



EN ESTE NÚMERO

VacCiencia es una publicación dirigida a investigadores y especialistas dedicados a la vacunología y temas afines, con el objetivo de serle útil.

Usted puede realizar sugerencias sobre los contenidos y de esa forma crear una retroalimentación que nos permita acercarnos más a sus necesidades de información.

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

Noticias en la Web

SK bioscience and Sanofi launch MenQuadfi meningococcal vaccine in Korea

Jan 12. SK bioscience has announced the new domestic launch of MenQuadfi Injection (MenQuadfi, MenACWY-TT), a quadrivalent meningococcal conjugate vaccine, in partnership with the Korean affiliate of global biopharmaceutical company Sanofi.

Developed by Sanofi, MenQuadfi is approved for use in individuals from 6 weeks of age through 55 years and is indicated for the prevention of Invasive Meningococcal Disease (IMD) caused by the major meningococcal serogroups A, C, W, and Y.

Notably, among A, C, W, Y meningococcal vaccines approved in Korea, MenQuadfi is the only product that both includes serogroup A and is approved for use in infants aged 6 weeks to under 24 months. SK bioscience will be responsible for the domestic distribution and supply of the vaccine for infant and pediatric populations.



“Expansion of infant and pediatric immunisation portfolios in line with global vaccination practices.”

MenQuadfi is distinguished by its fully liquid formulation, allowing for direct administration without the need for reconstitution. This simplifies vaccine preparation, enhances clinical workflow efficiency, and helps reduce the risk of preparation-related errors in healthcare settings.

The vaccine is administered as a 0.5 mL intramuscular injection, with dosing schedules as follows:

- ♦ Infants aged 6 weeks to under 6 months: a total of four doses.
- ♦ Infants aged 6 months to under 24 months: two doses.
- ♦ Individuals aged 2 to 55 years: one dose.

Meningococcal disease is transmitted through respiratory secretions, such as nasal discharge or saliva, and can be spread even by asymptomatic carriers, underscoring the importance of prevention.

In Korea, the Korea Disease Control and Prevention Agency (KDCA) recommends meningococcal vaccination for individuals at increased risk of infection, including immunocompromised patients, laboratory personnel, new military recruits, university dormitory residents, travelers to or residents of endemic regions, and close contacts during outbreaks.

Fuente: BioSpectrum Asia. Disponible en <https://n9.cl/yI0d3>

mRNA technology - an 'overnight' success, decades in the making

Jan 13. Scientists have known of the existence of mRNA inside living cells since the 1960s. Back in the 1980s, scientists developed efficient methods to produce their own, custom designs of synthetic mRNA in a test tube. Already then, the potential of mRNA for vaccines and therapeutics was understood by scientists. By the 2000s, researchers discovered how to modify mRNA to prevent inflammation and improve its potency when delivered into our bodies. By the 2010s, mRNA technology was being explored for vaccines against viruses like Zika and MERS.

"The rapid rollout of COVID-19 mRNA vaccines seemed like an overnight success – but in truth, it was the result of decades of global research and development."

Sixty years of investment laid the foundation for the rapid development and deployment of mRNA-based COVID-19 vaccines – culminating in a Nobel Prize in 2023 for Katalin Karikó and Drew Weissman, two pioneers of the field.

The "m" in mRNA stands for messenger. In therapeutic use, mRNA acts like a recipe. It carries instructions that our cells use to make proteins – potentially helping them fight disease, reduce inflammation, or produce substances that support healing. In the context of infectious diseases, mRNA can be used preventatively to avoid infection; or therapeutically to alleviate symptoms and speed up recovery.

mRNA is one example of what's known in science as a platform technology. Within the field of infectious diseases, these are tools designed not to fight a single virus, but to act as flexible, reusable building blocks – ready to be adapted for a wide range of pathogens. Think of them like LEGO blocks: modular, interchangeable, and designed for speed.

