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VacCiencia es una publicación dirigida a investigadores y especialistas dedicados a la vacunología y temas afines, con el ojetivo 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.

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- Patentes más recientes en Patentscope sobre vacunas.

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Universal Vaccine Platform for Pandemic-Prone Viruses Announced

May 1. The U.S. Department of Health and Human Services (HHS) and the National Institutes of Health (NIH) today announced the development of the next-generation, universal vaccine platform, Generation Gold Standard.

"Generation Gold Standard uses a beta-propiolactone inactivated, whole-virus platform"

This innovation uses a beta-propiolactone (BPL)-inactivated, whole-virus platform.

Announced on May 1, 2025, the U.S. government says this initiative represents a decisive shift toward transparency, effectiveness, and comprehensive preparedness, funding the NIH's in-house development of universal influenza and coronavirus vaccines, including candidates BPL-1357 and BPL-24910.

These vaccines aim to provide broad-spectrum protection against multiple strains of pandemic-prone viruses, including H5N1 avian influenza and coronaviruses such as SARS-CoV-2, SARS-CoV-1, and MERS-CoV.

"Our commitment is clear: every innovation in vaccine development must be grounded in gold standard science and transparency, and subjected to the highest standards of safety and efficacy testing," said HHS Secretary Robert F. Kennedy, Jr.

Generation Gold Standard, developed exclusively by NIH's National Institute of Allergy and Infectious Diseases:

Recalibrates America's pandemic preparedness. Unlike traditional vaccines that target specific strains, BPL-inactivated whole-virus vaccines preserve the virus's structural integrity while eliminating infectivity.

This approach induces robust B and T cell immune responses and offers long-lasting protection across diverse viral families. Moreover, the intranasal formulation of BPL-1357 is currently in Phase Ib and II/III trials and is designed to block virus transmission—an innovation absent from current flu and COVID-19 vaccines.

Embodies efficient, transparent, and government-led research. The BPL platform is fully government-owned and NIH-developed. This approach ensures radical transparency, public accountability, and freedom from commercial conflicts of interest.

Marks the future of vaccine development. In addition to influenza and coronavirus, the BPL platform is adaptable for future use against respiratory syncytial virus, metapneumovirus, and parainfluenza.

It also offers the unprecedented capability to protect against avian influenza without inducing antigenic drift, a major step forward in proactive pandemic prevention.

"Generation Gold Standard is a paradigm shift," added NIH Director Dr. Jay Bhattacharya. "It extends vaccine protection beyond strain-specific limits and prepares for flu viral threats – not just today's, but tomorrow's as well – using traditional vaccine technology brought into the 21st century."

Clinical trials for universal influenza vaccines are scheduled to begin in 2026, with FDA approval targeted for 2029. The intranasal BPL-1357 flu vaccine, currently in advanced trials, is also on track for FDA review by 2029.

Fuente: VAX BEFORE TRAVEL. Disponible en https://n9.cl/ely72

¿Por qué los planes de EE.UU. sobre las vacunas contra el COVID podrían afectar a la población?

2 may. El Gobierno estadounidense anunció que alista una serie de estrategias para exigir que todas las vacunas, incluidas las del COVID-19, se prueben contra placebos, así como el desarrollo de dosis sin la técnica de ARN mensajero (ARNm), que acelera la obtención de estos productos.

Esta medida, que es fuertemente respaldada por el secretario de Salud, Robert F. Kennedy Jr., podría plantear una seria duda sobre qué pasará con los refuerzos contra el coronavirus en los últimos meses del año, destaca el diario estadounidense The New York Times (NYT).

"Tanto las vacunas contra la gripe como los refuerzos de COVID han sido autorizados sin ensayos extensos en humanos para atacar nuevas cepas del virus a medida que ha evolucionado", precisa.

"Un portavoz del Departamento de Salud y Servicios Humanos (HHS, por sus siglas en inglés) calificó el requisito de las pruebas de placebo como 'una desviación radical' de los estándares existentes. Pero eso dependerá de cómo el departamento defina 'nueva', porque la mayoría de las vacunas nuevas ya se han probado contra placebos (sustancias inertes) o, en algunos casos, contra [dosis] para otras enfermedades", refiere.

Asimismo, el periódico recuerda que Kennedy siempre ha cuestionado el empleo de ARNm para las vacunas, llegando a asegurar que "no funcionan en lo absoluto".

"El activismo de Kennedy en los últimos años incluyó solicitar a la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) que retirara la vacuna contra el COVID del mercado en 2021, durante una fase mortal de la pandemia. También instó [a la misma dependencia] a no autorizar las vacunas contra [el coronavirus] para los niños", pondera.

A esto se suma que el secretario de Salud de EEUU afirma que las inyecciones pueden causar que una persona tenga un trastorno del espectro autista, lo cual ha sido rechazado por las organizaciones sanitarias.

El doctor Jesse Goodman, exfuncionario de la FDA y médico de enfermedades infecciosas de la Universidad de Georgetown, indica ante el NYT que los planes de Kennedy Jr. podrían afectar la confianza de la población respecto a las vacunas.

"Las preguntas nunca me molestan, pero es realmente preocupante cuando parece que [las autoridades] son tan omnipresentes y tan constantes que siembran una gran cantidad de dudas, no solo sobre una cosa, sino sobre todo", acota.

Goodman hace referencia a que el anuncio de las autoridades sanitarias de EEUU muestra un mayor uso de su poder, especialmente de su titular, no solo al frente de la dependencia, sino para la toma de decisiones que corresponden a la comunidad científica, especialmente a la FDA.

A mediados de 2024, un brote mundial de COVID-19 puso nuevamente en alerta a los servicios de salud.

Frente a ello, la revista Science señaló que si bien la población posee una mayor inmunidad gracias a la inoculación de las vacunas y repetidas infecciones desde la aparición de la enfermedad a comienzos de 2020, el coronavirus aún no ha perdido la capacidad de causar brotes importantes y matar a miles de personas alrededor del mundo.

Fuente: CubaSí. Disponible en https://n9.cl/sr5pn

La Senacyt y la OPS establecen alianza para el fortalecimiento de la investigación y la innovación en salud pública

2 may. La Secretaría Nacional de Ciencia, Tecnología e Innovación (Senacyt) y la Organización Panamericana de la Salud (OPS) suscribieron un Acuerdo Marco de Cooperación Técnica este 30 de abril de 2025 para el fortalecimiento de la investigación, el desarrollo y la innovación en el ámbito de la salud pública, la biomedicina y la biotecnología en la región.

A través de este Acuerdo Marco se coordinarán acciones y esfuerzos entre la Senacyt y la OPS para fortalecer la investigación científica, el desarrollo y producción de vacunas, así como la preparación y respuesta ante pandemias.

"Ambas partes buscan impulsar la innovación en salud pública, mejorar la vigilancia epidemiológica, capacitar a profesionales en biotecnología y salud, y fomentar el acceso equitativo a vacunas mediante la cooperación regional y el uso de nuevas tecnologías", detalla el documento firmado por el Dr. Jarbas Barbosa, director de la OPS, y el Dr. Eduardo Ortega Barría, secretario nacional de la Senacyt.

"Vivimos en un mundo cada vez más interconectado, donde los desafíos sanitarios trascienden fronteras y requieren respuestas conjuntas, sostenidas y basadas en la evidencia científica. La reciente pandemia de COVID-19 nos dejó lecciones profundas y urgentes; y en este contexto, el presente acuerdo cobra especial relevancia. A través de esta colaboración, la Senacyt y la OPS trabajarán de manera coordinada para promover la generación de conocimiento científico, impulsar la formación de talento humano altamente calificado y fomentar proyectos estratégicos que atiendan prioridades concretas de nuestra región", expresó el Dr. Ortega Barría.

"La pandemia mostró la importancia de diversificar geográficamente la producción de tecnologías de la salud para garantizar un acceso equitativo en las Américas. En la OPS, reconocemos que la investigación y la innovación son cruciales para lograr esto. Esta colaboración no solo fortalecerá nuestra preparación y respuesta ante futuras emergencias, sino que también facilitará el acceso a los frutos de la investigación, construyendo sistemas de salud más resilientes e innovadores para todas las personas en las Américas", resaltó el Dr. Barbosa, director de la OPS.

La OPS, establecida en 1902, es la organización internacional de salud pública más antigua del mundo. Trabaja con sus países miembros para mejorar la salud y la calidad de vida de los pueblos de las Américas. Actúa como la Oficina Regional de la OMS para las Américas.

Fuente: Senacyt. Disponible en https://n9.cl/arajj

La OPS inaugura Centro de Operaciones de Emergencia en Barbados para fortalecer la seguridad sanitaria en el Caribe

2 may. La Organización Panamericana de la Salud (OPS) inauguró oficialmente el Centro de Operaciones de Emergencia (COE) Carissa F. Etienne en su oficina de Barbados, una instalación de vanguardia diseñada para coordinar la preparación y respuesta ante emergencias sanitarias en Barbados, el Caribe Oriental y el resto del Caribe.

"Este COE representa un compromiso compartido con la preparación, la resiliencia y la salvaguardia de la salud y el bienestar de los pueblos del Caribe", dijo el doctor Jarbas Barbosa, Director de la OPS, a través de un mensaje de video en la inauguración.

"Es un tributo vivo a la visión de la Directora Emérita de la OPS, doctora Carissa Etienne, y a su inquebrantable dedicación a la salud pública en las Américas".

La creación del COE responde a la vulnerabilidad de la región frente a emergencias de diversos orígenes, como huracanes y tormentas, erupciones volcánicas, terremotos, brotes epidémicos y pandemias. Eventos como los huracanes María (2017), Irma (2017), Dorian (2019) y Beryl (2024), la erupción del volcán La Soufrière en San Vicente (2021) y la pandemia de COVID-19 han puesto de relieve la necesidad de mejorar la coordinación y las capacidades de respuesta rápida.

"La pandemia de COVID-19 nos enseñó que la preparación no puede esperar", subrayó el doctor Barbosa. "Con este Centro ya operativo, y justo a tiempo para la temporada de huracanes de 2025, estamos mejor equipados que nunca para actuar con rapidez, salvar vidas y construir un futuro más resiliente".

"Barbados, al igual que muchos otros países del Caribe, mantiene una larga e invaluable relación con la OPS en el ámbito de la respuesta a emergencias", dijo el doctor Jerome Walcott, Ministro de Salud y Bienestar de Barbados, al celebrar la creación del COE. "A medida que los efectos de la crisis climática y los fenómenos de múltiples riesgos se vuelven más frecuentes y complejos, se requiere una respuesta más amplia y coordinada", agregó.

El COE, que presta servicio a 13 países y territorios que enfrentan un alto nivel de vulnerabilidad a múltiples riesgos, mejora la capacidad de la OPS para dar respuestas rápidas y equitativas. Ubicado en Barbados, el COE actúa como un centro para el Equipo Subregional de Emergencias Sanitarias de la OPS, colaborando con el COE Regional de la OPS y con socios como los Ministerios de Salud y las Naciones Unidas.

El COE está diseñado para abordar estos desafíos más cerca del lugar de donde ocurren, proporcionando apoyo operativo, gestión de la información, asignación de recursos y despliegue de capacidad de respuesta durante las emergencias.

En situaciones no relacionadas con desastres, el COE monitoreará e identificará las crisis de salud emergentes, fortalecerá la vigilancia integrada basada en eventos y servirá como una plataforma para el desarrollo de capacidades y la preparación operativa. También facilitará ejercicios de simulación para garantizar la preparación ante diversas emergencias en salud.

"Este Centro de Operaciones de Emergencia es una inversión crucial y oportuna para la seguridad sanitaria de la región. Refuerza nuestra capacidad colectiva para coordinar respuestas rápidas, monitorear las amenazas emergentes en tiempo real y proporcionar apoyo oportuno y vital a los Ministerios de Salud y a los socios clave en Barbados, el Caribe Oriental y, por extensión, el Caribe", dijo el doctor Barbosa.

El liderazgo de Barbados en salud pública lo convirtió en el anfitrión ideal. "Elogiamos a Barbados por su ejemplar solidaridad, ofreciendo constantemente su experiencia y recursos a sus vecinos", señaló el doctor Barbosa. "Este Centro no se trata simplemente de una infraestructura: se trata de personas, sistemas y alianzas que cobran vida gracias a quienes trabajan en él y colaboran con él a lo largo del Caribe".

El COE Carissa F. Etienne ya está en funcionamiento y listo para apoyar las respuestas a emergencias en salud en todo el Caribe, garantizando que la región esté mejor equipada para actuar de manera rápida y efectiva ante las crisis sanitarias.

Fuente: Reliefweb. Disponible en https://n9.cl/rngxy

Estrecha BioCubafarma cooperación con municipio brasileño

3 may. Un encuentro entre directivos de BioCubafarma y una delegación del municipio de Maricá, en Brasil, estrecha hoy la cooperación entre ambas partes en el sector biotecnológico y farmacéutico.

En el intercambio, realizado en La Habana, se abordaron aspectos estratégicos de la colaboración bilateral en curso, informó en X BioCubafarma.

De acuerdo con la información, se hizo énfasis en la transferencia de tecnologías, la exportación de productos biofarmacéuticos cubanos y las posibilidades de proyectos de investigación conjunta.

Asimismo, la Alcaldía y el Instituto de Tecnología de Innovación de Maricá firmaron acuerdos con el Centro de Ingeniería Genética y Biotecnología (CIGB) y el Instituto Finlay de Vacunas.

