, and BioNTech.

Novavax's protein-based technology offers an alternative to mRNA vaccines from Pfizer-BioNTech and Moderna, which received full approvals in 2021 and 2022, respectively.

Fuente: Reuters. Disponible en <https://n9.cl/knzbe>

Takeda to launch dengue vaccine in India next year

Apr 27. Japanese major Takeda plans to launch its dengue vaccine, Qdenga, in India next year, in a manufacturing partnership with Hyderabad-based Biological E (Bio E) to align with the 'Make-in-India' initiative.



Having recognised dengue as a "global health challenge," the over \$23 bn company will adopt a "tiered pricing model for its first global vaccine to maximise access", Derek Wallace, president, global vaccine business unit, Takeda, told TOI in an exclusive interview.

The company, with focus on oncology, rare diseases and gastroenterology, negotiates lower prices for centralised government procurement on a country-by-country basis, and a similar strategy will be implemented in India, he said.

Elaborating on the regulatory process, he said, it "is ongoing and on track", with clinical trials underway to generate local safety data. "Our vaccine has been approved in 40 countries, and we anticipate the vaccine will be licensed in India in 2026", he added.

"We plan to introduce the vaccine in both private and public sectors simultaneously. The initial conversation aligns with WHO guidelines for implementing public programs for the pediatric population. However, we are introducing the vaccine in the private sector for both pediatric and adult populations", Wallace added.

While Takeda has a 240-year legacy and over 70 years in vaccines (primarily pediatric) in Japan, Qdenga is the company's first globally developed and marketed vaccine. It is a tetravalent live-attenuated vaccine targeting all four dengue serotypes, and has a two-dose regimen with a three-month interval.

Currently, the company's German facility produces single-dose vials, while Bio E will produce both single and multi-dose formats. Multi-dose vials are preferred in public health programs because they reduce costs, optimize storage, and simplify distribution.

Significantly, the biggie plans to establish the entire value chain in India, over the next few years.

Over the past 20 years, dengue cases have surged eightfold due to climate change, urbanization, and globalization. There were nearly three lakh reported cases of dengue in India last year. “Before launching in India, it’s crucial to build trust with government stakeholders and establish partnerships. This visit allows me to engage with senior public health and government officials. Our focus is on making the vaccine accessible to as many people as possible, as quickly as possible”, he said.

Fuente: MSN. Disponible en <https://n9.cl/zy3a1>

China: Desarrollan una vacuna contra la COVID-19 a partir de arroz transgénico

28 abr. Investigadores de la Universidad de Yangzhou, en China, han desarrollado una vacunas experimental contra el SARS-CoV-2 utilizando plantas de arroz modificadas genéticamente para producir la subunidad S1 de la proteína S del virus. Los resultados del estudio han sido publicados en la revista *Plant Biotechnology Journal*.

El objetivo del proyecto ha sido explorar alternativas accesibles y seguras a las vacunas comerciales actuales, especialmente en un contexto donde el virus sigue mutando y extendiéndose por todo el mundo. Según los autores, las plantas ofrecen una plataforma

eficaz y de bajo coste para la producción de proteínas recombinantes con aplicaciones farmacéuticas, incluidas las vacunas.

Para la obtención de esta vacuna vegetal, se diseñaron dos vectores binarios con distintos promotores y se introdujeron en plantas de arroz mediante la técnica de transformación genética con *Agrobacterium*. A partir de este proceso se generaron 56 líneas de arroz transgénico. Los análisis de expresión confirmaron que las semillas de estas plantas producían eficazmente la proteína recombinante S1 (rS1), especialmente bajo el control del promotor pGt1.

La proteína rS1 fue purificada y utilizada en ensayos con ratones para evaluar su capacidad de unirse a la enzima convertidora de angiotensina 2 humana, que es el receptor del virus, y su potencial inmunógeno. Las pruebas mostraron que esta proteína derivada del arroz puede inducir una respuesta inmune tanto humoral como celular.

El estudio concluye que la rS1 podría emplearse como base para desarrollar vacunas asequibles contra la COVID-19, y que este enfoque también podría aplicarse al diseño de inmunizaciones frente a otros virus.

Fuente: Agrodigital.com. Disponible en <https://n9.cl/jzy0w>



Europa se abre la compra centralizada de vacunas para la próxima campaña de gripe

29 abr. La Unión Europea ha firmado un nuevo contrato de adquisición conjunta, firmado por la Comisión Europea, a través de la Autoridad de Preparación y Respuesta ante Emergencias Sanitarias. A través de él ofrece a 17 países la posibilidad de adquirir hasta 27.403.200 dosis de vacunas contra la gripe pandémica.

El acuerdo, firmado con la empresa farmacéutica Seqirus UK Ltd., garantiza el suministro de Foclivia, una vacuna para proteger contra la gripe cuando la Organización Mundial de la Salud o la Unión Europea declaran oficialmente una pandemia. Una pandemia de gripe se produce cuando un nuevo tipo (cepa) del virus de la gripe puede propagarse fácilmente de persona a persona porque las personas no tienen inmunidad contra él. Si bien es difícil predecir una pandemia de gripe, el contrato marco de adquisición conjunta de hoy forma parte del trabajo más amplio de la Comisión para reforzar la preparación y respuesta a nivel de la UE para proteger la salud de los ciudadanos.

Esta adquisición conjunta se basa en un acuerdo previo firmado con CSL Seqirus en 2019 y un acuerdo firmado con GSK en 2022, en virtud del cual los países participantes pueden adquirir dosis de vacunas en caso de una pandemia de gripe.

El contrato marco tiene una duración de 48 meses y puede renovarse dos veces por un período de 12 meses cada una.

La propuesta tiene su precedente en los acuerdos de compra conjunta de vacunas realizados durante la pandemia de COVID-19 para mejorar el acceso equitativo a las contramedidas médicas, la seguridad del suministro y la preparación de los países participantes ante las amenazas sanitarias.

Fuente: DiarioFarma. Disponible en <https://n9.cl/te8e58>

Challenges, innovations and future directions in dengue vaccine development

Apr 30. Dengue fever, caused by a flavivirus named DENV, is a major global health challenge, risking almost half of the world's population. Since the early 20th century, the scientific community has faced multiple challenges in developing effective dengue vaccines. This spanned a variety of techniques—from the use of ox bile to weaken DENV to the chemical processing of DENV-infected mosquitoes. However, the limitations of these techniques and the urgent need to save millions of people from the infection in its endemic regions led to the development of more sophisticated dengue vaccines.