We don't know what the next pandemic will look like. That's why in 2024, the World Health Organization updated its pandemic preparedness framework, urging scientists to focus less on individual pathogens and more on those things we can meaningfully progress now. These include a better understanding of general infection mechanisms, our body's immune response to infections, but also on the technological building blocks of future therapeutics. Investing in platform technologies now will form the backbone of our future response – just as decades of investment made the rapid COVID-19 vaccine rollout possible.

But investment in science is only one part of the puzzle.

We also need to build public trust in that science long before the next crisis hits. For many, the first time they heard the word "mRNA" was while sitting in a chair, about to be vaccinated. This is both undesirable and unnecessary.

When the next pandemic emerges, it's likely that the life-saving vaccines or treatments will again be built using a combination of these "LEGO blocks" – pieces of technology already developed and tested. If those individual components have been validated ahead of time, the resulting therapeutic can move through safety and regulatory approvals much faster because we already know and trust its parts.

But that only works if the public trusts them, too.

Building that trust means being transparent, communicating clearly and early, and inviting the public into the scientific process. It's not just about showing outcomes, but explaining the testing, iteration, and rigour behind them. As the U.S. Department of Health and Human Services continues to cut funding for mRNA research and development, it's more important than ever that the global scientific community advocates for the value of these tools.

This is precisely why research institutions like the Cumming Global Centre for Pandemic Therapeutics at the Peter Doherty Institute for Infection and Immunity exist. The Centre's mission is to develop new platform technologies – or “LEGO blocks” – so we can rapidly respond when the next threat arises. It's built on the belief that treatments can be developed in much shorter timeframes than currently possible – but only through investment in new science, new ideas, and public trust.

We may not know the name of the next pandemic pathogen, but we know it's coming. If we want to save lives, keep our health systems functioning, and protect our communities, we must build the blocks during peacetime and bring the public with us every step of the way.

Fuente: Doherty Institute. Disponible en <https://n9.cl/sbknfj>

El meningococo vuelve a circular en Andalucía como antes de la pandemia

13 ene. La *Neisseria meningitidis* en 2025 fue la responsable de cinco muertes en Andalucía. Ya en 2026 fue registrado el primer fallecimiento en la región por este patógeno, también conocido como meningococo, que el pasado año recién concluido infectó a 57 personas en la comunidad andaluza. El número de casos en Andalucía ha ido recuperando en los últimos años la tasa de incidencia previa a la pandemia.

Una de las características más relevantes de esta bacteria, cuya identificación se remonta al siglo XIX, es la alta letalidad. La infección del meningococo se produce por las secreciones de las vías respiratorias que transmite una persona infectada a otra con la que ha tenido un contacto estrecho y prolongado, según indica el Instituto de Salud Carlos III. El periodo más habitual de los contagios suceden en invierno y es la infantil la edad más común en la que se desarrolla la patología.



La infección del meningococo puede dar lugar a enfermedades de gravedad como la sepsis, que es la infección generalizada producida por la presencia de la bacteria en la sangre; la meningitis, que es la inflamación de las membranas que envuelven el encéfalo y la médula espinal; e incluso la muerte. La letalidad, a tenor de la calificación del Instituto de Salud Carlos III, resulta en una proporción "elevada", hasta en un 15% de los casos, y destaca además el alto porcentaje de infecciones con secuelas, hasta en dos de cada diez de las personas que cursan a la enfermedad.

Un ejemplo de la gravedad de la enfermedad provocada por el meningococo se reveló la pasada semana en el fallecimiento de la niña de Villablanca, que se produjo de una manera "fulminante" después de manifestarse una sepsis, es decir, una infección sistémica en todo el organismo. Ha sido la primera aparición de esta enfermedad grave en Andalucía en lo que va de 2026. El pasado año, según constan en los informes de la Red Nacional de Vigilancia Epidemiológica, hubo 57 casos

confirmados, casi igual que en 2024 (59) y sensiblemente más que en 2023 (46). Estos datos son equiparables a los del resto de España. La incidencia de la infección ha rebrotado desde la brusca disminución que se registró en 2020 y 2021, cuando la pandemia del COVID-19 alteró los parámetros epidemiológicos en todo el mundo.