En X, el CIGB calificó de histórico este convenio, con el cual se producirán en el gigante sudamericano medicamentos innovadores como el Heberprot P y vacunas.

Esto será, añade la información, mediante una "empresa mixta que combina tecnología cubana y capacidad industrial brasileña, lo cual refuerza la cooperación Sur-Sur en salud pública".

Maricá es un municipio ubicado en el estado de Río de Janeiro, con un área de 360,5 kilómetros cuadrados y población de unos 127 mil habitantes.

Fuente: CubaSí. Disponible en https://n9.cl/rbtgs

Elegir vacunarse en el brazo izquierdo o en el derecho tiene relevancia en la respuesta inmunitaria

4 may. Recibir una vacuna de refuerzo en el mismo brazo que la primera dosis puede generar una respuesta inmunitaria más eficaz con mayor rapidez, según un estudio dirigido por el Instituto Garvan de Investigación Médica y el Instituto Kirby de la UNSW Sidney (Australia) y publicado en la revista Cell. Este trabajo ofrece nuevos conocimientos que podrían ayudar a mejorar las futuras estrategias de vacunación.

Los investigadores descubrieron que, al administrar una vacuna, las células inmunitarias especializadas, llamadas macrófagos, se preparan dentro de los ganglios linfáticos. Estos macrófagos dirigen la ubicación de los linfocitos B de memoria para que respondan con mayor eficacia a la dosis de refuerzo cuando se administran en el mismo brazo. Los hallazgos, realizados en ratones y validados en participantes humanos, proporcionan evidencia para refinar los enfoques de vacunación y ofrecen un nuevo enfoque prometedor para mejorar la efectividad de la vacuna.

"Este es un descubrimiento fundamental sobre cómo el sistema inmunológico se organiza para responder mejor a las amenazas externas: la naturaleza ha creado este brillante sistema y apenas ahora estamos empezando a comprenderlo", afirma el profesor Tri Phan, director del Programa de Inmunología de Precisión en Garvan y coautor principal.

El profesor de Scientia, Anthony Kelleher, director del Instituto Kirby y coautor principal, añade: "Un aspecto único y elegante de este estudio es la capacidad del equipo para comprender la rápida generación de respuestas eficaces a las vacunas. Logramos esto analizando la compleja biología en ratones y luego mostramos hallazgos similares en humanos. Todo esto se realizó en el lugar donde se genera la respuesta a la vacuna: el ganglio linfático".

La inmunización introduce en el organismo una versión inocua de un patógeno, conocida como antígeno de la vacuna, que se filtra a través de los ganglios linfáticos, centros de entrenamiento inmunitario que preparan al organismo para combatir el patógeno real. Los investigadores descubrieron previamente que las células B de memoria, cruciales para generar respuestas de anticuerpos cuando las infecciones reaparecen, permanecen en el ganglio linfático más cercano al lugar de la inyección.

Utilizando imágenes intravitales de vanguardia en Garvan, el equipo descubrió que las células B de memoria migran a la capa externa del ganglio linfático local, donde interactúan estrechamente con los macrófagos que residen allí. Al administrar una dosis de refuerzo en la misma zona, estos macrófagos 'preparados', ya en alerta, capturaron eficazmente el antígeno y activaron las células B de memoria para producir anticuerpos de alta calidad.

Se sabe que los macrófagos devoran patógenos y eliminan las células muertas, pero esta investigación sugiere que los de los ganglios linfáticos más cercanos al punto de inyección también desempeñan un papel fundamental en la orquestación de una respuesta vacunal eficaz la próxima vez. Por lo tanto, la ubicación sí importa, destaca el doctor Rama Dhenni, coautor principal del estudio, quien realizó la investigación como parte de su programa de doctorado Scientia en Garvan.

Para determinar la relevancia de los resultados en animales para las vacunas humanas, el equipo del Instituto Kirby realizó un estudio clínico con 30 voluntarios que recibieron la vacuna de ARNm contra la Covid -19 de Pfizer-BioNTech. Veinte participantes recibieron la dosis de refuerzo en el mismo grupo que la primera, mientras que 10 recibieron la segunda dosis en el grupo opuesto. "Quienes recibieron ambas dosis en el mismo grupo produjeron anticuerpos neutralizantes contra el SARS-CoV-2 significativamente más rápido, durante la primera semana después de la segunda dosis", apunta Alexandra Carey-Hoppé, coautora principal y estudiante de doctorado del Instituto Kirby.

"Estos anticuerpos del mismo grupo también fueron más eficaces contra variantes como Delta y Ómicron. A las cuatro semanas, ambos grupos presentaban niveles de anticuerpos similares, pero esa protección temprana podría ser crucial durante un brote", agrega Mee Ling Munier, coautora principal y líder del grupo de Inmunogenómica de Vacunas del Instituto Kirby.

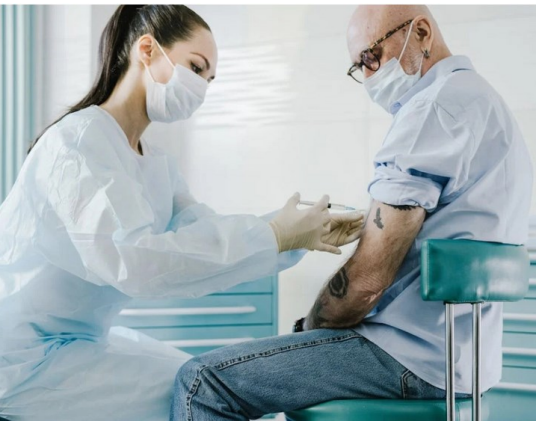
No obstante, la investigación demuestra que, con el tiempo, la diferencia en la protección disminuye. Aunque durante una pandemia, esas primeras semanas de protección podrían marcar una enorme diferencia a nivel poblacional. La estrategia de vacunación en el mismo brazo podría ayudar a alcanzar la inmunidad de grupo más rápidamente, lo cual es especialmente importante para virus de mutación rápida, donde la velocidad de respuesta es crucial.

Fuente: 20minutos Salud. Disponible en https://n9.cl/owbl5

CE aprueba una vacuna contra el neumococo en adultos mayores

May 5. La enfermedad neumocócica es una infección causada por una bacteria llamada *Streptococcus pneumoniae*. Hay alrededor de 100 tipos diferentes (conocidos como serotipos) de bacterias neumocócicas. Pueden afectar a los adultos de manera diferente que a los niños. La enfermedad neumocócica puede ser invasiva o no invasiva. Las enfermedades neumocócicas no invasivas incluyen la neumonía, es decir, cuando la enfermedad neumocócica se limita a los pulmones. Mientras que las enfermedades neumocócicas invasivas incluyen la bacteriemia neumocócica, neumonía neumocócica bacteriemia y meningitis neumocócica. La neumonía neumocócica es un tipo de neumonía bacteriana, que es la presentación clínica más común de la enfermedad neumocócica en adultos.

"La Agencia Europea de Medicamentos (EMA) le dio vía libre a la vacuna 21V1415, de la farmacéutica MSD, contra el neumococo en adultos mayores."



En estos días, la Agencia Europea de Medicamentos (EMA) aprobó 21V1415, la nueva vacuna conjugada contra el neumococo de Merck (MSD en Europa). Está indicada para la protección de adultos mayores. Esta aprobación representa un hito importante en la prevención de enfermedades neumocócicas invasivas, un problema creciente a nivel global. 21V1415 incluye 21 serotipos de neumococo, responsables de una parte significativa de los casos graves en adultos y ofrece una cobertura ampliada.

Cómo es la nueva vacuna de MSD contra el neumococo en adultos mayores

MSD, conocido como Merck dentro de los Estados Unidos y Canadá, anunció que la Comisión Europea (CE) ha aprobado la Vacuna Conjugada 21-valente contra el neumococo. Apunta a la inmunización activa para la prevención de enfermedades invasivas y neumonía causadas por *Streptococcus pneumoniae* de distintos serotipos en individuos de 18 años o más. VCN21v es una vacuna neumocócica específicamente diseñada para ayudar a proteger a los adultos de los serotipos responsables de la mayoría de los casos de enfermedad neumocócica invasiva (ENI). La aprobación de la CE de VCN21v se basa en datos de seguridad e inmunogenicidad del programa clínico de Fase 3 STRIDE. Esta decisión autoriza la comercialización de VCN21v en los 27 estados miembros de la Unión Europea (UE), así como Islandia, Liechtenstein y Noruega.

Una amplia cobertura

"La enfermedad neumocócica continúa representando un riesgo significativo para los adultos en Europa. Principalmente los mayores de 65 años, y también entre los adultos más jóvenes que están inmunocomprometidos o tienen condiciones médicas crónicas", explica la doctora Lina Pérez Breva, investigadora de Vacunas, Fisabio - Salud Pública, Valencia, España. "Basado en datos del programa clínico de Fase 3 STRIDE, VCN21v ofrece cobertura contra los serotipos responsables de la mayoría de los casos de enfermedad invasiva en adultos. Esto hace que esta aprobación en la UE sea un paso importante en ayudar a proteger a los adultos de la enfermedad neumocócica", agrega.

"Al centrarnos en los serotipos que han sido responsables de una proporción creciente de casos de enfermedad neumocócica invasiva en adultos, VCN21v nos permite ofrecer una protección específicamente diseñada para adultos", cuenta la doctora Paula Annunziato, vicepresidenta senior de área de enfermedades infecciosas y vacunas, Desarrollo Clínico Global, Laboratorios de Investigación de MSD.

"Estamos orgullosos de traer VCN21v a los adultos en Europa que pueden beneficiarse de su amplia protección y estamos ansiosos por seguir trabajando con las autoridades regulatorias para expandir la disponibilidad de VCN21v en todo el mundo", completa.

Acerca de VCN21v

VCN21v es la vacuna conjugada neumocócica 21-valente aprobada por la FDA de MSD. Está indicada para la inmunización activa para la prevención de enfermedades invasivas y neumonía en adultos de 18 años o más. VCN21v está específicamente diseñada para ayudar a abordar los serotipos de *Streptococcus pneumoniae* predominantemente responsables de la enfermedad neumocócica invasiva (ENI) en adultos. Incluyendo ocho serotipos únicos, 15A, 15C, 16F, 23A, 23B, 24F, 31 y 35B en comparación con otras vacunas neumocócicas. VCN21v se administra en una sola dosis.

Para conocer más sobre vacunación en adultos mayores se puede consultar el sitio web de la Asociación Española de Vacunología https://vacunas.org/actualidad/

Fuente: INFOPERIODISTAS. Disponible en https://n9.cl/mi79v

Entre la evidencia y el miedo: el dilema actual de las vacunas

5 may. En el siglo XVIII, la viruela arrasaba poblaciones enteras y dejaba a su paso la muerte. Los registros históricos nos muestran cómo la viruela dejó ciudades enteras sin vida. Fue entonces que Edward Jenner observó algo simple pero profundo: las mujeres ordeñadoras que habían contraído viruela bovina no enfermaban de viruela humana. Así, en 1796, inoculó a un niño con material de una pústula de viruela vacuna.

Ese pequeño acto, que hoy parecería impensable fuera de un laboratorio, cambió la historia de la humanidad. Gracias a esa primera vacuna, la viruela fue erradicada del mundo en 1980, según declaró la Organización Mundial de la Salud (OMS). ¿La clave? Una estrategia de vacunación global, gratuita y solidaria.

"La salud pública es un campo donde la confianza pesa tanto como la técnica. Y cuando las figuras políticas se permiten opinar sin evidencia, erosionan esa confianza. No todo lo que se dice en redes sociales merece réplica, no todo lo que aparece en el internet es cierto. No todo lo que se grita con fuerza tiene sustento."

Hoy, las vacunas previenen entre 3,5 y 5 millones de muertes cada año en el mundo, según datos recientes de la OMS (2023). Son una de las intervenciones de salud pública más costo-efectivas de la historia. Sin embargo, en pleno siglo XXI, nos enfrentamos a un enemigo menos visible pero igualmente peligroso: la desinformación.

En Chile, el Ministerio de Salud ha logrado históricamente mantener altas coberturas de vacunación infantil, superando el 95% en vacunas claves como la BCG, Hepatitis B, Hexavalente y Neumocócica, según el último informe preliminar del PNI 2023. Esta sólida política pública ha permitido reducir drásticamente enfermedades como el sarampión, la tos convulsiva y la difteria. Sin embargo, preocupan coberturas más bajas, como la segunda dosis de la vacuna SRP (Sarampión, Rubéola, Parotiditis), que solo alcanzó un 72%, dejando espacios vulnerables en la protección colectiva. Estas cifras, aunque en general alentadoras, se ven amenazadas por discursos como que "las vacunas contienen metales pesados peligrosos", lo que científicamente está comprobado que no es cierto. Lo peligroso no son las vacunas sino la desinformación.

Los movimientos antivacunas no representan una mera opinión alternativa. La OMS los ha catalogado como una de las 10 principales amenazas a la salud global. Porque cada niño no vacunado es una puerta abierta a la reemergencia de enfermedades ya erradicadas o controladas. Basta con mirar el rebrote de sarampión en

Europa en 2023-2024: en la Unión Europea se han notificado 127.350 casos de sarampión en 2024. De la misma forma es lo que ha ocurrido con el poliovirus en países donde ya había sido eliminado. En efecto, en Chile no tenemos casos de polio desde 1975.