In a recent review published in *Pediatric Investigation*, lead authors Professor Kevin C. Kain from the University of Toronto, Canada, and Dr. Ran Wang, Associate Professor at the Capital Medical University, China, discuss the current status and implications of dengue vaccines such as CYD-TDV, TAK-003, and Butantan-DV, while exploring the challenges in dengue vaccine development like ADE, and proposes future directions in this field.

DENV has four serotypes (DENV-1 to DENV-4) and triggers both protective and pathogenic immune responses. Serotype-specific immune responses are typical when infected for the first time, whereas secondary infection may lead to more severe dengue due to ADE.

"ADE is initiated when immune complexes of DENV and IgG antibodies bind to Fcγ receptors (FcγR) on

myeloid cells. This suppresses antiviral defenses and enhances viral replication," explains Professor Kain. This is an important aspect to consider while designing vaccines for dengue.

The review draws from insights and implications from three dengue vaccines—CYD-TDV (Dengvaxia) was the first licensed dengue vaccine and showed efficacy in phase III clinical trials. However, it was found to have reduced protection against DENV-1, DENV-2, and DENV-3.

Moreover, this vaccine was only recommended for individuals with confirmed prior DENV infection, limiting its practical application. Further, a vaccination regimen of three doses over 12 months was particularly difficult to achieve in resource-limited settings. Due to these reasons, CYD-TDV was withdrawn from widespread use, although the WHO still recommends it for individuals aged 9-45 years with prior DENV infection.

The second vaccine—TAK-003—was evaluated over a four-and-a-half-year-long phase III trial across eight countries where dengue is endemic. With an overall efficacy of 61.2% (against current dengue infection) and 84.1% (against hospitalized cases), it offered strong protection against DENV-1 and DENV-2 serotypes. But, due to the insufficient number of cases of the other two serotypes, TAK-003's efficacy against these could not be evaluated. This vaccine has a two-dose regimen, presenting logistical challenges as in the case of CYD-TDV.

Contrary to the above cases, the Butantan-DV vaccine with its single-dose regimen proved to have an edge over the others in simplifying vaccination where health care facilities were limited.

Dr. Wang explains, "A 2-year analysis reported an overall efficacy of 73.6% in sero-naïve individuals and 89.2% in those with prior dengue exposure, with protection against DENV-1 (89.5%) and DENV-2 (69.6%)".

Also, in a study that spanned more than three years, Butantan-DV demonstrated an 89% decrease in severe dengue and dengue with warning signs. However, the efficacy of this vaccine against DENV-3 and DENV-4 is yet to be established. Although the current dengue vaccines exhibit effective reduction of severe and fatal dengue in clinical trials, their impact on individuals aged above 60 years is still unclear.

The possibility of severe dengue after vaccination has been a significant challenge, particularly thought to be driven by ADE. When non-neutralizing, cross-reactive antibodies recognize conserved epitopes on the DENV envelope protein, it triggers immune responses that weaken antiviral activity, leading to severe disease.

"Understanding the role of conserved epitopes and FcγR signaling in ADE is crucial for dengue vaccine development, and ADE issues in the real world may only be revealed through efficacy studies in phase IV clinical trials of vaccines", comments Professor Kain.

Looking ahead, global collaboration among researchers, health agencies, and vaccine developers will be essential to advancing dengue vaccine research. Future efforts should explore diverse platforms like mRNA vaccines and focus on avoiding ADE. Priorities include: 1) phase IV trials to refine strategies, 2) vaccines adaptable across populations and serotypes, and 3) region-specific formulations targeting local DENV variants.

With global collaboration, advanced vaccine platforms, and a better understanding of ADE, we may finally be on the path toward eliminating dengue.

Fuente: Medical Xpress. Disponible en <https://n9.cl/7odeg>

Eventos

Webinar: Competencias de los trabajadores involucrados en la preparación y respuesta frente a las emergencias de salud y desastres

El objetivo del seminario web es analizar las capacidades de los trabajadores de salud para la respuesta a emergencias y desastres en la Región de las Américas.

Considerando la relevancia del tema, en este seminario web se presentará la propuesta de competencias esenciales para enfrentar emergencias y desastres en el ámbito de la salud. Esta actividad es organizada conjuntamente por la Unidad de Recursos Humanos para la Salud del Departamento de Sistemas y Servicios de Salud, y el Departamento de Emergencias de Salud de la OPS.

📅 9 de mayo de 2025

🕒 11:00 a.m. a 12:30 p.m. *Eastern Daylight Time* (EDT)

🗣️ Interpretación simultánea del español al francés, inglés y portugués.

Para el Registro

🔗 https://paho-org.zoom.us/webinar/register/WN_idqQCHAXTFqN5WucYZzKaw#/registration

La Región de las Américas ocupa el segundo lugar después de Asia en términos de impacto de desastres. Casi el 21% de todos los desastres en el mundo entre 2013 y 2018 se produjeron en la Región de las Américas, lo que provocó 141 millones de víctimas y más de 10.000 muertes.

Los países de la Región enfrentan una escasez de personal sanitario, una distribución inequitativa y una falta de adecuación con respecto a las necesidades y las competencias, lo que se suma a la falta de formación adecuada en materia de preparación, prevención y respuesta a emergencias y desastres.

El personal de salud desempeña un papel fundamental en la gestión de la respuesta ante emergencias y desastre, ya que trabaja en estrecha colaboración con las comunidades y, por tanto, cerca de los potenciales eventos. Los profesionales de la salud son trabajadores de primera línea en condiciones estables y más aún durante situaciones de emergencia y crisis, prestando servicio tanto en entornos prehospitalarios como hospitalarios. Una gestión adecuada de la respuesta a emergencias requiere que la fuerza de trabajo en salud cuente con las competencias adecuadas.

Fuente: Organización Panamericana de la Salud. Disponible en <https://n9.cl/kpjzax>

Reunión del Grupo Asesor Estratégico de Expertos en Inmunización (SAGE)

📅 22-25 de septiembre de 2025.

📍 Sede de la Organización Mundial de la Salud .

La participación es solo por invitación. Si no ha recibido la invitación por correo electrónico y desea asistir, póngase en contacto con: sageexecsec@who.int. Próximamente se ofrecerán más detalles.

La reunión es en formato híbrido; la participación presencial es restringida.

Los materiales para esta reunión, como el proyecto de agenda, la lista provisional de participantes y los documentos de referencia, estarán disponibles más adelante.

Fuente: World Health Organization. Disponible en <https://n9.cl/j93fa>

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El objetivo del seminario web es analizar las capacidades de los trabajadores de salud para la respuesta a emergencias y desastres en la Región de las Américas.

Considerando la relevancia del tema, en este seminario web se presentará la propuesta de competencias esenciales para enfrentar emergencias y desastres en el ámbito de la salud. Esta actividad es organizada conjuntamente por la Unidad de Recursos Humanos para la Salud del Departamento de Sistemas y Servicios de Salud, y el Departamento de Emergencias de Salud de la OPS.