La vacunación dio inicio en el año 2000

La vacuna es uno de los modos de prevenir la infección del meningococo. El calendario de vacunación infantil introdujo en el año 2000 la inmunización de uno de los seis tipos o serogrupos de la bacteria, que ha sido progresivamente ampliado a todos los grupos. Desde entonces, las infecciones se han reducido de modo sensible. La vacuna contra el serogrupo B, que es el grupo más infeccioso, se incluyó en el programa de vacunación para la población infantil a los 2, 4 y 12 meses, según recoge el informe Enfermedad meningocócica invasiva en España en 2024, publicado por el Instituto de Salud Carlos III. La vacunación se recomienda también a personas con ciertas condiciones de riesgo.

No es así en todo el mundo. O, más atinadamente expresado, ha dejado de ser así en todo el mundo. El Gobierno de Estados Unidos anunció el pasado 5 de enero que eliminará la obligatoriedad de la vacuna contra la enfermedad meningocócica en el calendario de inmunización infantil. A partir de ahora será una vacuna opcional que se administrará en base a la decisión de los padres y de los médicos, caso por caso. También han dejado de ser obligatorias en Estados Unidos las vacunas contra el rotavirus, la hepatitis A y la gripe.

Fuente: Diario de Sevilla. Disponible en <https://n9.cl/gqrq8e>

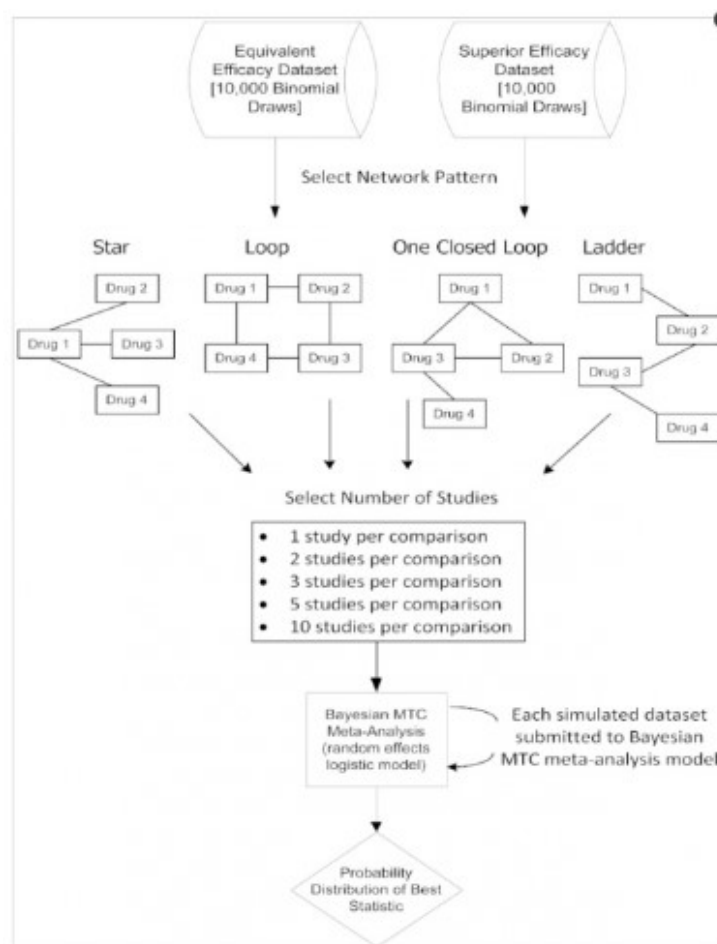
Bayesian Methodology Coming to Vaccine Clinical Trials

Jan 14. The U.S. Food and Drug Administration (FDA) recently announced in the Federal Register the availability of a new draft guidance titled "Use of Bayesian Methodology in Clinical Trials of Drug and Biological Products."