Desde la enfermería, quienes aplican cada dosis, explican cada efecto adverso, escuchan cada duda. Son el puente entre la evidencia científica y la comunidad. Y son también, muchas veces, el muro de contención frente al miedo que provocan las noticias falsas. Porque el daño de la desinformación no solo es cognitivo: es social, es estructural, y afecta especialmente a quienes menos acceso tienen a fuentes confiables. Existe un rol relevante en todos los profesionales de salud con respecto a la educación a la población en esta era de la información.

La salud pública es un campo donde la confianza pesa tanto como la técnica. Y cuando las figuras políticas se permiten opinar sin evidencia, erosionan esa confianza. No todo lo que se dice en redes sociales merece réplica, no todo lo que aparece en el internet es cierto. No todo lo que se grita con fuerza tiene sustento. Invito a la ciudadanía a preguntarse: ¿quién gana con el miedo? ¿A quién le sirve que desconfiemos del sistema de salud o de la salud pública? ¿Por qué hay quienes prefieren que pongamos en duda lo que ha salvado millones de vidas?

En tiempos de incertidumbre, la memoria histórica es una brújula. Pensemos en el miedo de contagiarse con viruela que tuvieron nuestros antepasados o lo que significa vivir con miedo al tétanos o al sarampión. Y defendamos, con la misma fuerza con la que defendemos los derechos humanos, el derecho a una salud basada en ciencia, equidad y verdad.

Porque las vacunas no solo salvan vidas. Nos recuerdan que, en salud pública, nadie se salva solo.

Fuente: EL DÍNAMO. Disponible en https://n9.cl/8jecg

Primero el coronarivus y ahora el cáncer: la tecnología empleada para las nuevas vacunas oncológicas

6 may. Lo que normalmente lleva 10 años, se hizo en 10 meses. La necesidad urgente de una vacuna durante la pandemia del coronavirus empujó a cientos de científicos de todo el mundo a buscar una solución en tiempo récord. Además de los millones invertidos y una colaboración global sin precedentes, otro factor fue clave: la tecnología de ARN mensajero (ARNm).

Auxiliares de laboratorio de BioNtech simulan la producción de la vacuna contra la COVID-19 en la nueva planta de producción de Marburgo. ©picture alliance (dpa/picture alliance via Getty I)

Esta molécula porta las instrucciones para crear una proteína específica o un trozo de virus y, una vez se introduce en la célula, la maquinaria celular la lee y empieza producir la proteína o pedazo de virus deseado. Con la COVID-19, las instrucciones permiten fabricar la proteína de la espícula del virus, que será localizada y atacada por el sistema inmune. Ante el enorme potencial de esta tecnología, las empresas BioNTech y Moderna acordaron una colaboración con el Servicio Nacional de Salud del Reino Unido (NHS) para desarrollar con este método una vacuna contra el cáncer. Miles de personas ya participan en ensayos clínicos alrededor del mundo, y se espera que las pruebas se acepten a principios de 2026.

“En lugar de darte directamente una parte del virus, esta tecnología te entrega un modelo —un blueprint, borrador español— en forma de ARN con las instrucciones de cómo se ve la anormalidad. Es como un perro rastreador en un aeropuerto: le das una muestra para que sepa qué buscar”, explica el oncólogo Lennard Lee, quien dirige el proyecto en el NHS y dirige el Instituto Tecnológico Ellison de Oxford.

Lee protegió a miles de pacientes con cáncer al demostrar que podían seguir recibiendo quimioterapia durante la pandemia. En 2020, se descubrió el potencial del método de ARNm: “Permitía modificar la vacuna rápidamente para protegerte contra distintas variantes del virus, como la Alfa, Beta u Ómicron. La mayor parte de la vacuna seguía siendo la misma, solo cambiabas la instrucción de cómo se ve”.

Al terminar la pandemia, las empresas desarrolladoras de la inmunidad empezaron a pensar en alternativas para reencauzar su inversión. El foco lo pusieron en el cáncer, del que se prevé un aumento del 47% en los casos durante las próximas dos décadas, según la Organización Panamericana de la Salud. La misma institución registró 10 millones de muertes por esta enfermedad en 2022 en todo el mundo.

Reino Unido se mostró como una buena opción para asentar el proyecto por los rápidos ensayos clínicos que realizó durante la pandemia, gracias a sus frigoríficos e instalaciones de fabricación a gran escala. Así, ha firmado un acuerdo con BioNTech para proporcionar a 10.000 pacientes acceso a tratamientos personalizados contra el cáncer hasta 2030. Y con Moderna ha acorado una inversión de 10 años para construir un centro de innovación y tecnología con capacidad para producir hasta 250 millones de vacunas.

Genética, IA y ARNm

Para lograr la nueva vacuna contra el cáncer, convergen los avances en tres áreas: la tecnología de vacunas, la secuenciación genética y la inteligencia artificial. Gracias a la segunda, se puede analizar cada par de bases —los “peldaños” que forman la escalera característica del ADN— del cáncer, identificar cuáles son las anormalidades e incorporarlas en la dosis. Y la inteligencia artificial, por ejemplo, permite analizar rápidamente cuáles de entre las 1.000 y 10.000 mutaciones o anormalidades que llega a tener cada cáncer pueden ser reconocidas por el sistema inmunológico.

“El primer paso es extraer el tumor del paciente y realizarle una secuenciación genética. Después, se introduce esa información en un algoritmo informático de inteligencia artificial, que analiza cuáles son las mutaciones del cáncer que el sistema inmunológico puede reconocer. El tercer paso es fabricar una vacuna personalizada para esa persona y, finalmente, administrársela”, explica Lee. Cada dosis se crea de manera individual para el cuerpo de cada paciente. Se le hace una biopsia, se secuencia el tejido y se envía a las empresas farmacéuticas para que diseñen una dosis a la medida de su cáncer. Esa preparación no sirve para nadie más.

Una inmunidad individualizada está permitiendo luchar contra cualquier tipo de cáncer: pulmón, páncreas, melanoma, renal, tumores cerebrales, colorrectal o de vejiga. “Las vacunas están pensadas para personas a las que se les ha detectado el cáncer a tiempo y se les ha extirpado. El problema suele ser que, a partir de ahí, viven con la preocupación constante de si el cáncer volverá. Lo que hacen ahora estas vacunas es entrar al sistema inmunológico para que aprenda a reconocer cómo es esa célula de cáncer específica. Así, el propio cuerpo puede vigilar y controlar, y la esperanza es que eso ayude a prevenir una recaída”, apunta el oncólogo.

Ensayos en España

Al ser dosis personalizadas, los ensayos clínicos pueden tardar más de lo normal. Por ello, Lee lanzó a finales de 2022 la Plataforma de Lanzamiento de Vacunas contra el Cáncer para acelerar las pruebas.

Y en enero de este año, junto a varios otros oncólogos británicos, divulgó el primer informe estratégico sobre los avances en vacunas contra el cáncer, publicado por la revista Prisms de Cambridge: Medicina precisa, de la Universidad de Cambridge. Entre otros puntos, el documento recomienda a las naciones contar con una infraestructura de ensayos moderna e involucrar al público en este desarrollo.

El resultado de los esfuerzos ha sido miles de voluntarios que se están sometiendo a pruebas clínicas en la tercera fase, en hospitales de 25 países de cuatro continentes. Entre ellos, España, con seis centros de vacunación repartidos entre Barcelona, Madrid, Málaga y Valencia. A la cabeza está Estados Unidos, con 34 hospitales, muy por delante del segundo, Alemania (12). "La confianza tiene mucho que ver. En 2020, el mundo fue capaz de desarrollar una vacuna en un solo año. Eso cambia la mentalidad. Ahora, la pregunta es: ¿por qué no podemos acelerar también las vacunas contra el cáncer? Se está avanzando a gran velocidad, porque la gente vio que la vacuna en la pandemia funcionó. Es un momento muy emocionante para la ciencia".

Queda esperar los resultados de las pruebas para después obtener el visto bueno de agencias como la FDA o la EMA. Lee proyecta que los ensayos serán aprobados a principios de 2025 y que, durante todo el próximo año, ya se estén usando las vacunas como "una alternativa más ágil que una quimioterapia prolongada". Sin embargo, aclara que no se debe entender como un sustituto de los tratamientos tradicionales, sino como una adición esencial al arsenal de opciones de inmunoterapia.

¿Cómo de accesible y popular será la vacuna contra el cáncer? "Por ahora nadie sabe con certeza cuánto costarán. Por un lado, las vacunas suelen ser baratas de producir. Pero también es cierto que se necesita una infraestructura nacional capaz de hacer secuenciación genómica del tumor, lo que supone un costo adicional", responde el oncólogo británico. El precio final lo determinarán las empresas farmacéuticas una vez que las vacunas sean aprobadas.

Fuente: MSN. Disponible en https://n9.cl/p3hy7

One Dose of the HPV Vaccine Is More Than 97% Effective at Preventing HPV Infection

May 6. One dose of bivalent Cervarix (GlaxoSmithKline, Merck) or 9-valent Gardasil 9 (Merck) human papillomavirus (HPV) offers comparable protection compared with 2 doses, with more than 97% efficacy, according to data from the ESCUDDO trial (NCT03180034). Investigators hope the findings, presented at the 2025 American Association for Cancer Research Annual Meeting, will help improve global HPV vaccine uptake and overcome vaccine hesitancy to reduce cervical cancer incidence and mortality over time.

HPV infection is responsible for 70% of all cervical cancers, as well as HPV precancers, genital warts, throat cancers, penile cancer, and anal cancer. The development of the HPV vaccine revolutionized cancer prevention by creating protection against HPV infection. The first vaccine became available in 2006 with the FDA approval of first-generation Gardasil, which protected against the 4 types of HPV: 6, 11, 16, and 18. In 2014, Gardasil 9 was approved to protect against 9 strains: 6, 11, 16, 18, 31, 33, 45, 52, and 58.

- *The ESCUDDO trial showed that 1 dose of HPV vaccines Cervarix or Gardasil 9 was as effective as 2 doses, with more than 97% efficacy.*
- *HPV vaccines have significantly reduced infection rates and cervical precancers, yet global uptake remains low due to cost and dosing challenges.*

Cervarix was approved by the FDA in 2009 for the prevention of cervical cancer, cervical intraepithelial neoplasia (CIN) grade 2 or worse and adenocarcinoma in situ, and CIN grade 1, caused by oncogenic HPV types 16 and 18, in females aged 9 to 25 years.

"Nearly 20 years ago, these vaccines were licensed, and global uptake in girls is 27% in the target-age population," Aimée Kreimer, PhD, of the National Cancer Institute, said in her presentation. "And this 27% is really a recent jump.... So it's been really slow."

Despite the vaccine's effectiveness, HPV vaccination rates remain low due to high costs and difficulty giving multiple doses. To help overcome cost barriers to widespread HPV vaccination, investigators assessed whether 1 dose of the HPV vaccine was as effective as the recommended 2 doses in a randomized, multiarm trial. They enrolled more than 20,000 girls aged 12 to 16 years residing in Costa Rica. The trial participants were randomly assigned in 2 stages to 1 of 4 arms: 1 dose of the bivalent vaccine, 2 doses of the bivalent vaccine, 1 dose of the nonavalent vaccine, or 2 doses of the nonavalent vaccine.

At enrollment, individuals were first randomly assigned to receive 1 of the 2 study vaccines. At the second visit, participants were randomly assigned to receive either 1 or 2 doses of the relevant HPV vaccine. When the second dose of the vaccine was administered, those who were randomly assigned to the 1-dose arm were given an active control, such as Tdap (tetanus, diphtheria, and acellular pertussis vaccine). The participants were monitored every 6 months for 5 years following immunization to detect antibody titers and ongoing cervical HPV infections, according to dose group and vaccine type.

The primary outcomes measured in Cervarix and Gardasil 9 were the noninferiority of 1 dose compared with 2 and 1 dose compared with no vaccination in each vaccine. The data showed that cumulative event rates of persistent HPV 16 and 18 infection of 6 months or more with either vaccine were not significantly different with 1 or 2 doses.

Health organizations such as the CDC emphasize the vaccine's safety and effectiveness in preventing 90% of HPV infection-related cancers. Due to more widespread vaccination against HPV since 2006, infections decreased by 88% among teen girls and 81% in young adult women. In vaccinated women, the incidence of cervical precancers has dropped by 40%.

"A global single-dose HPV vaccine recommendation should facilitate and accelerate country introductions and vaccine uptake," Kreimer said. "It really is high uptake of HPV vaccines that is going to control these diseases."

Fuente: PHARMACY TIMES. Disponible en https://n9.cl/muyj14

Vacuna "Hecha en Vietnam": Los primeros ladrillos y el sueño de la exportación

6 may. A lo largo de los años, Vietnam ha mejorado continuamente su sistema nacional de vacunación para prevenir epidemias peligrosas. Actualmente existen alrededor de 30 enfermedades infecciosas que se pueden prevenir mediante vacunas.

La historia de las vacunas vietnamitas comenzó en 1962, con el logro de producir la vacuna antipoliomielítica viva atenuada Sabin. Este es el resultado de la ayuda de expertos de la ex Unión Soviética y de los esfuerzos del profesor Hoang Thuy Nguyen, ex director del Instituto Central de Higiene y Epidemiología.

En tiempos de guerra y malas condiciones médicas, la producción nacional de vacunas es un avance que salva las vidas de miles de niños cada año.