 9 de mayo de 2025

 11:00 a.m. a 12:30 p.m. *Eastern Daylight Time* (EDT)

 Interpretación simultánea del español al francés, inglés y portugués.

Para el Registro

 https://paho-org.zoom.us/webinar/register/WN_idqQCHAXTFqN5WucYZzKaw#/registration

La Región de las Américas ocupa el segundo lugar después de Asia en términos de impacto de desastres. Casi el 21% de todos los desastres en el mundo entre 2013 y 2018 se produjeron en la Región de las Américas, lo que provocó 141 millones de víctimas y más de 10.000 muertes.

Los países de la Región enfrentan una escasez de personal sanitario, una distribución inequitativa y una falta de adecuación con respecto a las necesidades y las competencias, lo que se suma a la falta de formación adecuada en materia de preparación, prevención y respuesta a emergencias y desastres.

El personal de salud desempeña un papel fundamental en la gestión de la respuesta ante emergencias y desastre, ya que trabaja en estrecha colaboración con las comunidades y, por tanto, cerca de los potenciales eventos. Los profesionales de la salud son trabajadores de primera línea en condiciones estables y más aún durante situaciones de emergencia y crisis, prestando servicio tanto en entornos prehospitalarios como hospitalarios. Una gestión adecuada de la respuesta a emergencias requiere que la fuerza de trabajo en salud cuente con las competencias adecuadas.

Fuente: Organización Panamericana de la Salud. Disponible en <https://n9.cl/kpjzax>

Reunión del Comité Asesor de la OMS para el Desarrollo de Productos para Vacunas 2025

 6-9 de octubre de 2025.

 Ginebra, Suiza.

El Comité Asesor de la OMS para el Desarrollo de Productos para Vacunas (PDVAC) proporciona asesoramiento externo a la OMS en relación con patógenos prioritarios para enfermedades infecciosas, enfoques de desarrollo de vacunas y anticuerpos monoclonales asociados, y tecnologías de fabricación y administración relacionadas. Su cometido incluye la priorización de patógenos objetivo para el desarrollo de vacunas y/o anticuerpos monoclonales y plataformas tecnológicas, además de supervisar el desarrollo de características preferentes de producto (CPP), hojas de ruta técnicas y de I+D, evaluaciones completas del valor de las vacunas y consultas sobre las vías de desarrollo de productos.

La reunión de 2025 se celebrará del 6 al 8 de octubre (reunión abierta) y el 9 de octubre (reunión cerrada).

Fuente: World Health Organization. Disponible en <https://n9.cl/l8d0ql>



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Estrategia de búsqueda: (Vaccine) AND DP:([11.04.2025 TO 30.04.2025]) as the publication date 44 records.

1. [WO/2025/084869](#) ADJUVANT COMPOSITION FOR VACCINE, COMPRISING GALECTIN-4 AS ACTIVE INGREDIENT

WO - 24.04.2025

Clasificación Internacional [A61K 39/39](#)Nº de solicitud PCT/KR2024/015946 Solicitante CHUNG ANG UNIVERSITY INDUSTRY ACADEMIC COOPERATION FOUNDATION Inventor/a SEO, Young-Jin

The present invention relates to: an adjuvant composition for vaccine, comprising galectin-4 as an active ingredient, which, when administered together with an antigen, can improve antibody titer and enhance cellular immunity and humoral immunity; a vaccine composition comprising galectin-4 and an antigen; a method for promoting immune responses, comprising a step of administering the adjuvant composition for a vaccine to a subject together with the vaccine composition or before and after the administration of the vaccine composition; and a vaccine adjuvant composition for promoting immune responses, comprising galectin-4. The adjuvant composition for a vaccine, of the present invention, can increase antibody titer produced by an antigen and can increase both humoral and cellular immune responses, and thus can increase vaccine efficacy, can reduce the production cost of a vaccine by reducing the usage amount of antigen, and is expected to be applicable to cancer treatment vaccines.

2. [WO/2025/082465](#) RNA VACCINE FOR PORCINE EPIDEMIC DIARRHEA AND PREPARATION METHOD THEREFOR

WO - 24.04.2025

Clasificación Internacional [A61K 39/215](#)Nº de solicitud PCT/CN2024/125692 Solicitante SUZHOU HUILIAO BIOMEDICAL TECHNOLOGY CO., LTD. Inventor/a ZHONG, Tianyi

Provided are an RNA vaccine for porcine epidemic diarrhea and a preparation method therefor. The RNA vaccine is obtained by means of gene synthesis, in-vitro transcription, and lipid nanoparticle encapsulation, which can rapidly respond to the currently prevalent new PEDV strains, reduces the research

and production cycle of new vaccine development, and provides an effective technical approach for the prevention and control of newly mutated highly virulent strains. The prepared RNA vaccine for porcine epidemic diarrhea has high production efficiency, can induce relatively high levels of porcine epidemic diarrhea virus neutralizing antibodies and binding antibodies in vivo, effectively reducing the occurrence of diarrhea in piglets, and thus holds great promotional value for the prevention and control of porcine epidemic diarrhea.

3. WO/2025/081515 TUMOR NEOANTIGEN VACCINE SYSTEM SPECIFICALLY MARKING HETEROLOGOUS PROTEIN, AND USE THEREOF

WO - 24.04.2025

Clasificación Internacional A61K 39/00Nº de solicitud PCT/CN2023/125912 Solicitante CHINA PHARMACEUTICAL UNIVERSITY Inventor/a WANG, Wenguang

The present invention provides a tumor neoantigen vaccine system specifically marking a heterologous protein, and a use thereof. The vaccine system is composed of a heterologous protein mRNA vaccine and a recombinant oncolytic virus; the heterologous protein mRNA vaccine is used to induce an organism to generate heterologous protein-specific memory T cells, and the recombinant oncolytic virus is used to promote a tumor to express microorganism-derived tumor neoantigens. When pre-immunized memory T cells detect these marked specific neoantigens, the tumor expressing the neoantigens is quickly activated and killed, the release of tumor autoantigens is promoted, dendritic cells phagocytize antigens to further initiate an anti-tumor response, and a systemic anti-tumor immune effect is activated by means of antigenic epitope spreading.