Posted on January 12, 2026, this non-binding document provides recommendations for clinical trial sponsors submitting investigational new drug applications, new drug applications, biologics licensing applications, or supplements to the FDA.

The guidance fulfills a commitment under the sixth reauthorization of the Prescription Drug User Fee Act, which aimed to enhance the review of complex innovative trial designs, including greater use of Bayesian approaches.

The FDA said in a press release that statistical methods in clinical trials rely primarily on data from the current study alone, often requiring large sample sizes, long timelines, and high costs.



Bayesian methodologies offer a flexible alternative by formally incorporating prior information — such as data from previous studies, real-world evidence, historical controls, or even adult data for pediatric trials — to update beliefs as new trial data arrive.

"Bayesian methodologies help address two of the biggest problems of drug development: high costs and long timelines," commented FDA Commissioner Marty Makary, M.D., M.P.H. "Providing clarity around modern statistical methods will help sponsors bring more cures and meaningful treatments to patients faster and more affordably."

For the whole document, visit the FDA's guidance page for FDA-2025-D-3217.

Separately, on January 14, 2026, the FDA announced a collaboration with the European Medicines Agency to develop 10 guiding principles for industry and product developers to consider when using artificial intelligence (AI) to advance drug and biological product development.

"Overall, these announcements signal stronger regulatory support for AI and data-efficient approaches that could accelerate vaccine development, commented Don Hackett of Vax-Before-Travel."

"The previous multi-year approval process does not meet society's needs in 2026," added Hackett.

Fuente: Vax Before Travel News. Disponible en <https://n9.cl/n8fa0>

5 Infectious Diseases to Watch in 2026

Jan 14. New Year's optimism often spurs pledges of healthier choices, but reasons for pessimism about America's health this year persist.

Childhood vaccination rates are on the decline, and school vaccination requirement exemptions are on the rise – fostering more opportunities for dangerous infectious diseases to spread.

The trends were already in motion before Robert F. Kennedy Jr. took over as secretary of Health and Human Services, but public health experts worry they will worsen given the steps Kennedy has taken to sow doubts about the safety and effectiveness of vaccines and reduce the number of recommended shots for children.

"I think it's going to get worse before it gets better," says Michael Moody, a pediatrics professor at Duke University School of Medicine.

Pools of unvaccinated or undervaccinated people create perfect conditions for infectious diseases – many of which Americans haven't seen firsthand in their lifetimes.

"The fact that people haven't seen these diseases often makes us kind of romanticize them," Moody says. "You sort of forget what they look like."

Effective vaccines and high vaccination coverage have kept these diseases at bay. But the picture that will emerge if vaccination rates drop too far isn't pretty.



“I do think that we are victims of our own success,” Moody says. “I fear that we're going to have to see some really bad outcomes for people to kind of wake up to the fact that we made these vaccines for a reason and they're actually beneficial.”

Here are five infectious diseases to keep an eye out for in 2026:

Flu

Flu season is already well underway, with a new variant fueling the spread.

The Centers for Disease Control and Prevention estimates at least 15 million cases, 180,000 hospitalizations and 7,400 deaths from flu so far this season – including 17 pediatric deaths.

“Last year was actually a pretty significant flu year,” Moody says. “I think initially we were hoping that this year might be quieter, but if anything, I think it's shaking up to be pretty similar to last year.”

Less than 50% of children have gotten a flu shot this year, according to CDC data. It's a lower rate than this point in any of the previous six seasons.

Until recently, the CDC recommended the annual flu vaccine for everyone age 6 months and older. Now, flu shots – as well as shots for respiratory syncytial virus, meningococcal disease and COVID-19 – are only recommended for children at high risk of serious illness, or after consultation between doctors and parents. The move was made over the objections of the broader medical community.

“At a time when parents, pediatricians and the public are looking for clear guidance and accurate information, this ill-considered decision will sow further chaos and confusion and erode confidence in immunizations,” Andrew Racine, the president of the American Academy of Pediatrics, said in a statement. “This is no way to make our country healthier.”