Entre 1959-1960, Vietnam tuvo un gran brote de polio en las provincias del norte, 17.000 personas enfermaron y 500 murieron, con una tasa de incidencia de más de 126/100.000 personas. Gracias a las vacunas apoyadas por la (ex) Unión Soviética, la tasa de polio descendió a 3,09/100.000 personas.

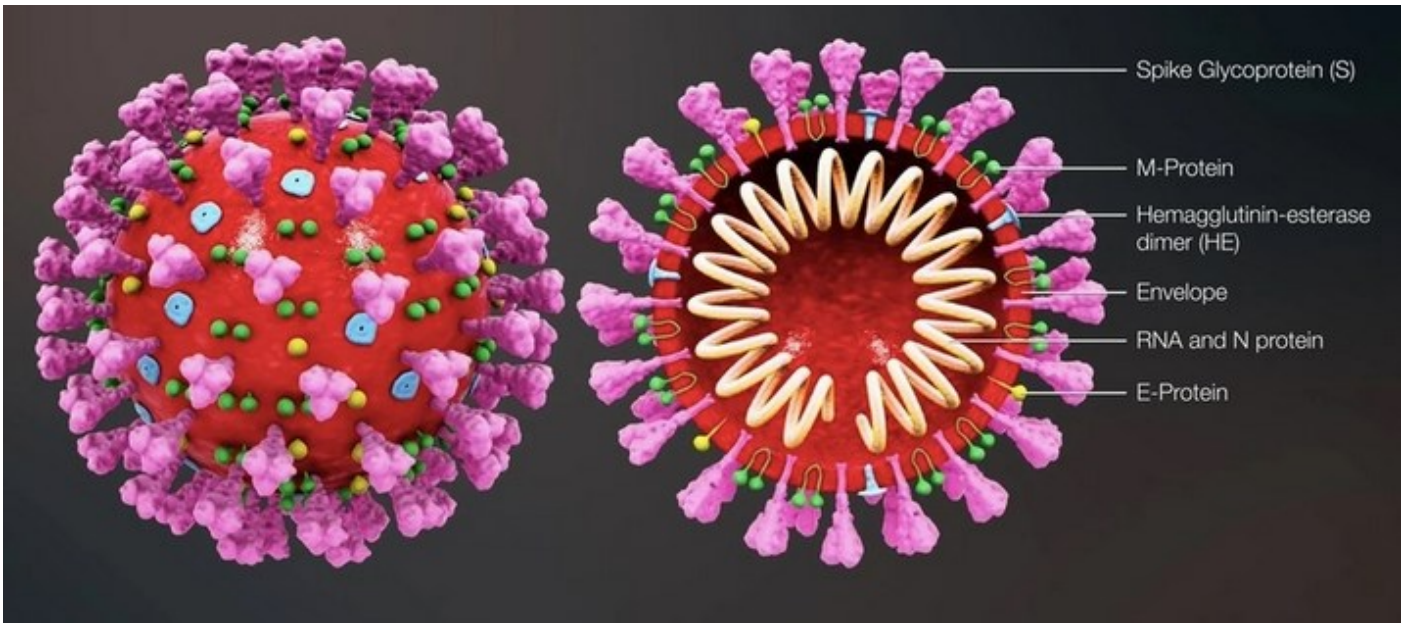
En 1962 se lanzaron oficialmente los primeros lotes de vacuna contra la polio "fabricada en Vietnam". Tras ese éxito, Vietnam ha podido producir gradualmente de forma proactiva muchos tipos de vacunas, como la vacuna contra la hepatitis B a partir de plasma humano, la vacuna contra la hepatitis recombinante, la vacuna contra la encefalitis japonesa, la vacuna oral contra el cólera, la vacuna contra la hepatitis A, la vacuna contra el sarampión, la vacuna contra la difteria, la tos ferina, la vacuna contra el tétanos, entre otras.

Vabiotech, la Compañía de Vacunas y Productos Biológicos No. 1, con más de 25 años de creación y desarrollo, del Instituto Central de Higiene y Epidemiología, se ha convertido en una de las empresas líderes en Vietnam en el campo de la investigación, producción y comercialización de vacunas y productos biológicos para uso humano.

A lo largo de su historia, la empresa ha producido con éxito vacunas contra el cólera, la encefalitis japonesa, la hepatitis B y la hepatitis A. En particular, la vacuna contra la encefalitis japonesa de primera generación se ha producido con éxito y se ha incluido en el Programa Ampliado de Inmunización desde 1997. Es también la primera vacuna vietnamita que se exporta al extranjero (4.490.000 dosis a la India). Actualmente, la empresa cuenta con una planta de producción que cumple con los estándares GMP de la OMS.

La viceministra de Salud, Nguyen Thi Lien Huong, dijo que el programa de vacunación ampliado implementado desde 1985 en el 100% de las comunas y distritos de todo el país es un gran éxito de Vietnam. Contribuyendo así a reducir el número de personas infectadas por algunas epidemias como la difteria, la tos ferina, el sarampión, en comparación con los años anteriores al programa. Como resultado, la polio fue erradicada en 2000 y el tétanos neonatal fue eliminado en 2005. Vietnam también está avanzando hacia la eliminación del sarampión y la hepatitis B en niños menores de 5 años y ha mantenido una tasa de vacunación superior al 95% durante muchos años.

Cuando el mundo necesita una nueva "arma": la carrera en medio de la pandemia



A finales de 2019, cuando se describieron los primeros casos de infección por SARS-CoV-2 en Wuhan, China, el mundo aún no comprendía plenamente la devastación que causaría. En ese contexto, los países y las grandes empresas farmacéuticas entraron en una carrera sin precedentes para desarrollar vacunas.

Con un desarrollo rápido, las primeras vacunas nacieron después de sólo unos meses, pero la mayoría de ellas provenían de países con industrias farmacéuticas desarrolladas como Estados Unidos, Reino Unido, China.

Vietnam, aunque llegó más tarde, no quedó fuera de esa carrera. Con el deseo de obtener suministros de manera proactiva y garantizar la seguridad sanitaria nacional, los científicos nacionales se han embarcado en el viaje para desarrollar una vacuna "hecha en Vietnam".

Como una de las cuatro unidades que investigan y producen vacunas contra la COVID-19 desde finales de 2020, la Compañía de Vacunas y Productos Biológicos No. 1 (Vabiotech) ha optado por desarrollar una nueva tecnología de vector de virus de proteína recombinante basada en la plataforma del virus Baculo, que es un virus que no causa enfermedades en humanos, el antígeno del SARS-CoV-2 se expresa en la superficie del virus Baculo.

Lo especial es que esta tecnología también es la premisa para el desarrollo de muchos otros tipos de vacunas para prevenir enfermedades en los humanos en el futuro mediante la unión del gen que codifica el antígeno del patógeno al virus Baculo.

Además, también existen la vacuna de subproducto de Nanogen (vacuna Nanocovax), la vacuna en mosaico de Ivac (vacuna Covivax) y la vacuna saRNA de Vingroup (vacuna ARCT-154).

La vacuna en mosaico de Ivac también es bastante nueva. Los científicos implantaron el segmento de pico del virus en otro virus, en este caso el virus de Newcastle, un virus que causa enfermedades en pollos, no en humanos. Cuando Ivac utiliza esta tecnología, puede utilizar la tecnología actual que se utiliza para desarrollar vacunas contra la gripe.

Exportación de vacunas: del sueño a la realidad

Vietnam exportó las primeras 4.449.000 dosis de la vacuna contra la encefalitis japonesa a la India y ahora la vacuna de la compañía Vabiotech se ha exportado a varios otros países como Timor Oriental, Corea del Sur, Myanmar.

Desde 2015, la OMS ha reconocido a Vietnam como país que cumple con los estándares de la Autoridad Nacional Reguladora de Vacunas (NRA), uniéndose oficialmente al grupo de países calificados para exportar vacunas.

Tan solo un año después, en 2016, Vietnam marcó un hito importante en el mapa de los países productores de vacunas cuando logró producir una vacuna combinada contra el sarampión y la rubéola (MR) de alta calidad utilizando tecnología japonesa. En este momento, Vietnam es uno de los 25 países del mundo que puede producir vacunas y el cuarto país de Asia que puede producir vacunas MR después de Japón, India y China.

La introducción de la vacuna MR 2 en 1 contra el sarampión y la rubéola producida en Vietnam en el Programa Ampliado de Inmunización ayuda a reducir los costos a la hora de importarla. Desde abril de 2018,

la vacuna MR producida en Vietnam se ha utilizado en todo el país para niños a partir de los 18 meses de edad en el marco del programa ampliado de inmunización.

2018 también marcó el siguiente logro importante del sector de salud vietnamita al producir con éxito una vacuna contra la gripe estacional 3 en 1 que incluye la influenza A/H1N1/09, A/H3N2, influenza B y la vacuna contra la influenza prepandémica A/H5N1. Esta es la primera vacuna contra la gripe producida en Vietnam, lo que contribuye a la prevención proactiva de enfermedades y a la reducción de costos.

Uno de los logros destacados del sector de salud vietnamita en 2023 es que el Centro de Investigación, Producción y Productos Biológicos Médicos (Polyvac) (Ministerio de Salud) exportó con éxito un millón de dosis de la vacuna contra el sarampión MVVac a la India.

Anteriormente, la vacuna era tecnología transferida desde Japón y puesta en uso en la inmunización ampliada en Vietnam desde 2009. MVVac se está utilizando tanto en el programa de inmunización ampliado como en el programa de servicio, vacunando a niños a partir de los 9 meses de edad.

Vabiotech también ha exportado millones de dosis de vacunas, como la vacuna contra la encefalitis japonesa, la vacuna contra la hepatitis A y la vacuna oral contra el cólera, a mercados de la India, Filipinas, Bangladesh, Timor Oriental y el Líbano.

Visión al 2030: Dominar 15 tipos de vacunas

Vietnam cuenta actualmente con cuatro empresas estatales que producen vacunas y muchas unidades privadas que cumplen con los estándares GMP y dominan las tecnologías para producir vacunas inactivadas, desintoxicadas y de subunidades.

Sin embargo, Vietnam todavía produce principalmente vacunas de precio único, carece de vacunas combinadas y la inversión en investigación es limitada. Para convertirse en un centro regional de producción de vacunas, Vietnam necesita desarrollar recursos humanos de alta calidad, ampliar las instalaciones de producción y mejorar las políticas financieras y de precios.

El Gobierno vietnamita ha aprobado el Programa de Garantía de Suministro de Vacunas hasta 2030, con el objetivo de dominar la tecnología para producir 15 tipos de vacunas para 2030; producir al menos 5 tipos de vacunas, garantizando que las vacunas producidas en el país cumplan estándares equivalentes a los estándares internacionales.

Para lograr este objetivo, el sector de la salud se centra en el desarrollo de recursos humanos de alta calidad, la construcción de fábricas que cumplan con los estándares GMP, el perfeccionamiento del sistema de gestión de calidad de las vacunas según la OMS, el aumento de la inversión en investigación y la transferencia de tecnología de ARNm. La pandemia de COVID-19 ha abierto una nueva era para la tecnología del ARNm.

La COVID-19 no es sólo una lección de salud, sino también una advertencia sobre la estrategia nacional. Sin vacuna no hay poder para prevenir epidemias. La producción propia de vacunas no sólo ayuda a Vietnam a prevenir epidemias de forma eficaz, sino que también afirma su posición en el mapa mundial de la biotecnología.

Fuente: VIETNAM.VN. Disponible en https://n9.cl/t8sf1

Adiós a la OMS | Estados Unidos ahora exigirá un nuevo requisito obligatorio para todas las nuevas vacunas

7 may. Unos meses tras su salida de la Organización Mundial de la Salud (OMS) Estados Unidos implementará un cambio drástico en su política de aprobación de vacunas, con implicancias directas en la disponibilidad de nuevas dosis.

A partir de ahora, todas las vacunas que se consideren "nuevas" deberán pasar por ensayos clínicos con placebo antes de recibir autorización. Así lo anunció el Departamento de Salud y Servicios Humanos (HHS), encabezado por Robert F. Kennedy Jr.

La medida apunta a reforzar la transparencia en torno a los efectos de cada fórmula, pero genera preocupación entre especialistas por los posibles retrasos y consecuencias éticas que podría acarrear.

Estados Unidos cambia las reglas: toda nueva vacuna requerirá pruebas con placebo

El nuevo requisito establece que ninguna vacuna podrá ser aprobada sin pasar antes por un ensayo clínico controlado con placebo. Se trata de una modificación profunda respecto al sistema vigente, donde algunas actualizaciones menores quedaban exceptuadas.

Si bien el gobierno no especificó qué vacunas estarán alcanzadas, se estima que podrían incluirse versiones actualizadas contra el COVID-19 y otros virus estacionales.

¿Qué es una prueba con placebo?

Una prueba con placebo es un estudio clínico en el que un grupo recibe la vacuna en evaluación y otro grupo, una sustancia inerte sin efecto terapéutico, como solución salina.

Este método permite comparar efectos de manera precisa. Sin embargo, su uso en productos ya aprobados plantea cuestionamientos éticos y logísticos, especialmente si se interrumpe el acceso a versiones eficaces mientras se completan los estudios.

Preocupación por demoras y riesgos en el acceso a vacunas

La decisión del HHS encendió alertas entre especialistas en salud pública, que advierten sobre los posibles impactos negativos del nuevo proceso.