4. 2634646A BACTERIOPHAGE-BASED, NEEDLE AND ADJUVANT-FREE, MUCOSAL COVID-19 VACCINE

GB - 16.04.2025

Clasificación Internacional A61K 39/215Nº de solicitud 202416610 Solicitante UNIV AMERICA CATHOLIC Inventor/a JINGEN ZHU

A bacteriophage T4-based, multivalent/multicomponent, needle and adjuvant-free, mucosal vaccine by engineering spike trimers on capsid exterior and nucleocapsid protein in the interior is disclosed herein. Intranasal administration of this T4-COVID vaccine induces higher virus neutralization antibody titers against multiple variants, balanced Th1/Th2 antibody and cytokine responses, stronger CD4+ and CD8+ T cell immunity, and higher secretory IgA titers in sera and bronchoalveolar lavage with no effect on the gut microbiota, compared to vaccination of mice intramuscularly. The vaccine is stable at ambient temperature, induce apparent sterilizing immunity, and provide complete protection against original SARS-CoV-2 strain and its Delta variant with minimal lung histopathology. This mucosal vaccine is an excellent candidate for boosting immunity of immunized and/or as a second-generation vaccine for the unimmunized population. This needle-free platform could be used to develop effective vaccines against many other respiratory infectious pathogens including Flu and any future emerging epidemic and pandemic pathogens.

5. 4538381 EXTRAZELLULÄRE VESIKEL MIT ANTIGENEM PROTEIN ODER GEN ZUR CODIERUNG DES PROTEINS UND VERWENDUNGEN DAVON

EP - 16.04.2025

Clasificación Internacional C12N 15/88Nº de solicitud 23839985 Solicitante UNIV EWHA IND COLLABORATION Inventor/a KWON KI HWAN

The present disclosure relates to an extracellular vesicle including an antigen protein or a gene encoding the antigen protein and use thereof, and more particularly, to: an extracellular vesicle including an antigen protein derived from a virus, a microorganism, or cancer cells, or a gene encoding the antigen protein; or a vaccine composition for the prevention or treatment of a viral infection, a microbial infection, or cancer, the vaccine composition including the extracellular vesicle. The extracellular vesicle or the vaccine composition including the extracellular vesicle, according to the present disclosure, is a platform that has stability and an excellent effect of inducing an antigen-specific immune response and can be applied to various diseases, and thus is expected to be effectively used in the field of development of a vaccine for the prevention or treatment of various diseases, including microbial infections or cancer.

6. WO/2025/082552 IL33-LOADED ONCOLYTIC VACCINIA VIRUS AND COMBINATION THERAPY THEREOF WITH IMMUNE CHECKPOINT INHIBITOR

WO - 24.04.2025

Clasificación Internacional C12N 15/24Nº de solicitud PCT/CN2024/139741 Solicitante WANG, Qi Inventor/a WANG, Qi

Provided in the present invention are an IL33-loaded oncolytic vaccinia virus and a combination therapy thereof with an immune checkpoint inhibitor. Specifically, provided in the present invention are an oncolytic vaccinia virus loaded with a human or mouse IL33 gene, a construction method therefor and the use thereof with an immune checkpoint inhibitor. The oncolytic vaccinia virus of the present invention has a significant in vitro inhibitory effect on a variety of tumor cells such as ovarian cancer, bladder cancer and liver cancer cells. The use of the oncolytic vaccinia virus in combination with an immune checkpoint inhibitor has a significant in vivo therapeutic effect on tumors. The present invention provides a new method for virus treatment of tumors, and has clinical application prospects.

7. WO/2025/076792 METHODS OF PREPARING NOROVIRUS VACCINE WITH LOW AMOUNTS OF ADJUVANT

WO - 17.04.2025

Clasificación Internacional C07K 14/08Nº de solicitud PCT/CN2023/124372 Solicitante CHENGDU KANGHUA BIOLOGICAL PRODUCT CO., LTD. Inventor/a XIE, Di

The present invention provides a method for preparing a Norovirus vaccine composition, a vaccine composition produced using this method, and a method of treating a patient infected by Norovirus. Said method comprises mixing VLPs of different Norovirus genogroups to form a mixture, which is then combined with at least one adjuvant, such that the VLPs are absorbed to the adjuvant.

8. 20250121047 CHIMERIC VIRUS EXPRESSING PORCINE PRODUCTIVE AND RESPIRATORY SYNDROME VIRUS-DERIVED PEPTIDE AND **VACCINE** COMPOSITION COMPRISING SAME

US - 17.04.2025

Clasificación Internacional A61K 39/12Nº de solicitud 18724753 Solicitante BioPoA, Inc. Inventor/a Sang Ho CHA

Provided are a chimeric virus expressing a porcine reproductive and respiratory syndrome virus (PRRSV)-derived peptide and a use thereof as a **vaccine**. The chimeric virus has an excellent immune stimulating effect and is useful as a **vaccine** that can effectively protect against PRRSV by suppressing viral amplification in target cells.

9. 20250125005 **VACCINE** DESIGN PIPELINE

US - 17.04.2025

Clasificación Internacional G16B 15/30Nº de solicitud 18684610 Solicitante INTOMICS A/S Inventor/a Claus LUNDEGAARD

Herein are provided computer implemented methods for designing sets of peptides, such as for use in a **vaccine**. Also provided are computer-readable media, computer program products and sets of propagated signals for designing sets of peptides, such as for use in a **vaccine**. Further provided are methods of treatment, uses and kits comprising peptides designed according to the computer implemented methods.

10. WO/2025/085916 HUMANIZED MONOCLONAL ANTIBODY AND VACCINES AGAINST MEASLES VIRUS

WO - 24.04.2025

Clasificación Internacional A61K 39/165Nº de solicitud PCT/US2024/052261 Solicitante THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK Inventor/a POROTTO, Matteo

A chimeric monoclonal antibody (mAb 77.1) neutralizes measles fusion protein and its cryo-EM structure in complex with MeV F in the prefusion conformation. **Vaccine** compositions using MeV F protein or its ectodomain are mutated to have stabilized pre-fusion conformation. **Vaccine** compositions may be varied, targeting other paramyxoviruses; they are mutated forms of paramyxovirus F protein with mutations at specific positions on the protein. Thermostable full-length MeV fusion proteins (FFLs) induce protective immunity and neutralizing antibodies *in vivo*. Vaccination with the FFL induces neutralization titer higher than with live **vaccine**, providing robust humoral response, likely protective also for individuals with impaired cellular immunity. The 8 specific mAbs, alone or combined with mAb 77, neutralize post fusion transition of MeV fusion protein, interrupting the F refolding process and preventing conformational changes required for membrane fusion and viral entry: mAbs G3, F3, E11, 9E1D3, H8, 10H2G3, D9, and Y10F.