Last flu season was the deadliest for U.S. children in more than a decade, with 280 fatalities.

Measles

The U.S. reported over 2,000 measles cases in 2025 – the highest annual total in decades and by far the most since the disease was declared eliminated in the country in 2000.

Annual Measles Cases in the U.S.

Over 2,000 measles cases were reported last year – the highest total since measles were considered eliminated in U.S. in 2000.



Chart: Cecelia Smith-Schoenwalder • Source: CDC

U.S. News

Infections from an outbreak in South Carolina are actively climbing, and another that popped up in Utah and Arizona in late summer is ongoing.

Recent outbreaks could reverse America's measles elimination status, a move that would underscore a growing distrust of vaccines and an accompanying vulnerability that can be deadly for children and other at-risk populations.

"This is a vaccine that has been studied for decades and decades, and it's a real gift to humanity," says Derek Cummings, an epidemiologist at Johns Hopkins Bloomberg School of Public Health. "It's prevented millions and millions of deaths over decades."

Polio

Public health experts are concerned about polio – a paralyzing, potentially fatal virus – returning to the U.S.

It was eliminated in the U.S. due to the polio vaccine, but vaccination rates are on the decline and Kennedy has voiced doubt about the shots, going as far as to misleadingly suggest polio vaccines caused cancer in his generation "that killed many, many, many, many more people than polio ever did."

Polio is still prevalent in Pakistan and Afghanistan. As long as it is spreading anywhere, it could cause outbreaks in the U.S. among children who aren't fully vaccinated.

"That's the one I worry about the most because it's out there," Moody says. "It's easily transmissible."

Disease X

Disease X is not a virus that is circulating. It is a placeholder name for a hypothetical disease that could spread and cause epidemics or a pandemic.

The goal of such a placeholder is to encourage public health officials and scientists to think about what will cause the next outbreak.

"We are preparing for the future," Ana Maria Henao Restrepo of the World Health Organization said in a 2024 podcast. "Scientists call it Disease X to prepare for the hypothetical virus or bacteria that in the future can cause large outbreaks or epidemics or pandemics."

But steps taken by the Trump administration, including scaling back public health data and defunding mRNA vaccine research, have public health experts concerned the U.S. would not be ready for another pandemic. They emphasize that preparing for the next one is of the utmost importance because another pandemic isn't a question of if – it's a question of when.

Bird Flu

The CDC says there is currently a low public health risk from bird flu, though it states it "is watching the situation carefully and working with states to monitor people with animal exposures."

Person-to-person transmission of bird flu has not been documented in the U.S. However, it's widespread in wild birds worldwide and is causing outbreaks in poultry and dairy cows, with sporadic human cases in U.S. dairy and poultry workers. The CDC has documented over 70 cases in humans and two deaths since 2024.

"It is concerning that these viruses are not only affecting birds but infecting cows and other species," Cummings says. "That species breadth is a hallmark of a dangerous pathogen that could emerge."