Riesgos que señalan los expertos

- Posibles retrasos en la llegada de vacunas mejoradas.
- Desincentivo para que los laboratorios desarrollen nuevas versiones.
- Cuestionamientos éticos si se limita el acceso a dosis eficaces durante pruebas.

El nuevo requisito forma parte de un giro más amplio en las políticas sanitarias de Estados Unidos, que apunta a reformular los criterios de evaluación médica. Su implementación podría marcar un precedente para futuras regulaciones en materia de salud pública y biotecnología.

Fuente: El Cronista. Disponible en https://n9.cl/eg0wl

Vietnam acaba de recibir la vacuna antineumocócica 15 valente, incluida en el Sistema de Vacunación VNVC

8 may. La vacuna neumocócica 15 valente es producida por MSD Pharmaceutical Group (EE. UU.) con tecnología avanzada, previniendo eficazmente 15 cepas de bacteria neumocócica que causan muchas enfermedades neumocócicas invasivas como neumonía, meningitis, sepsis y enfermedades neumocócicas no invasivas como neumonía, otitis media y sinusitis. La vacuna se utiliza para niños a partir de los 2 meses de edad en adelante (desde las 6 semanas de edad) y adultos.

Según información del fabricante, desde 2022 hasta la actualidad, la vacuna antineumocócica 15 Valente ha sido aprobada en 65 países y se utiliza oficialmente en más de 40 países en todo el mundo.

La Dra. Bach Thi Chinh, directora médica del Sistema de Vacunación VNVC, afirmó que el neumococo es una enfermedad infecciosa peligrosa tanto para niños como para adultos. Actualmente, existen muchos tipos de vacunas antineumocócicas en el mundo que ayudan a aumentar la protección contra esta peligrosa bacteria. Actualmente, los expertos de todo el mundo recomiendan la vacunación temprana y completa, combinando muchos tipos de vacunas antineumocócicas de muchas generaciones diferentes.

Por lo tanto, Vietnam cuenta con una vacuna adicional de alta tecnología que aumenta la cobertura contra las cepas neumocócicas como una nueva arma, reforzando así la prevención de enfermedades infecciosas en niños y adultos en nuestro país. Esta combinación ayuda a fortalecer la eficacia de la prevención de enfermedades e incluye otras cepas neumocócicas peligrosas en la vacuna, enfatizó el Dr. Chinh.

De esta manera, junto con las vacunas neumocócicas 10, neumocócicas 13 y neumocócicas 23, la introducción por parte de VNVC de la vacuna neumocócica 15 para servir al pueblo vietnamita está en línea con la tendencia general del mundo, centrándose en la prevención de enfermedades respiratorias peligrosas en niños y adultos, que se propagan rápidamente en el contexto de una sociedad con un fuerte desarrollo comercial como el actual.

Las bacterias neumocócicas tienen más de 100 serotipos, que generalmente residen en la garganta de cada persona (llamados portadores sanos) y permanecen latentes esperando una oportunidad. Cuando el sistema inmunológico del cuerpo está debilitado o hay problemas de salud, las bacterias neumocócicas aprovechan para atacar órganos como el cerebro, los pulmones, la sangre, etc. para causar enfermedades. La enfermedad neumocócica puede provocar brotes pequeños o grandes, comúnmente en entornos de vida llenos de gente, como escuelas, empresas, fábricas, hogares de ancianos y centros de cuidado infantil.

Presente en la ceremonia de lanzamiento de la vacuna antineumocócica, el Dr. Phan Trong Giao, director médico de MSD Vietnam, afirmó: «MSD se enorgullece de su larga trayectoria en el campo de la pediatría y la prevención de enfermedades neumocócicas. Durante las últimas décadas, las vacunas de MSD han contribuido a proteger la salud de millones de niños en todo el mundo. Confiamos en que la vacuna antineumocócica 15, con su amplia cobertura y buena inmunogenicidad, sentará las bases para proteger a la población vietnamita, especialmente a los niños pequeños, de la carga que representa el neumococo».

La Organización Mundial de la Salud (OMS) estima que cada año alrededor de 1,6 millones de personas en todo el mundo mueren por enfermedades causadas por neumococo, principalmente neumonía, meningitis y sepsis. Más del 90% de las muertes ocurren en países en desarrollo debido a las bajas tasas de vacunación y a las deficientes condiciones médicas para un diagnóstico temprano y preciso y un tratamiento oportuno.

El Dr. Chinh también señaló que dependiendo del momento de vacunación y las condiciones epidemiológicas

de cada localidad, el médico aconsejará sobre la vacuna antineumocócica óptima y la edad de la persona a vacunar. Se recomienda la vacunación neumocócica lo antes posible una vez que los niños alcanzan la edad de vacunación para protegerlos contra enfermedades cada vez más peligrosas causadas por el neumococo, como neumonía, meningitis y sepsis.

En los últimos 8 años, además de la vacuna neumocócica 15, VNVC ha trabajado con muchas compañías farmacéuticas líderes del mundo para traer docenas de vacunas de nueva generación a Vietnam, aumentando la oportunidad de que las personas accedan a las vacunas en igualdad de condiciones y de manera oportuna en comparación con los países desarrollados del mundo. Solo en 2024 y 2025, VNVC ha implementado cuatro tipos de vacunas para niños y adultos, incluida la vacuna meningocócica B de nueva generación, la vacuna neumocócica 23, la vacuna contra el dengue y la vacuna contra el herpes zóster. En 2025, VNVC continúa negociando con fabricantes y distribuidores para traer y distribuir pronto inyecciones de otras vacunas importantes para niños y adultos.

En particular, VNVC está avanzando hacia el dominio de la tecnología de producción de vacunas de alta tecnología, abasteciendo de manera proactiva a nivel nacional mientras se prepara para construir la Fábrica de Vacunas y Productos Biológicos VNVC en la provincia de Long An con una escala de aproximadamente 2.000 billones de VND. La unidad ha alcanzado acuerdos iniciales para compartir experiencia y transferir tecnología de producción de vacunas con las principales compañías farmacéuticas del mundo, como Sanofi y Pfizer.

Diseño prospectivo de la fábrica de vacunas y productos biológicos de VNVC, cuya construcción se espera que comience en 2025.

Fuente: VIETNAM.VN. Disponible en https://n9.cl/zczlj

New York State Department of Health Highlights Study With Centers for Disease Control and Prevention (CDC) Showing Respiratory Syncytial Virus Prevention Products Protect Infants

May 9. The New York State Department of Health is highlighting a new Centers for Disease Control and Prevention (CDC)-led report, co-authored by the Department, showing that two respiratory syncytial virus (RSV) prevention products – the maternal RSV vaccine and the long-acting monoclonal antibody nirsevimab – are effective in protecting infants from severe illness.

The paper, published in CDC's Morbidity and Mortality Weekly Report (MMWR), compared hospitalization

rates in children during the 2024-2025 RSV season with earlier respiratory virus seasons and found that hospitalization rates were significantly lower for infants who received RSV prevention products. Findings from this study indicate New York is on the right path in reducing the risk of RSV hospitalizations in infants.

"RSV can be dangerous for babies and is a leading cause of hospitalization in babies," State Health Commissioner Dr. James McDonald said. "The good news is that we now have two widely available RSV prevention products that are protecting little ones from serious illness or even death. This is a major step forward in protecting our youngest, most vulnerable New Yorkers. We are pleased to have contributed to this important research and among the states leading the way in promoting access to these protections. I thank the dedication of our Department staff, including the NYSDOH Emerging Infections Program, for their contributions to this important analysis that shows the maternal vaccine, and monoclonal antibodies are ensuring babies are protected against RSV."

Respiratory syncytial virus is a common respiratory infection that usually causes mild, cold-like symptoms but can be dangerous for very young children. RSV is the leading cause of hospitalization among U.S. infants, with the youngest infants at highest risk for severe disease, such as hospitalization or ICU admission.

The 2024-2025 RSV season is the first with widespread availability of the maternal RSV vaccine and nirsevimab, a long-acting preventative antibody given to infants. Both protect infants from severe RSV infection; the maternal vaccine is given to the mother during pregnancy, while nirsevimab is a one-time injection given directly to infants and provides protection throughout the entire season.

The analysis in the MMWR compared RSV-associated hospitalizations in two surveillance networks during the 2024-2025 season to the 2018-2020 season, prior to the availability of the RSV vaccine or long-acting preventive antibody.

The data show significant reductions in hospitalizations for infants who received either form of protection, including the following:

The data show nationally that RSV hospitalization rates in babies under 8 months substantially decreased compared with prior years.

Among NYS infants, RSV hospitalization rates in babies under 8 months decreased by 70 percent.

The largest reduction in hospitalization rates nationally was among babies under 3 months - hospitalizations for babies under 3 months was cut by at least half.

Among NYS infants, RSV hospitalization rates among babies under 3 month was reduced by 76 percent.

In August 2024, Commissioner McDonald issued a statewide standing order to allow pharmacists to administer RSV vaccines for pregnant people and older adults. The order allows individuals to go to a participating pharmacy and receive a vaccine without a separate prescription from their physician.

CDC recommends the maternal RSV vaccine during pregnancy or RSV antibody after birth to protect infants from severe RSV. The maternal RSV vaccine (Pfizer's Abrysvo) is recommended for pregnant women who are 32–36 weeks pregnant during September–January.

Nirsevimab, a preventative antibody, is recommended for infants under 8 months born to mothers who did not receive a maternal RSV vaccine (Pfizer's Abrysvo) during pregnancy during their first RSV season. A nirsevimab dose should be given to babies shortly before the RSV season, or within one week after birth if born during October to March in most of the U.S. It is also recommended for children aged 8-19 months who are at increased risk of severe RSV disease and who are entering their second RSV season.

The New York State conducted targeted outreach to birthing hospitals to enroll in the Vaccines for Children Program (VFC) to promote RSV protection to infants prior to hospital discharge. Two-thirds of birthing hospitals enrolled in VFC for the 2024-2025 season. Overall, nearly 75,000 infants less than 8 months of age in New York State (including New York City) received a dose of nirsevimab during the 2024-2025 RSV season (approximately 34 percent).

New York State participated in this analysis as part of the CDC's Emerging Infections Program (EIP) – a public health surveillance system created by the CDC in 1995. There are 12 EIP sites across the country and the New York State Department of Health has been an EIP site since 1997.

The Department, including the Wadsworth Center, collaborates with the academic partner the University of Rochester Medical Center (URMC), as well as hospitals, laboratories, and local health departments in upstate New York to conduct population-based surveillance of illnesses caused by laboratory-confirmed respiratory viruses (RESP-NET), foodborne pathogens (FoodNet), tick-borne pathogens (TickNet) and select invasive bacteria (ABCs). URMC conducts surveillance of healthcare associated infections-community interface (HAIC), fungal diseases and human papillomavirus (HPV-IMPACT).

Fuente: New York State, Department of Health. Disponible en https://n9.cl/2tkqf

Global Review Finds Gaps in Pneumococcal Vaccine Policies for High-Risk Children

May 10. Pneumococcal disease remains a leading cause of illness and death in children globally, and although most countries have routine pneumococcal vaccination programs for infants, targeted policies for children who are at an increased risk of severe disease are far less common and highly variable. An emerging study highlights the urgent need for more consistent, detailed, and inclusive vaccination strategies to protect these vulnerable populations.

Pneumococcal disease is caused by *Streptococcus pneumoniae* and can lead to a range of illnesses in children, including pneumonia, meningitis, and bloodstream infections. These conditions can result in long-term complications or death, particularly in young children or those with weakened immune systems. Although all children are susceptible, those with certain chronic illnesses such as heart or lung disease, immunodeficiencies, or asplenia face a much higher risk of both contracting the disease and experiencing more severe outcomes.

Vaccination is the most effective way to prevent pneumococcal disease. Most national immunization programs include pneumococcal conjugate vaccines (PCVs) for infants as part of their routine schedules. PCVs protect against multiple strains of the bacterium and have been shown to reduce invasive disease significantly. For children with medical risk factors, additional protection is often recommended through booster doses of PCV and/or administration of the 23-valent pneumococcal polysaccharide vaccine (PPV23), which covers more strains.

To understand global vaccination policy for at-risk children, researchers examined immunization schedules from 195 countries. Their data were sourced from the WHO, the European Centre for Disease Prevention and Control, and official government or public health websites. Their aim was to identify whether countries had

vaccine policies that were tailored for children with underlying health conditions, and if so, to document the specific recommendations, including vaccine type, dose schedule, and which health conditions were considered high risk.

The findings reveal a concerning gap in coverage: only 37.9% of countries (n = 74 of 195) have published immunization policies tailored to high-risk children. Among those, 85.1% (n = 63 of 74) recommend a vaccination schedule that differs from the routine infant series. Of the 63 countries with risk-targeted recommendations, 65.1% suggest giving one or more PCV booster doses followed by PPV23; 20.6% recommend only PCV revaccination, and 12.7% recommend only PPV23 following the initial PCV series.

PCV13 remains the most commonly recommended conjugate vaccine, though higher-valency versions like PCV15 and PCV20 are now being adopted by a small number of countries. The study also found substantial variation in which risk conditions are recognized and the specificity of vaccine timing and dosing.

This analysis underscores a critical disparity in vaccine policy. Although routine infant vaccination against pneumococcal disease is widespread, children with health conditions who are at greater risk are often left without specific guidance or access to enhanced protection. Standardizing risk-based vaccination policies and expanding access to newer, broader-coverage PCVs could help prevent avoidable illnesses and deaths in this population. As the global health community continues to push for equity in immunization, children with risk factors must not be overlooked. Consistent guidelines and targeted outreach are essential steps toward closing the gap in protection.