11. 20250122243 PROTEIN BASED **VACCINE** AND PRODUCTION METHOD THEREOF FOR SARS COV-2

US - 17.04.2025

Clasificación Internacional C07K 14/005Nº de solicitud 18485300 Solicitante Prime Bio, Inc. Inventor/a Bal Ram Singh

The present invention is directed to a composition, mammalian cell and vector, and a method for the production of, and method of treatment with, a recombinant protein **vaccine** in a mammalian cell line. The methods and compositions are particularly useful for generating the stable expression of a recombinant protein **vaccine** of interest. The invention is particularly useful for the production of vaccines to aid in protection against viral pathogens for vertebrates, in particular mammals, especially humans. The mammalian cell for producing a protein of interest comprises: a plasmid encoded with a nucleotide sequence encoding one or more epitopes or subunits of the SARS-CoV-2 that are embedded in the nucleotide sequence encoding a detoxified recombinant tetanus toxin (DrTeNT).

12. 4539875 MUTANTER IMPFSTOFF AUF CALR-PEPTID-BASIS

EP - 23.04.2025

Clasificación Internacional A61K 39/00Nº de solicitud 23824838 Solicitante ICAHN SCHOOL MED MOUNT SINAI Inventor/a BHARDWAJ NINA

The presently claimed and described technology provides **vaccine** compositions comprising at least two mutant-calreticulin (CALR)-peptides, wherein the at least two peptides have overlapping sequences and methods for administration of the **vaccine** compositions to induce or elicit an antitumor response or improve or enhance antitumor T cell immunity and methods of preventing, treating, reducing, or slowing progression or development of a hematological malignancy in a subject with a calreticulin mutation.

13. WO/2025/077799 METHOD OF PREPARING NOROVIRUS **VACCINE** WITHOUT ADJUVANT

WO - 17.04.2025

Clasificación Internacional C07K 14/08Nº de solicitud PCT/CN2024/124049 Solicitante CHENGDU KANGHUA BIOLOGICAL PRODUCTS CO., LTD. Inventor/a XIE, Di

Methods and compositions related to adjuvant-free Norovirus vaccines are provided. In some embodiments, the **vaccine** is in a frozen form and/or a solid form. In some embodiments, the **vaccine** further comprises a pharmaceutically acceptable carrier.

14. 4541369 IMPFSTOFF MIT NATÜRLICHEN KILLERZELLEN, DIE MIT LIGANDEN NATÜRLICHER KILLER-T-ZELLEN UND KREBSANTIGENEN BELADEN SIND

EP - 23.04.2025

Clasificación Internacional A61K 39/00Nº de solicitud 23824111 Solicitante CELLID CO LTD Inventor/a KANG CHANG-YUIL

The present invention relates to an immunotherapeutic and preventive **vaccine** comprising natural killer cells loaded with ligands of natural killer T cells and cancer antigens, and more particularly, to an immunotherapeutic or preventive **vaccine** comprising natural killer cells loaded with alpha-galactosylceramide (α -GC), which is a natural killer T cell ligand and a type of glycolipid. The composition of the present invention can be used as an anticancer immunotherapeutic agent because natural killer cells are easier to obtain than dendritic cells, and immunization with natural killer cells loaded with ligands of natural killer T cells and antigens induces significant levels of cytotoxic T lymphocyte responses as well as therapeutic effects on malignant tumors.

15. 4537840 LÖSLICHES HCV GLYCOPROTEIN E2 ALS IMPFSTOFF GEGEN HEPATITIS C VIRUS

EP - 16.04.2025

Clasificación Internacional A61K 39/12Nº de solicitud 23203538 Solicitante TWINCORE ZENTRUM FUER EXPERIMENTELLE UND KLINISCHE INFEKTIONSFORSCHUNG GMBH Inventor/a LABUHN MAURICE

The present invention relates to the field of vaccination, in particular, of vaccination against hepatitis C virus (HCV). The present invention provides a composition comprising HCV glycoprotein E2 from strain GT4a.ED43, and optionally, further HCV glycoproteins E2 from other strains and/or an adjuvant. The glycoprotein can be soluble glycoprotein or it can be displayed on the surface of a nanoparticle. Alternatively, it provides a composition comprising a nucleic acid encoding HCV glycoprotein E2 from strain GT4a.ED43, and, optionally, from other strains. The composition is useful as a **vaccine**, e.g., for prophylactic vaccination against HCV. The invention also provides a method for producing said composition as well as HCV glycoprotein E2 from strain GT2b.2b5 and a nucleic acid encoding the same.

16. WO/2025/078593 SOLUBLE HCV GLYCOPROTEIN E2 AS A **VACCINE** AGAINST HEPATITIS C VIRUS

WO - 17.04.2025

Clasificación Internacional A61K 39/12Nº de solicitud PCT/EP2024/078674 Solicitante TWINCORE, ZENTRUM FÜR EXPERIMENTELLE UND KLINISCHE INFEKTIONSFORSCHUNG GMBH Inventor/a LABUHN, Maurice

The present invention relates to the field of vaccination, in particular, of vaccination against hepatitis C virus (HCV). The present invention provides a composition comprising HCV glycoprotein E2 from strain GT4a.ED43, and optionally, further HCV glycoproteins E2 from other strains and/or an adjuvant. The glycoprotein can be soluble glycoprotein or it can be displayed on the surface of a nanoparticle. Alternatively, it provides a composition comprising a nucleic acid encoding HCV glycoprotein E2 from strain GT4a.ED43, and, optionally, from other strains. The composition is useful as a **vaccine**, e.g., for prophylactic vaccination against HCV. The invention also provides a method for producing said composition as well as HCV glycoprotein E2 from strain GT2b.2b5 and a nucleic acid encoding the same.

17. 20250121053 **VACCINE** COMPOSITIONS AND THEIR USE

US - 17.04.2025

Clasificación Internacional A61K 39/215Nº de solicitud 18723007 Solicitante OSIVAX Inventor/a Alexandre LE VERT

The invention relates to immunogenic compositions and their use as a **vaccine** for the prevention of coronavirus disease in a human subject. More specifically, the invention relates to methods of use of an immunogenic composition in the prevention of coronavirus disease in a human subject in need thereof, said immunogenic composition comprising: a fusion protein comprising (i) a SARS-Cov2 nucleocapsid N antigen and, (ii) a carrier protein comprising a self-assembling polypeptide derived from C4bp oligomerization domain and a positively charged tail.

18. WO/2025/077808 METHODS OF PREPARING NOROVIRUS **VACCINE** WITH LOW AMOUNTS OF ADJUVANT

WO - 17.04.2025

Clasificación Internacional C07K 14/08Nº de solicitud PCT/CN2024/124072Solicitante CHENGDU KANGHUA BIOLOGICAL PRODUCTS CO., LTD.Inventor/a XIE, Di

Methods and compositions related to Norovirus virus-like particles are provided. The method comprises mixing different genogroups of Norovirus VLPs to form a Norovirus VLP mixture first before combining the Norovirus VLP mixture with at least one adjuvant to form the Norovirus **vaccine** composition, in which the Norovirus VLPs are absorbed to the at least one adjuvant.