Fuente: U.S.News. Disponible en <https://n9.cl/p9p0s>

Cuban Science with a Transformative Impact on Society

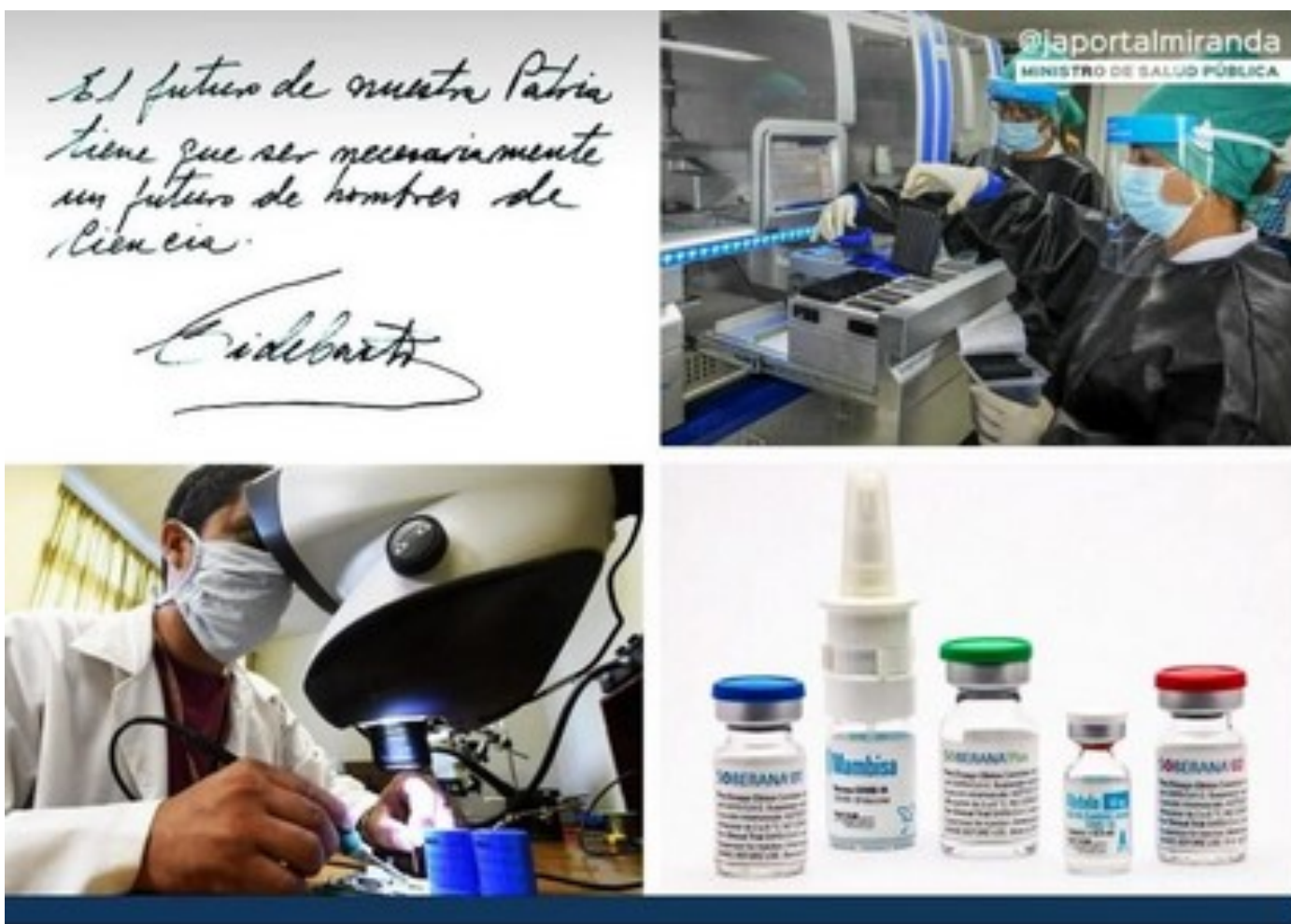
Jan 15. On January 15th, 1960, Fidel Castro announced that Cuba's future lay in the hands of scientists. Since then, despite the numerous economic and technological limitations they have faced at different stages of the Revolution, workers in this sector have created products and services that benefit society and contribute to the country's development, earning international recognition.

For decades, Cuban innovation has been an essential means of import substitution. Generating foreign exchange, and improving the population's quality of life through significant advances. In various scientific fields, particularly in health, with innovative healthcare solutions.

Currently, more than 91,000 Cubans are involved in science, technology, and innovation. The country boasts a robust network of scientific and research centers that have achieved significant results of global significance. In biotechnology, medicine, environmental protection, and the social sciences and humanities.

Cuban scientists are responsible for the creation of highly effective vaccines such as the meningococcal vaccine, administered on the island since 1989. Heberbiovac HB against hepatitis B, used since 1992; the first therapeutic vaccine against lung cancer (CIMA-VAX-EGF). And Heberprot-P, a unique and effective drug for treating diabetic foot ulcers.