Fuente: PHARMACY TIMES. Disponible en https://n9.cl/td1vo

GC Biopharma Accelerates Global Market Penetration with mRNA Vaccine Platform

May 12. GC Biopharma is establishing a messenger ribonucleic acid (mRNA) vaccine platform as its next-generation growth engine to solidify its position as a leader in the vaccine field. By operating dedicated research teams for mRNA and lipid nanoparticles (LNP) that deliver it into cells, the company aims to secure the capability to develop the entire vaccine process with its own technology, targeting to increase this year's vaccine sales by more than 5% compared to the previous year, reaching 270 billion won.

GC Biopharma was recently for the mRNA vaccine development support project pursued by the Korea Disease Control and Prevention Agency to secure a domestic mRNA vaccine platform. Through this project, the company plans to develop a domestic COVID-19 mRNA vaccine with excellent safety and immunogenicity. A company official said, "Based on our experience in successfully localizing many vaccines, we are planning to accelerate the development of mRNA vaccines," adding, "We will establish possibilities for domestic next-generation mRNA vaccine research based on our proven vaccine platform technology."

GC Biopharma has been continuously researching mRNA vaccines since 2019, viewing them as a next-generation growth engine, and established dedicated research teams for mRNA and LNP. The research team has currently built its own core technologies

including mRNA platforms and LNP, and plans to fully incorporate the mRNA platform into vaccine and therapeutic development based on these technologies. Yeo No-rae, an analyst at Hyundai Motor Securities, predicted for GC Biopharma, "With the establishment of the mRNA vaccine platform, it will be possible to build a diverse portfolio for emergency infectious diseases."

Production facilities are already prepared. In 2023, an mRNA-LNP manufacturing facility was established in Hwasun, South Jeolla Province, where the vaccine factory is located, equipped to develop all processes with its own technology.

GC Biopharma plans to expand its business area to mRNA platform business in the future. The company has signed material transfer agreements with about 10 domestic and foreign partners and is in discussions for license-out contracts. A company official explained, "We plan to expand our area in the future by developing treatments for rare diseases based on the mRNA platform."

The vaccine business led GC Biopharma's sales growth in the first quarter of this year. Operating profit on a consolidated basis in the first quarter was 8 billion won, turning to profit from an operating loss of 15 billion won in the same period last year. Sales during the same period increased by 7.6% year-on-year to 383.8 billion won. In particular, sales from the vaccine business in the first quarter increased by 56.8% to 49.4 billion won. A company official explained, "This is due to the increase in overseas sales of 'Varicella', a high-margin chickenpox vaccine," adding, "We will continue our efforts to expand authorized countries to the Middle East and Asia."

GC Biopharma's main products, chickenpox and influenza vaccines, are contributing to sales growth by expanding their overseas market share. Last year, the company's sales were 1.6799 trillion won, of which vaccine sales accounted for 256 billion won, or 15.2% of the total. A company official said, "We plan to increase vaccine sales to 270 billion won this year based on overseas growth."

The influenza vaccine "GC Flu" is currently exported to 63 countries and has established itself as a global representative influenza vaccine. The company aims to accelerate global expansion by obtaining product approval in the Philippines and Lebanon within the year and submitting approval applications to Brunei, Guatemala, Syria, and Moldova.

Sales of Varicella are also rapidly increasing. The goal is to exceed sales of 4 billion won in 2023, reach 30 billion won this year, and over 70 billion won in 2028. Currently, Varicella is approved and sold by the World Health Organization (WHO), Korea, Turkey, Pakistan, Nepal, and others. The company aims to obtain product approval in the Philippines and Vietnam by the end of this year and apply for product approval in Thailand, India, and Gulf Cooperation Council countries.

GC Biopharma recently received product approval for "Varitrax," the world's first protein recombinant anthrax vaccine, continuing its reputation as a "vaccine powerhouse." Analyst Yeo No-rae predicted, "Varitrax will generate consistent annual sales of a certain scale from the Korea Disease Control and Prevention Agency and national institutions as a stockpile for crisis emergency situations."

The shingles vaccine being developed through its U.S. affiliate Curevo is also progressing smoothly. The ongoing Phase 2 clinical trial has gained momentum after securing a Series B investment of $110 million earlier this year.

Fuente: BUSINESS KOREA. Disponible en https://n9.cl/nhwhsb

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Patentes registradas en Patentscope

Estrategia de búqueda: (Vaccine) AND DP:([01.05.2025 TO 12.05.2025]) *as the publication date 42 records.*

1.WO/2025/097110VESICULAR STOMATITIS VIRUS LASSA VIRUS VACCINE

WO - 08.05.2025

Clasificación Internacional Nº de solicitud PCT/US2024/054348Solicitante INTERNATIONAL AIDS VACCINE INITIATIVE, INC.Inventor/a PARKS, Christopher, L.

Lassa fever is a zoonotic viral hemorrhagic disease caused by Lassa virus (LASV), endemic in multiple west African countries where the multimammate rat is a main virus reservoir. The broad geographic range of the rodent host places a large population at risk of serious illness. LASV is also a bioterrorism threat. A LASV vaccine is an unmet need. Applicants advance a vaccine based on a live vesicular stomatitis virus vector for immunizing against the LASV surface glycoprotein. Preclinical evaluation exhibited high efficacy in cynomolgus macaques. The animals developed serum antibodies that could mediate antiviral effector functions including direct neutralization of virus infectivity. This vaccine candidate elicited robust protective immunity in cynomolgus macaques that prevented development of detectable viremia and disease for at least 1 year after vaccination. These protective immune response features provide valuable data for comparison to an ongoing phase 1 clinical trial and planned phase 2b/3 clinical trials.

2.WO/2025/086999ALLOGENEIC DENDRITIC CELL TUMOR VACCINE, PREPARATION METHOD THEREFOR, AND USE THEREOF

WO - 01.05.2025

Clasificación Internacional A61K 39/00Nº de solicitud PCT/CN2024/121825Solicitante ZHONGSHAN FRONTIERGATE BIOPHARM CO., LTDInventor/a XU, Yang

An allogeneic dendritic cell tumor vaccine, a preparation method therefor, and use thereof, belonging to the technical field of tumor cell vaccines. An allogeneic CAR dendritic cell tumor vaccine, having allogeneic dendritic cells recombinantly expressing a chimeric antigen receptor and a tumor vaccine. The allogeneic dendritic cells are used as base cells. The use of the allogeneic cells in cell therapy is characterized by the expansion of cell sources, improvement in cell quality, and reduction in cell preparation time. Meanwhile, the effectiveness and safety of the allogeneic CAR dendritic cell tumor vaccine in the treatment of tumors are validated. The development of the vaccine overcomes the long-standing limitation of cell therapy relying on autologous cells, facilitates the expansion of therapeutic applications and scale of CAR-DC, and improves the quality of cell preparation, providing a new strategy and application for tackling solid tumors.

3.WO/2025/093011MRNA VACCINE AGAINST RESPIRATORY SYNCYTIAL VIRUS

WO - 08.05.2025

Clasificación Internacional C12N 15/45Nº de solicitud PCT/CN2024/129521Solicitante NANORIBO (SHANGHAI) BIOTECHNOLOGY CO., LTDInventor/a QIAN, Zhikang

Related to the field of prevention and treatment of respiratory diseases, and disclosed a method for preparing a preventive mRNA vaccine against human respiratory syncytial virus. In some embodiments, the mRNA vaccine comprises an antigen-encoding mRNA and lipid nanoparticles. In some embodiments, the

mRNA sequence utilizes an improved 5'UTR/3'UTR sequence and codon optimization methods for efficient translation of the target protein. In some embodiments, the mRNA vaccine expresses an RSV F protein that is used as an antigen, wherein the sequence of the RSV F protein is optimized to achieve stable RSV pre-F protein expression. After immunization, the mRNA vaccine induces high levels of RSV F protein-specific binding antibody titer and neutralizing antibody titer in mice.

4.WO/2025/089328NON-REPLICATING BOVINE INFECTIOUS LYMPHOMA VIRUS (BLV) VACCINE

WO - 01.05.2025

Clasificación Internacional A61K 39/21Nº de solicitud PCT/JP2024/037879Solicitante THE UNIVERSITY OF TOKYOInventor/a AIDA Yoko

The purpose of the present invention is to provide a novel non-replicating bovine infectious lymphoma virus (BLV) vaccine. The present invention provides a bovine infectious lymphoma virus (BLV) vaccine in which at least part of the function of the pol gene is deficient. The present invention also provides a method for producing a BLV vaccine, the method including a step for culturing cells that produce non-replicating bovine infectious lymphoma virus (BLV), wherein the non-replicating-BLV-producing cells contain genes of the bovine infectious lymphoma virus (BLV) in which at least a part of the function of the pol gene is deficient. The present invention is advantageous in making it possible to provide a BLV vaccine having high immunogenicity and high safety such that replication does not occur in an infected subject.

5.WO/2025/086382LLOME-CONTAINING VACCINE ADJUVANT, VACCINE COMPOSITION THEREOF, AND USE THEREOF

WO - 01.05.2025

Clasificación Internacional A61K 39/39Nº de solicitud PCT/CN2023/133954Solicitante GUANGZHOU MEDICAL UNIVERSITYInventor/a CHEN, Wenjie

The present invention provides an LLOMe-containing vaccine adjuvant, a vaccine composition thereof, and use thereof. The adjuvant, when used in combination with a vaccine, can enhance the activity of dendritic cells, thereby promoting the improvement of vaccine antigens and improving the prophylactic and therapeutic effects of the vaccine.

6.WO/2025/092548NANOPARTICLE VACCINE FOR PREVENTING MYCOBACTERIUM TUBERCULOSIS INFECTION AND PREPARATION METHOD THEREFOR

WO - 08.05.2025

Clasificación Internacional A61K 39/00Nº de solicitud PCT/CN2024/126948Solicitante YANTAI PATRONUS BIOTECH CO., LTD.Inventor/a DING, Yanbin

Disclosed is a Mycobacterium tuberculosis vaccine. Specifically, the vaccine comprises an immune composition comprising an antigen component and a particulate protein component. The particulate protein component comprises nanoparticle protein. The antigen component and the particulate protein component are covalently bound by means of a binding peptide 1 and a binding peptide 2 to form an immunogenic

complex. The vaccine has excellent cell immunogenicity and antibody immunogenicity. The present invention also relates to a preparation method for the mycobacterium tuberculosis vaccine.

7.WO/2025/086091MRNA VACCINE AGAINST RABIES VIRUSES AND PREPARATION METHOD THEREFOR

WO - 01.05.2025

Clasificación Internacional C12N 15/47Nº de solicitud PCT/CN2023/126187Solicitante CSPC MEGALITH BIOPHARMACEUTICAL CO., LTD.Inventor/a MA, Chengxin

The present application belongs to the technical field of biological medicines, and particularly relates to a mRNA vaccine against rabies viruses and a preparation method therefor, the nucleotide sequence of said vaccine being shown as any one of SEQ ID NO. 1-3. The mRNA vaccine obtained by the present application can generate an neutralizing antibody in a high level, has broad-spectrum neutralizing activity on representative strains of seven pandemic populations of rabies viruses in China, effectively induces B cell immunity and T cell immunity, and provides good protection effects for mice challenged with viruses in pre-exposure and post-exposure immune tests. In addition, the vaccine can be preserved stably for a long period under a condition of -20°C, thereby satisfying the requirements of use in countries and regions of various economic conditions.

8.WO/2025/0955263'-UTR WITH IMPROVED TRANSLATION EFFICIENCY, A SYNTHETIC NUCLEIC ACID MOLECULE COMPRISING THE SAME, AND A VACCINE OR THERAPEUTIC COMPOSITION COMPRISING THE SAME

WO - 08.05.2025

Clasificación Internacional C12N 15/67Nº de solicitud PCT/KR2024/016631Solicitante GREEN CROSS CORPORATIONInventor/a JUNG, Jaesung

The present invention relates to a synthetic nucleic acid molecule comprising 3'-UTR polynucleotide with improved translation efficiency and a vaccine composition comprising the same, and more particularly to a synthetic nucleic acid molecule comprising 3'-UTR with improved translation efficiency manufactured by inclusion of specific motif and a codon-optimized signal sequence and an antigen encoding sequence, and a vaccine composition comprising the same. The synthetic nucleic acid molecule according to the present invention comprises a 3'-UTR polynucleotide with improved translation efficiency, which can effectively induce the expression of an antigenic polypeptide, which is useful for vaccine development because it can be expected to increase immunogenicity as a vaccine.

9.4549452PHARMAZEUTISCHE ZUSAMMENSETZUNG GEGEN INFEKTIONEN MIT SARS-COV-2 ODER EINEM MUTANT DAVON UND KOMBINATIONSARZNEIMITTEL DARAUS

EP - 07.05.2025

Clasificación Internacional C07K 14/165Nº de solicitud 23834781Solicitante WESTVAC BIOPHARMA CO LTDInventor/a WEI XIAWEI

Provided are a pharmaceutical composition for resisting infection with SARS-CoV-2 or a mutant thereof, and a combined drug thereof. To solve the problem of the lack of effective prevention and treatment drugs for

infection with SARS-CoV-2 or a mutant virus thereof, provided are a recombinant protein vaccine and/or an adenovirus vaccine for preventing and/or treating an infection with SARS-CoV-2 or a mutant thereof, and in particular, provided are a nasal spray administration compound formulation containing active ingredients of two vaccines, i.e., a recombinant protein vaccine and an adenovirus vaccine, and a combination of the two vaccines for nasal spray administration, which can induce generation of strong antibody and cellular immune responses in vivo and block the binding of a protein S of SARS-CoV-2 to an ACE2 receptor of a host cell, thus enabling a host to resist coronavirus infection. Particularly, the present invention has good prevention and treatment effects on various mutant viruses.