19.4541370TUBERKULOSEIMPFSTOFFZUSAMMENSETZUNG MIT FUSIONSPROTEIN AN DER IMMUNAKTIVEN STELLE

EP - 23.04.2025

Clasificación Internacional A61K 39/04Nº de solicitud 23824215Solicitante MYCO RAPHA INCInventor/a KIM HWA JUNG

The present invention provides a fusion protein **vaccine** composition by the identification of immune-active domains (sites or segments) of Rv2299c protein, the removal of unnecessary sites or the selection of only necessary portions, and linkage to different immune-active proteins or sites, to effectively activate an immune response in tuberculosis patients, and thus can significantly contribute to the prevention and treatment of tuberculosis.

20.20250122247COMPOSITIONS AND METHODS RELATED TO HIV-1 IMMUNOGENS

US - 17.04.2025

Clasificación Internacional C07K 14/16Nº de solicitud 18817389Solicitante THE SCRIPPS RESEARCH INSTITUTEInventor/a Leopold Kong

The present invention provides HIV-1 **vaccine** immunogens. Some of the immunogens contain a soluble gp140-derived protein that harbors a modified N-terminus of the HR1 region in gp41. Some of the immunogens contain an HIV-1 Env-derived trimer protein that is presented on a nanoparticle platform. The invention also provides methods of using the HIV-1 **vaccine** immunogens for eliciting an immune response or treating HIV infections.

21.WO/2025/079054A METHOD OF DEVELOPING FREE FLOATING CONDITION FOR TRANSFECTION AND INFECTION OF CELLS

WO - 17.04.2025

Clasificación Internacional C12N 5/00Nº de solicitud PCT/IB2024/060196Solicitante OMNIBRX BIOTECHNOLOGIES PRIVATE LIMITEDInventor/a PATEL, Ravindrakumar Dhirubhai

The present invention relates to the method of developing free floating condition for transfection and infection of cells which was employed for the production of **vaccine**, viral vectors, biotherapeutics, etc by increasing the infection and transfection efficiency. Particularly, a bioreactor system is required to generate **vaccine**, viral vectors in large scale. The host cells are grown in the bioreactor to attain sufficient cell density, after reaching the sufficient cell density into the bioreactor, cells are dislodged from the surface by some vibration, enzyme or combination of vibration and enzymatic method before infection and transfection. The process of

transfection and infection is faster than cell re-attachment. Therefore, majority of the cells which are re-attached are found to be transfected / infected. The whole event of cell detachment, transfection/infection and cell re-attachment is unique and ultimately leads to the increment of the transfection efficiency significantly.

22. WO/2025/080776 **VACCINE** COMPOSITIONS COMPRISING SIALIC ACID BINDING DOMAIN (SBD) PROTEINS AND USE THEREOF TO ENHANCE IMMUNE RESPONSE

WO - 17.04.2025

Clasificación Internacional A61K 39/09Nº de solicitud PCT/US2024/050680Solicitante THE CHILDREN'S MEDICAL CENTER CORPORATIONInventor/a MALLEY, Richard

Aspects of the invention described herein relate to a **vaccine** composition comprising at an antigenic polysaccharide and an immunomodulatory amount of a sialic acid binding moiety, wherein the sialic acid binding moiety comprises sialic acid binding domain (SBD) which is not fused to an antigenic polypeptide.

23. WO/2025/081106 NANOBODY **VACCINE** COMPOSITIONS

WO - 17.04.2025

Clasificación Internacional A61K 47/42Nº de solicitud PCT/US2024/051131Solicitante VANDERBILT UNIVERSITYInventor/a WILSON, John T.

Disclosed herein are protein-based compositions and conjugates thereof that can take advantage of beneficial delivery properties to improve **vaccine** efficacy. An example protein-based composition includes an albumin-binding nanobody and a peptide antigen domain. An example conjugate includes the protein-based composition attached to a drug through a linker. Also disclosed are methods of making and using the protein-based compositions and conjugates thereof.

24. 2634841 SYSTEMS AND METHODS FOR PREPARING VACCINES UTILIZING PREDICTABLY INACTIVATED PATHOGENS

GB - 23.04.2025

Clasificación Internacional A61L 2/10Nº de solicitud 202500264Solicitante PERUMALA HOLDINGS LLCInventor/a MADHAVAN PISHARODI

A method is described for producing a **vaccine** from a neutered pathogenic source. The neutered pathogenic source may be a SARS-COV-2 virus that is neutered with a defined dose of UV-C light. The neutered SARS-COV-2 viral **vaccine** is administered through an inhalation pump. The architecture of the neutered inactivated virus can be kept intact or partially destroyed by using graded dosage of the UVC.

25. WO/2025/080565 LOW-SUGAR CORONAVIRUS **VACCINE** AND METHODS THEREOF

WO - 17.04.2025

Clasificación Internacional A61K 39/215Nº de solicitud PCT/US2024/050353Solicitante ROCK BIOMEDICAL INC.Inventor/a LEE, Jeng-Shin

The present disclosure relates to a low glycosylated spike protein and a **vaccine** designed to express the spike protein in vivo. The present disclosure also teaches a method for generating an immune response by

utilizing the low glycosylated spike protein, which provides a broader protection across different variants. A method for identifying a glycan-shielded conserved peptide of a glycoprotein is also disclosed.

26. 4536294 VERFAHREN ZUR VERZÖGERTEN ABGABE VON MRNA-IMPFSTOFFEN

EP - 16.04.2025

Clasificación Internacional A61K 48/00Nº de solicitud 23820292Solicitante MERCK SHARP & DOHME LLCInventor/a BETT ANDREW

The invention relates to a method of treating a disease or disorder in a patient in need thereof that includes providing an active pharmaceutical ingredient (API) to the patient by administering more than one split-dose of the API over a pre-determined period of time. In embodiments of the invention, the API is an mRNA encoding an antigen. The attractiveness of mRNA as a **vaccine** modality is supported by several advantages. As a non-infectious agent that does not require incorporation into the host's genome to confer activity along with its well-defined chemical composition, mRNA is regarded as a relatively safe **vaccine** modality.