10.WO/2025/095979VACCINATION RECORD MANAGEMENT SYSTEMS

WO - 08.05.2025

Clasificación Internacional G16H 10/60Nº de solicitud PCT/US2023/078738Solicitante VACCINATION CARD SYSTEM SYCVAC AND RED IMMUNIZATION CARD RIC RED CARD LLCInventor/a JEAN, Marc-David

Described herein are examples of vaccination record management systems, including a digital interface, a recognition system, a visual indication module, a data repository, a data encryption module, and a processor. The digital interface may be configured to scan a vaccination record, and the recognition system may be integrated with the digital interface and configured to identify and associate the scanned vaccination record with specific vaccine information. The visual indication module may be configured to visually indicate the successful association of the scanned vaccination record with the specific vaccine information by the recognition system. The data repository may be configured to store encrypted data related to the specific vaccine information, and the data encryption module may be configured to encrypt the specific vaccine information for secure transmission and storage in the data repository. The processor may be configured to generate a vaccination recommendation based on a vaccination record of the user.

11.WO/2025/088525SCHUTZVORRICHTUNG FÜR EINEN SCHLAUCHANSCHLUSS EINES IMPFSTOFFBEUTELS

WO - 01.05.2025

Clasificación Internacional A61M 1/02Nº de solicitud PCT/IB2024/060445Solicitante TAKEDA VACCINES, INC.Inventor/a VESER, Manuel

Die Erfindung betrifft eine Schutzvorrichtung (10) für einen Schlauchanschluss (110a, 110b) eines in einem Rahmen (112) aufgenommenen Impfstoffbeutels (150), wobei der Rahmen (112) den Impfstoffbeutel (150) entlang eines Außenumfangs 5 umläuft und der Schlauchanschluss (110a, 110b) an einem Anschlussbereich des Rahmens (112) ausgebildet ist, die Schutzvorrichtung (10) aufweisend: einen im Wesentlichen U-förmigen Grundkörper (12) mit zwei Klemmschenkeln (14a, 14b), die dazu ausgebildet sind, den Rahmen (112) im Anschlussbereich des Rahmens (112) zumindest teilweise zu umgreifen, sodass der Anschlussbereich des Rahmens 10 (112) vollständig durch die Schutzvorrichtung (10) überdeckt ist; und wobei innenseitig an wenigstens einem der Klemmschenkel (14a, 14b) wenigstens eine Arretierungsrippe (16) ausgebildet ist, welche derart korrespondierend zu einer außenseitig an dem Rahmen (112) angeordneten Rille (116) ausgebildet ist, dass die Schutzvorrichtung (10) über die wenigstens eine

Arretierungsrippe (16) 15 klemmend und/oder kraftschlüssig an dem Rahmen (112) befestigbar ist. Die Erfindung betrifft weiter eine Schutzanordnung (500) mit einer derartigen Schutzvorrichtung (10).

12.WO/2025/090513SHIGELLA VACCINE COMPOSITIONS

WO - 01.05.2025

Clasificación Internacional A61K 39/02Nº de solicitud PCT/US2024/052421Solicitante VAXCYTE, INC.Inventor/a FAIRMAN, Jeff

Provided herein are vaccine compositions useful in preventing and protecting against Shigella-based infection. Specifically, the disclosure provides a composition comprising a Shigella virulence factor VirG (or IcsA) protein comprising an amino acid sequence at least 90% identical to the sequence set forth in SEQ ID NO: 2 or a fragment comprising about 100-400 amino acids thereof.

13.WO/2025/090476CANINE ORAL VACCINES AND METHODS OF ADMINISTRATION

WO - 01.05.2025

Clasificación Internacional A61K 39/12Nº de solicitud PCT/US2024/052376Solicitante ZOETIS SERVICES LLCInventor/a AMEISS, Keith Allen

This disclosure provides a method of protecting a canine against canine distemper virus, the method comprising administering a recombinant oral vaccine comprising a modified live canine adenovirus type 2 (CAV-2) vector carrying a Canine Distemper Virus (CDV) antigen to said canine, wherein the vaccine is administered orally.

14.WO/2025/092866MULTIVALENT INFLUENZA MRNA VACCINE

WO - 08.05.2025

Clasificación Internacional C12N 15/62Nº de solicitud PCT/CN2024/128701Solicitante RINUAGENE BIOTECHNOLOGY CO., LTD.Inventor/a CEN, Shan

Provided is an isolated mRNA molecule, which contains a nucleotide sequence encoding a chimeric immunogenic polypeptide, wherein the chimeric immunogenic polypeptide contains an immunogenic fragment of hemagglutinin (HA) of influenza A H5N1, an immunogenic fragment of hemagglutinin (HA) of influenza A H1N1, and an immunogenic fragment of hemagglutinin (HA) of influenza B Victoria, which are linked to each other. Further provided are a composition and vaccine containing the mRNA, a fusion protein encoded thereby, and a method using same for inducing an immune response to influenza virus in a subject.

15.WO/2025/093541COMBINATION OF INTERLEUKIN 7 AND TUMOUR ASSOCIATED ANTIGEN VACCINE

WO - 08.05.2025

Clasificación Internacional A61K 39/00Nº de solicitud PCT/EP2024/080568Solicitante OSE IMMUNOTHERAPEUTICSInventor/a MORELLO, Aurore

The present invention relates to a combination of i) a pharmaceutical composition comprising an interleukin-7 molecule (IL-7) or a variant thereof and ii) a tumour associated antigen (TAA) vaccine specific for Human Leukocyte Antigen (HLA) class I, and its use for the treatment of cancer.

16.4547851EPSTEIN-BARR-VIRUS-IMPFSTOFF

EP - 07.05.2025

Clasificación Internacional C12N 15/86Nº de solicitud 23736115Solicitante BAVARIAN NORDIC ASInventor/a STEIGERWALD ROBIN

The present invention relates to vaccines based on a viral vector for the delivery of antigens targeting an infectious disease. Specifically, the invention relates to a recombinant Modified Vaccinia Virus Ankara (MVA) encoding antigens of EBV causing infectious mononucleosis (IM) and different cancer types. The invention further relates 5 to medical uses of the recombinant MVA in the prevention of diseases caused by EBV.

17.WO/2025/093613INVARIANT NATURAL KILLER T CELL-ACTIVATING VACCINE AGAINST BACTERIAL INFECTIONS

WO - 08.05.2025

Clasificación Internacional A61K 39/09Nº de solicitud PCT/EP2024/080715Solicitante DANMARKS TEKNISKE UNIVERSITETInventor/a CLAUSEN, Mads Hartvig

Provided are vaccine compositions comprising a liposome, a bacterial polysaccharide antigen, and an invariant natural killer T (iNKT) cell agonist, methods of treating or preventing a bacterial infection using the compositions, and nasal spray devices comprising them.

18.WO/2025/092908MRNA VACCINE FOR TREATING HPV INFECTION-RELATED DISEASES

WO - 08.05.2025

Clasificación Internacional C12N 15/37Nº de solicitud PCT/CN2024/128908Solicitante RINUAGENE BIOTECHNOLOGY CO., LTD.Inventor/a DONG, Yijie

A polynucleotide molecule for preventing or treating HPV infection-related diseases, and an mRNA vaccine, pharmaceutical composition or pharmaceutical product containing the polynucleotide.

19.WO/2025/092953IMMUNE COMPOSITION PRODUCT FOR PREVENTING OR TREATING DISEASES RELATED TO NEISSERIA MENINGITIDIS GROUP B, AND PREPARATION METHOD THEREFOR

WO - 08.05.2025

Clasificación Internacional C07K 19/00Nº de solicitud PCT/CN2024/129236Solicitante YANTAI PATRONUS BIOTECH CO., LTD.Inventor/a TIAN, Siyu

An immune composition product for preventing or treating diseases related to Neisseria meningitidis group B, and a preparation method therefor. The immune composition product comprises an fHbp fusion protein, wherein the fusion protein is constructed by means of disassembling two domains of three fHbp variants and then recombining same to construct a chimeric protein, and then on the basis of the chimeric protein, constructing a fusion protein containing characteristic amino acid sequences of the three fHbp variants.

Furthermore, a nanoparticle vaccine is prepared by means of using such fusion protein as a vaccine antigen. The fusion protein has better immunological effects than those brought about by simply mixing the three fHbp variants.

20.WO/2025/087855VACCINATION AGAINST THE AMYLOID-BETA 40 PEPTIDE

WO - 01.05.2025

Clasificación Internacional A61K 39/00Nº de solicitud PCT/EP2024/079709Solicitante ARACLON BIOTECH, S.L.Inventor/a SARASA BARRIO, Jose Manuel

The present invention refers to a vaccine composition comprising amyloid beta 33-40 (Aβ33-40) peptide with an additional cysteine in the N-terminal end (CysAβ33-40) conjugated with the carrier protein keyhole limpet hemocyanin (KLH) using as the crosslinking agent the maleimidobutiric acid N-hydroxysuccinimide ester (SM) and aluminium hydroxide gel as adjuvant for the treatment and/or prevention of cerebral amyloid angiopathy (CAA), the method comprising administering a therapeutically effective amount of said vaccine composition comprising to a patient in need thereof.

21.WO/2025/089649COMPOSITION FOR TRANSFERRING NUCLEIC ACIDS COMPRISING CATIONIC LIPOSOMES AND USES THEREOF

WO - 01.05.2025

Clasificación Internacional A61K 9/127Nº de solicitud PCT/KR2024/014773Solicitante CHA VACCINE RESEARCH INSTITUTE CO., LTDInventor/a YUM, Jung Sun

The present invention relates to a composition for transferring nucleic acids comprising cationic liposomes, wherein a complex (lipoplex) is formed by mixing liposomes prepared by mixing cationic lipids and neutral lipids with nucleic acids. The lipoplex thus prepared constitutes highly stable particles, effectively introduces a target nucleic acid into cells, and has a high expression rate of the target nucleic acid. In addition, it was confirmed that, when liposomes are prepared, an immune enhancer such as a lipopeptide is included, thereby enhancing an immune activity response through the lipoplex of the present invention. When a nucleic acid for a target antigen expressed in tumor cells is included in the lipoplex, it was observed that tumor formation occurs late, and thus, it was confirmed that the lipoplex can have efficacy as a vaccine for anticancer as well as an infectious disease.

22.WO/2025/092934DRUG CARRIER, PREPARATION METHOD THEREFOR, AND USE THEREOF

WO - 08.05.2025

Clasificación Internacional A61K 9/52Nº de solicitud PCT/CN2024/129092Solicitante INSTITUTE OF PROCESS ENGINEERING, CHINESE ACADEMY OF SCIENCESInventor/a WEI, Wei

A drug carrier, a preparation method therefor, and use thereof. The carrier is obtained by subjecting a biodegradable polymer microsphere with a chambered structure to a freeze-thaw treatment, resulting in the formation of openings or pores on the surface of the polymer microsphere, thereby enabling a gentle drug loading process. The prepared drug carrier can be used as a vaccine adjuvant, and is capable of promoting

immune cell recruitment and activation, improving antibody levels and quality, inducing efficient cellular immunity, and thus improving the vaccine protection rate.

23.WO/2025/088117RIBONUCLEIC ACID CONSTRUCT CAPABLE OF INDUCING AN IMMUNE RESPONSE, AS WELL AS PHARMACEUTICAL COMPOSITION AND KIT COMPRISING SAME

WO - 01.05.2025

Clasificación Internacional C12N 15/117Nº de solicitud PCT/EP2024/080226Solicitante RHEINISCHE FRIEDRICH-WILHELMS-UNIVERSITÄT BONNInventor/a LUDWIG, Janos

The present invention relates to a ribonucleic acid construct capable of inducing an immune response, comprising a double-stranded ribonucleic acid sequence with a length of 8 to 17 ribonucleotides comprising at least one triphosphate at the 5´-end of at least one strand of said sequence, and a single-stranded overhang at at least one strand of said sequence, wherein the single-stranded overhang comprises at least one guanosine. The present invention also relates to the use of said construct as a vaccine or as an immune adjuvant as well as to the ribonucleic acid construct for use as a medicament or for use in a method of treatment or prevention of a disease, specifically for use in a method of treatment or prevention of viral infections or cancer. The present invention further relates to a pharmaceutical composition and kit comprising said ribonucleic acid construct.

24.WO/2025/086838DEV@IL-12-ACTLA-4, PREPARATION METHOD THEREFOR AND USE THEREOF

WO - 01.05.2025

Clasificación Internacional C12N 5/0784Nº de solicitud PCT/CN2024/112574Solicitante UNION HOSPITAL, TONGJI MEDICAL COLLEGE, HUAZHONG UNIVERSITY OF SCIENCE AND TECHNOLOGYInventor/a JIN, Yang

Provided are a DEV@IL-12-aCTLA-4, a preparation method therefor and a use thereof, belonging to the technical field of biomedicine. Extracellular vesicles derived from dendritic cells modified with IL-12 and anti-CTLA-4 antibodies are used as a cancer vaccine, which can induce specific anti-tumor immunity in vivo, inhibit tumor growth, and improve the tumor microenvironment, as well as take advantage of the cancer treatment effects of the IL-12 and anti-CTLA-4 antibodies, reduce adverse reactions thereto, and implement combined immunotherapy.

25.WO/2025/097185COMPOSITIONS AND METHODS FOR PREVENTING MICROBIAL-MEDIATED DISEASE

WO - 08.05.2025

Clasificación Internacional A61K 31/713Nº de solicitud PCT/US2024/054611Solicitante CUTLER, RichelleInventor/a CUTLER, Richelle

The disclosure provides RNA compositions and methods for reducing human cytomegalovirus (HCMV) and Epstein-Barr virus (EBV) secretome mediated disease and an adjuvant for vaccine efficacy.

26.4548099REAGENZ UND VERFAHREN ZUR DIAGNOSE THROMBOTISCHER EREIGNISSE

EP - 07.05.2025

Clasificación Internacional G01N 33/543Nº de solicitud 23726350Solicitante BIOKIT RES & DEVELOPMENT S L UInventor/a ESTEBAN TORTAJADA OLGA

The disclosure refers to reagents, kits and methods for detecting anti-PF4 antibodies and diagnosing thrombotic events not induced by heparin, including vaccine-induced thrombotic thrombocytopenia. The method provided by the disclosure comprises: (i) contacting whole blood, plasma or serum sample obtained from a subject with a reagent comprising: (a) a binding molecule selected from the group consisting of platelet factor 4 protein (PF4), a fragment of PF4 which can bind anti-PF4 antibodies, and an anti- idiotype antibody of anti-platelet factor 4 antibodies (anti-PF4 antibodies); and (b) a solid support, wherein the binding molecule (a) is covalently bound to the surface of the solid support (b), and wherein the binding molecule (a) does not include heparin or a heparin surrogate, and (ii) analysing the sample to detect a complex formed by the reagent and the anti-PF4 antibodies, wherein detecting the complex is indicative of the sample containing anti-PF4 antibodies.

27.WO/2025/093740RECOMBINANT PYOLYSIN PROTEIN

WO - 08.05.2025

Clasificación Internacional C07K 14/195Nº de solicitud PCT/EP2024/080935Solicitante INTERVET INTERNATIONAL B.V.Inventor/a ROOSMALEN VAN, Markus, Hendrikus

The invention provides a recombinant pyolysin protein. Preferably a recombinant pyolysin protein is provided comprising at least 80% sequence identity to SEQ ID NO: 1, wherein the amino acid sequence comprises (i) an amino acid deletion at amino acid position 472, and/or (ii) an amino acid substitution at amino acid position 496 and/or at 497. Also provided by the invention are nucleic acid sequences encoding the recombinant pyolysin protein, and methods for producing of the same. The invention lastly provides for methods of amelioration and/or prevention of intrauterine disease, liver abscess and/or foot rot or vaccine compositions for use in prophylaxis of the same.

28.4549461ANTIKÖRPER ZUR NEUTRALISIERUNG DES HUMANEN IMMUNDEFIZIENZVIRUS (HIV)

EP - 07.05.2025

Clasificación Internacional C07K 16/10Nº de solicitud 24215148Solicitante THERACLONE SCIENCES INCInventor/a CHAN-HUI PO-YING

The specification shows a method for obtaining a broadly neutralizing antibody (bNab), including screening memory B cell cultures from a donor PBMC sample for neutralization activity against a plurality of HIV-1 species, cloning a memory B cell that exhibits broad neutralization activity; and rescuing a monoclonal antibody from that memory B cell culture. The resultant monoclonal antibodies may be characterized by their ability to selectively bind epitopes from the Env proteins in native or monomeric form, as well as to inhibit infection of HIV-1 species from a plurality of clades. Compositions containing human monoclonal anti-HIV antibodies used for prophylaxis, diagnosis and treatment of HIV infection are provided. Methods for generating such antibodies by immunization using epitopes from conserved regions within the variable loops of gp120 are provided. Immunogens for generating anti-HIV1 bNAbs are also shown. Furthermore, methods for vaccination using suitable epitopes are shown.

29.4547829HCV GENOTYP 1A, 2A UND 3A MIT HOHER AUSBEUTE

EP - 07.05.2025

Clasificación Internacional C12N 7/00Nº de solicitud 23736710Solicitante HVIDOVRE HOSPITALInventor/a ALZUA GARAZI PENA

The present invention relates to nucleic acid sequences that encode high-yield hepatitis C viruses (HCV) of genotype 1a, 2a or 3a that are useful in the fundamental research of HCV as well as in the search of antivirals and vaccines against HCV. In particular, the present invention relates to nucleic acid sequences that comprise HCV, which are capable of expressing the virus when transfected into cells and are capable of replication or infectivity in cultured cells as well as being functional as a vaccine.

30.4548098ACE2-HEMMUNGSTEST ZUR BEURTEILUNG DER IMPFSTOFFIMMUNOGENITÄT

EP - 07.05.2025

Clasificación Internacional G01N 33/53Nº de solicitud 23847532Solicitante NOVAVAX INCInventor/a PLESTED JOYCE S

An improved assay to measure immunogenicity of vaccines while overcoming some of the limitations of current biomarkers of immunogenicity is necessary. Disclosed herein is an assay for measuring inhibition of binding between SARS-CoV-2 Spike (S) glycoproteins and hACE2. Also provided herein are methods of using the assay to evaluate the efficacy of COVID-19 vaccines.

31.319551REVERSE PEPTIDE VACCINE

IL - 01.05.2025

Clasificación Internacional A61K 39/12Nº de solicitud 319551Solicitante Emergex Vaccines Holding LimitedInventor/a Ramila PHILIP

32.4549577NEUARTIGE INDUZIERTE ZYTOPLASMATISCHE IVT (ICIVT)-ÄHNLICHE ZUSAMMENSETZUNG UND ZUGEHÖRIGE IMPFSTOFFMEDIKAMENTENDESIGNS DAVON

EP - 07.05.2025

Clasificación Internacional C12N 15/85Nº de solicitud 23206834Solicitante MELLO BIOTECH TAIWAN CO LTDInventor/a LIN SHI-LUNG

This invention generally relates to a novel induced cytoplasmic IVT (ICIVT) composition useful for inducing in-vitro transcription (IVT)-like RNA/mRNA amplification in the cells of interest after transfection in vitro, ex vivo and/or in vivo. The present invention is useful for designing and developing a variety of RNA/mRNA medicines as well as vaccines comprising a mixture of at least a promoter-linked RNA/mRNA-coding DNA (PLRcD) template and another DNA-dependent RNA polymerase (DdRP) mRNA sequence. Preferably, the DdRP mRNA may be selected from the mRNA of T7, T3 and/or SP6 RNA polymerase, or a combination thereof, while the PLRcD template may encode the transcripts of antisense RNA oligonucleotide (aRNA-ASO), small interferring RNA (siRNA), double-stranded RNA (dsRNA), short hairpin RNA (shRNA), microRNA (miRNA)/microRNA precursor (pre-miRNA), long noncoding RNA (lncRNA), messenger RNA (mRNA), and/or self-amplifying RNA/mRNA (saRNA/samRNA), or a combination thereof.

33.WO/2025/090725SYSTEMS FOR BLOW-FILL-SEAL (BFS) TEAR-ACTIVATION VALVES

WO - 01.05.2025

Clasificación Internacional A61M 5/28Nº de solicitud PCT/US2024/052752Solicitante KOSKA FAMILY LIMITEDInventor/a PRICE, Jeff

A pre-filled medical delivery assembly 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 including a tear-activation valve that provides for an internal, mechanical BFS vial opening, and defines an Auto-Disable (AD) feature that prevents refilling or re-use of the assembly.

34.319329IMMUNOGENIC VACCINE COMPOSITION INCORPORATING A SAPONIN

IL - 01.05.2025

Clasificación Internacional A61K 39/00Nº de solicitud 319329Solicitante ACCESS TO ADVANCED HEALTH INSTITUTEInventor/a

35.4547219LIPIDNANOPARTIKELFORMULIERUNGEN FÜR IMPFSTOFFE

EP - 07.05.2025

Clasificación Internacional A61K 9/00Nº de solicitud 23745018Solicitante GLOBAL LIFE SCIENCES SOLUTIONS CANADA ULCInventor/a HARVIE PIERROT

Provided is a lipid formulation capable of forming a lipid-based nanoparticle comprising an ionizable lipid to phospholipid molar ratio of 0.1 – 1.30 of in association with a nucleic acid payload, and in some embodiments, a stabilizing agent. In embodiments, the nucleic acid payload is a vaccine genetic element.

36.4547689SÄUGETIERZELLINIE ZUR HERSTELLUNG VON MODIFIZIERTEM VACCINIA-VIRUS ANKARA (MVA)

EP - 07.05.2025

Clasificación Internacional C07K 14/005Nº de solicitud 23737964Solicitante BAVARIAN NORDIC ASInventor/a STEIGERWALD ROBIN

The present invention relates to a mammalian non-human cell line, specifically Chinese hamster ovary (CHO) cells, that is genetically modified to express poxvirus host range genes CP77, K1 L and/or SPI-1 which are not expressed in MVA, and to the use of said cell line in the reproduction of MVA.

37.WO/2025/089260RECOMBINANT LIVE ATTENUATED HERPES SIMPLEX VIRUS TYPE 2 VACCINE

WO - 01.05.2025

Clasificación Internacional C12N 7/01Nº de solicitud PCT/JP2024/037506Solicitante THE UNIVERSITY OF TOKYOInventor/a KAWAGUCHI, Yasushi

A virus according to the present disclosure is a multiple mutant virus in which not fewer than 2 genes of herpes simplex virus type 2 (HSV-2) are modified, and the modification of said genes causes a loss or reduction of gene function.

38.WO/2025/087250THERAPEUTIC MRNA CANCER VACCINE TARGETING HPV-ASSOCIATED CANCERS

WO - 01.05.2025

Clasificación Internacional C12N 15/62Nº de solicitud PCT/CN2024/126597Solicitante ABOGEN BIOSCIENCES (SHANGHAI) CO., LTD.Inventor/a HAN, Hongya

Nucleic acid vaccines that specifically express immunomodulatory polypeptides are to increase the efficacy of HPV16 antigen presentation by antigen presenting cells (APCs) to lymphocytes. Provided are uses of the vaccines for the preparation of compositions, methods of stimulating an immune response, methods of treating or preventing disease (e.g., cancer, viral infections), and kits comprising the vaccines.

39.4547273PRIME-BOOST-THERAPIE MIT REKOMBINANTEM MODIFIZIERTEM SARNA (VRP) UND VACCINIAVIRUS ANKARA (MVA)

EP - 07.05.2025

Clasificación Internacional A61K 39/12Nº de solicitud 23736310Solicitante BAVARIAN NORDIC ASInventor/a STEIGERWALD ROBIN

The present invention provides compositions, vaccines and methods for inducing protective immunity against an immunogen in humans. The protective immune response is obtained by using a saRNA, in particular a VRP vector as prime and a MVA for boost. Specifically, the present invention relates to genetically engineered (recombinant) VRP and MVA vectors comprising at least one heterologous nucleotide sequence encoding an antigenic determinant of an infectious virus such as EBV.

40.WO/2025/089259RECOMBINANT LIVE ATTENUATED HERPES SIMPLEX VIRUS TYPE 1 VACCINE

WO - 01.05.2025

Clasificación Internacional C12N 7/01Nº de solicitud PCT/JP2024/037505Solicitante THE UNIVERSITY OF TOKYOInventor/a KAWAGUCHI, Yasushi

The virus of the present disclosure is a multiple mutant virus in which two or more genes of herpes simplex virus type 1 (HSV-1) are modified, and the modification of the gene involves a loss or reduction in gene function.

41.WO/2025/095229MRNA-ENCAPSULATED DOUBLE NANOPARTICLES, METHOD FOR PREPARING SAME, AND PHARMACEUTICAL USE THEREOF

WO - 08.05.2025

Clasificación Internacional A61K 9/51Nº de solicitud PCT/KR2024/002840Solicitante THE CATHOLIC UNIVERSITY OF KOREA INDUSTRY-ACADEMIC COOPERATION FOUNDATIONInventor/a KANG, Han Chang

The present invention relates to messenger RNA (mRNA)-encapsulated double nanoparticles, a method for preparing same, and a pharmaceutical use thereof and, more specifically to: mRNA-encapsulated double nanoparticles comprising a first nanoparticles core in which mRNA, which is an active ingredient, is bonded to an anionic polymer surface or is inserted into the anionic polymer surface, and a second nanoparticle shell

in which a biocompatible polymer or a polymer conjugate is formed to surround the outside of the core; a composition for mRNA delivery comprising the double nanoparticles; a composition for a vaccine comprising the double nanoparticles, and the like. The double nanoparticles according to the present invention can be used to safely and efficiently deliver mRNA to a target site.

42.319810VACCINE COMPOSITIONS HAVING IMPROVED STABILITY AND IMMUNOGENICITY

IL - 01.05.2025

Clasificación Internacional A61K 39/00Nº de solicitud 319810Solicitante NOVAVAX, INC.Inventor/a SMITH, Gale

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