27. 20250122248 IMMUNOGENIC FUSION PROTEIN

US - 17.04.2025

Clasificación Internacional C07K 14/315Nº de solicitud 18984610Solicitante MINERVAX APSInventor/a Per Bo PEDERSEN FISCHER

The present invention relates to an immunogenic fusion protein comprising a first amino acid sequence having at least 80% sequence identity with the amino acid sequence of the N-terminal region of a first group B *Streptococcus* surface protein, which is fused to a second amino acid sequence having at least 80% sequence identity with the amino acid sequence of the N-terminal region of a second group B *Streptococcus* surface protein. Each of the first and the second group B *Streptococcus* surface protein is selected from the group consisting of Rib protein, Alp1 protein, Alp2 protein, Alp3 protein, Alp4 protein and AlpC protein. The immunogenic fusion protein further comprises at least one amino acid sequence having at least 80% sequence identity with the amino acid sequence of the N-terminal region of the group B *Streptococcus* surface protein Alp1, Alp2, Alp3 or Alp4. The invention further pertains to an isolated nucleotide sequence encoding the immunogenic fusion protein; a vector; a host cell; an immunogenic product, a **vaccine**; and a method for preventing or treating a group B *Streptococcus* infection.

28. 4536168 MEDIZINISCHE ABGABEANORDNUNG

EP - 16.04.2025

Clasificación Internacional A61J 1/20Nº de solicitud 23824485Solicitante KOSKA FAMILY LTDInventor/a GIBNEY ERIC DWYER

A pre-filled medical delivery assembly assembled and configured to allow delivery of a single dose of a therapeutic agent (e.g., **vaccine**, drug, medicament, etc.) from a Blow-Fill-Seal (BFS) vial to a patient. The delivery assembly generally includes a modular design consisting of separately constructed components cooperatively arranged and coupled to one another. In accordance with some embodiments, the medical delivery assembly comprises a hub connector that includes at least one alignment track on an interior portion thereof, configured to receive a corresponding wing of a BFS vial which it is designed to couple with.

29. WO/2025/081053 FORMULATIONS FOR THERMOSTABLE VACCINES

WO - 17.04.2025

Clasificación Internacional A61K 39/12Nº de solicitud PCT/US2024/051061Solicitante FLUGEN, INC.Inventor/a MOSER, Michael J.

The invention provides a stable pharmaceutical formulation comprising (a) a buffer, (b) a sugar, (c) a stabilizer, (d) one or more amino acids, and (e) at least one influenza virus backbone. The invention further provides a method of treating a mammal in need of an influenza **vaccine** by administering the inventive pharmaceutical formulation. The invention also provides a method of eliciting an immune response by administering the inventive pharmaceutical formulation.

30.4540586TEMPERATURINTEGRITÄTSSENSOR

EP - 23.04.2025

Clasificación Internacional G01K 1/024Nº de solicitud 23757335Solicitante UNIV DEGLI STUDI CAGLIARIInventor/a SFORAZZINI GIUSEPPE

The present invention relates to a temperature integrity sensor or more precisely a temperature continuity sensor of a product which needs to be kept at a temperature below its degradation temperature, such as for instance a refrigerated or frozen edible product; a pharmaceutical product such as a **vaccine**, or an antibiotic; or a biological-medical product such as a sample of a body fluid or tissue, or an organ. The sensor is based on RFID technology, in particular passive RFID technology.

31.2025202529HERPES ZOSTER MRNA **VACCINE**, PREPARATION METHOD THEREFOR, AND USE THEREOF

AU - 24.04.2025

Clasificación Internacional Nº de solicitud 2025202529Solicitante Hangzhou Tianlong Pharmaceutical Co., Ltd.Inventor/a CHAI, Xin

32.WO/2025/085889INTERLEUKIN-2-INDUCIBLE T-CELL KINASE INHIBITORS TO PRODUCE ENHANCED IMMUNE RESPONSES

WO - 24.04.2025

Clasificación Internacional A61K 31/427Nº de solicitud PCT/US2024/052200Solicitante CORVUS PHARMACEUTICALS, INC.Inventor/a MILLER, Richard A.

Provided are, *inter alia*, vaccines comprising an interleukin-2-inducible T-cell kinase (ITK) inhibitor and an antigen, methods of producing an enhanced immune response in a subject by administering the **vaccine** to the subject, and methods of producing an enhanced immune response in a subject by administering to the subject an effective amount of an ITK inhibitor and an effective amount of an antigen. In embodiments, the ITK inhibitor is a compound of formula (I) or a pharmaceutically acceptable salt thereof, wherein the substituents are as defined herein.

33.4536274RSV-IMPfung MIT TRIMEREM RSV-F-FUSIONSPROTEIN

EP - 16.04.2025

Clasificación Internacional A61K 39/12Nº de solicitud 23732448Solicitante GLAXOSMITHKLINE BIOLOGICALS SAInventor/a DAVID MARIE-PIERRE PAULE

The present invention relates to vaccination against respiratory syncytial virus (RSV), in particular to the use of a vaccine formulation comprising an RSV F fusion protein (RSV F protein) antigen and an adjuvant in methods of prevention of RSV infection and disease in older adults.

34.4539877ALLERGIEIMPFSTOFFE AUF BASIS VON KONSENSALLERGENEN

EP - 23.04.2025

Clasificación Internacional A61K 39/35Nº de solicitud 23734203Solicitante UNIV DANMARKS TEKNISKEInventor/a RIVERA DE TORRE ESPERANZA

The present invention relates to synthetic and/or recombinant consensus allergens and to their use as allergy vaccines in particular in the treatment of peach-cypress allergy, in the form of an allergy vaccine comprising a consensus allergen and/or a nucleic acid sequence encoding such, wherein the consensus allergen comprises at least (60) amino acids and is derived from a consensus sequence of the amino acid sequences of at least five (5) protein allergens, and wherein said protein allergens share at least 20% amino acid sequence identity.

35.3013993CANCER RNA-VACCINE

ES - 16.04.2025

Clasificación Internacional A61K 39/00Nº de solicitud 18181544Solicitante CureVac SEInventor/a Fotin-Mleczek, Mariola

36.WO/2025/083199NEW RECOMBINANT PPRV USED AS THERAPEUTIC VACCINE

WO - 24.04.2025

Clasificación Internacional A61K 39/12Nº de solicitud PCT/EP2024/079481Solicitante CENTRE DE COOPERATION INTERNATIONALE EN RECHERCHE AGRONOMIQUE POUR LE DEVELOPPEMENT (CIRAD)Inventor/a SERVAN DE ALMEIDA, Renata

the present invention provides a recombinant attenuated peste des petits ruminants virus (PPRV) derived from the Nigeria 75/1 strain, comprising: (i) a sequence capable of being transcribed into a siRNA directed against a first region of the mRNA of the N gene; and (ii)a mutant N gene comprising a mutation conferring resistance to the said siRNA, the mutation being located in the first region of the N gene.

37.WO/2025/084759KRAS IMMUNOGENIC PEPTIDES

WO - 24.04.2025

Clasificación Internacional C07K 14/47Nº de solicitud PCT/KR2024/015633Solicitante ASTON SCIENCE INC.Inventor/a JUNG, Hun

The present invention relates to a KRAS immunogenic peptide and a use thereof. The KRAS immunogenic peptide according to the present invention selectively binds to MHC class II in a preferential mode to selectively enhance the immunogenicity of specific immune cells capable of killing cancer cells and thus can

be advantageously used as an excellent cancer vaccine for the prevention and/or treatment of cancer by minimizing the immune escape mechanism of cancer cells.

38. WO/2025/080539 ADOPTIVE MACROPHAGES AS CANCER VACCINES

WO - 17.04.2025

Clasificación Internacional A61K 39/00Nº de solicitud PCT/US2024/050307 Solicitante PRESIDENT AND FELLOWS OF HARVARD COLLEGE Inventor/a MITRAGOTRI, Samir

The technology described herein is directed to methods and compositions for activating T cells, e.g., for use as a cancer vaccine. Said composition includes at least macrophage, at least one cancer antigen. The composition also may include at least one of LPS, GM-CSF, TNF-alpha, IL1beta, IFN-alpha, CD40 agonist, poly (I:C), resiquimod, and/or IFN-gamma.

39. 4536815 STAMMZELLENZUSAMMENSETZUNGEN ZUR KULTIVIERUNG VON CORONAVIREN UND VERFAHREN ZUR HERSTELLUNG UND VERWENDUNG DAVON

EP - 16.04.2025

Clasificación Internacional C12N 7/00Nº de solicitud 23819289 Solicitante CENTRE FOR TRANSLATIONAL STEM CELL BIOLOGY LTD Inventor/a RUAN DEGONG

Disclosed are methods for culturing coronavirus particles in early syncytiotrophoblasts (eSTBs). The derived eSTBs are mononucleated or bi-nucleated cells with high ACE2 expression and are not multi-nucleated or mature cells. The methods can also include assessing the eSTBs for coronavirus susceptible markers. Also disclosed are compositions and methods (i) for inducing the differentiation of eSTBs and mature STBs from trophoblast stem cells (TSCs), (ii) for inducing the differentiation of TSCs from EPSCs, primed and naïve stem cells, pre-implantation embryos, placental stem cells, and iPSCs, and (ii) for producing TSCs by reprogramming non-trophoblast cells. The disclosed compositions and methods can be used for producing large quantities of coronavirus particles, including human, non-human, and variant coronavirus particles for virus production, the vaccine industry, disease modeling studies, screening and evaluation of antiviral reagents, compound candidates, testing kits, and evaluation of clinical therapies.

40. 20250121052 SARS-COV-2 VACCINES

US - 17.04.2025

Clasificación Internacional A61K 39/215Nº de solicitud 18658552 Solicitante Gritstone bio, Inc. Inventor/a Leonid Gitlin

Disclosed herein are vaccine compositions that include SARS-CoV-2 MHC epitope-encoding cassettes and/or full-length SARS-CoV-2 proteins. Also disclosed are nucleotides, cells, and methods associated with the compositions including their use as vaccines.

41. 4537838 NEUES CRS-FRAGMENTPEPTID MIT IMMUNPOTENZIERENDER WIRKUNG UND VERWENDUNG DAVON

EP - 16.04.2025

Clasificación Internacional A61K 38/53Nº de solicitud 23820132 Solicitante ZYMEDI CO LTD Inventor/a CHO SEONGMIN

The present invention relates to a novel CRS fragment peptide with immune-enhancing activity and its uses, more specifically to a novel peptide consisting of the amino acid sequence of SEQ ID NO:2 or an amino acid sequence having 95% or more sequence homology thereto, and its use as a **vaccine** adjuvant, an anticancer agent, and an antiviral composition. The peptide disclosed in the present invention is a CRS fragment disclosed for the first time in this specification, exhibiting anticancer activity, immune function enhancement, and antiviral activity.

42. 4541806 MODIFIZIERTES CORONAVIRUS-SPIKE-ANTIGENPROTEIN UND VERWENDUNGEN DAVON

EP - 23.04.2025

Clasificación Internacional C07K 14/005Nº de solicitud 23824257 Solicitante UIF UNIV INDUSTRY FOUNDATION YONSEI UNIV Inventor/a OH JONG-WON

One aspect relates to a modified coronavirus spike antigen protein and uses thereof. It was confirmed that a spike antigen protein of coronavirus, according to one aspect, exhibited suppression of cell membrane fusion ability and improvement in safety by modifying two protein cleavage sites present in a coronavirus spike protein of the coronavirus. In addition, inoculation with a **vaccine** using said antigen protein induces the production of a large amount of neutralizing antibodies to inhibit the invasion of the coronavirus into cells, thereby suppressing viral proliferation. Accordingly, the present invention can be used in various industries and markets, such as prevention of coronavirus infection, alleviation and treatment of symptoms, infection diagnosis, etc.

43. 4542559 AEROSOLVERABREICHUNGSVORRICHTUNG

EP - 23.04.2025

Clasificación Internacional G16H 20/13Nº de solicitud 25161592 Solicitante STAMFORD DEVICES LTD Inventor/a POWER JOHN

A dispensing apparatus (100) is for use by users to take a chamber (110), fill the chamber with an aerosolized **vaccine** or other medicament (104), and dispose of used chambers (120). A display (103) provides instructions to encourage prompt inhalation by the user from a dispensed and filled chamber. The apparatus allows very fast administration of vaccines to large numbers of people. The aerosol dispenser apparatus detects the chamber is in correct position and delivers a predetermined dose of aerosol. Once the dose is delivered a visual and/or audible indicator informs the user that the chamber is filled and that they can take the inhalation. The single dose aerosol chamber (110) is optimized for efficient administration of an aerosol.

44. 4536681 VIRALE PEPTIDE UND VERWENDUNGEN DAVON

EP - 16.04.2025

Clasificación Internacional C07K 7/00Nº de solicitud 23744609 Solicitante REGENERON PHARMA Inventor/a CHOY AUGUSTINE

The present disclosure provides isolated peptides derived from hepatitis B virus (HBV), peptide-based molecules (e.g., peptide-MHC (pMHC) complexes), polynucleotides and vectors encoding the peptides or

peptide-based molecules, pharmaceutical compositions (e.g., vaccine compositions), and their use for treatment or prevention of HBV infection and/or HBV-induced diseases. The present disclosure also provides binding moieties that bind to the peptides or peptide-based molecules disclosed herein, and their use for treatment or prevention of HBV infection and/or HBV-induced diseases. The present disclosure further provides methods and systems for identifying immunogenic virus-derived peptides.

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