Likewise, during the COVID-19 pandemic, the Cuban scientific community developed its own vaccines. Enabling the immunization of almost the entire population against the SARS-CoV-2 virus.



Furthermore, it is important to highlight the scientific advances in reducing viral load in HIV/AIDS patients and the clinical trials of drug candidates for the treatment of Alzheimer's and cancer.

Similarly, the level of progress in Cuban science is evident in the development of genetic engineering and biotechnology. As well as in environmental sustainability, with notable efforts in biodiversity conservation and the rational use of natural resources. In environmental matters, noteworthy examples include the State Plan for confronting climate change. Known as Tarea Vida (Task Life), and actions to preserve the ozone layer.

Also emerging from Cuban scientific endeavors are research projects focused on the use of renewable energy. Also as a response to the country's difficult electricity situation, and on organic agriculture in response to the need for food sovereignty.

Since 1990, the Cuban scientific community has celebrated its Day every January 15th. Highlighting diverse contributions within a socioeconomic context where men and women constitute a vital, entrepreneurial, and committed force. Overcoming a scarcity of financial resources and numerous technological challenges.

Fuente: RADIO ANGULO. Disponible en <https://n9.cl/dvo3s>

Experts warn 'Disease X' could cause devastating pandemic amid rise in four deadly viruses

Jan 15. Health professionals have identified four viruses that could potentially trigger the next pandemic as global vaccination rates decline. Experts in infectious diseases warn that Mpox, Rubella, Bird flu, and Oropouche could evolve into 'Disease X', an unknown pathogen capable of causing the next pandemic.

There is a growing concern that the world, particularly the UK, is "essentially unprepared" to handle another outbreak similar to COVID-19, where an infectious disease rapidly spreads among the population.

Dr Michael Head, a research fellow specializing in global health at the University of Southampton's faculty of medicine, stated: "Mpox outbreaks continue in many countries around the world, including in Europe, for example Spain."

- ♦ First human dies from rare H5N5 bird flu strain - key symptoms to be aware of
- ♦ Tragedy as man dies from virus 'never before seen' in humans

Speaking to The Sun, he said: "There are new strains emerging, and it's increasingly clear that the virus, previously very rare, is now here to stay globally."

The virus, formerly known as monkeypox, has been sporadically appearing in parts of Africa for decades. However, since May 2022, there has been a surge of outbreaks worldwide in regions that had not encountered the virus before, reports the Daily Star.

At least 100 countries were affected, including the UK, US, Australia, mainland Europe, and Canada. Towards the end of 2025, a new mutant strain of Mpox was discovered in England.

Moreover, Dr Head expressed concerns that Rubella – once thought to be eradicated – could resurface as the uptake of the MMR vaccine, which provides protection against measles, mumps, and rubella, has reached a 15-year low after a significant drop in recent years.

"Infectious disease experts have outlined viruses that could spark the next pandemic as vaccine rates drop. Mpox, Rubella, Bird Flu and Oropouche are on the rise."

The illness is typically mild, especially in children, but if contracted by a pregnant woman, it can lead to miscarriage, stillbirth or severe birth defects such as deafness, heart complications and intellectual disabilities.

However, the low uptake of the vital vaccine has already had alarming impacts on the number of measles cases. Cases have been increasing in the UK since last April, particularly in the North West of England and London, leading to the highest number of cases in England since 2012.

Measles is one of the most contagious diseases globally, spreading when an infected individual breathes, coughs, or sneezes. It can result in severe illness, complications, and even death.

In other news, bird flu has been intermittently flagged as a "pandemic concern" for several decades. However, a "particularly nasty" strain of the avian virus (H5N1) has been aggressively decimating wild birds and poultry since 2020.

Over time, the virus has mutated to spread from birds to mammals like cows, which means it has begun to spread through milk. Dr Ed Hutchinson, a professor of molecular and cellular virology at the University of Glasgow, warned that the virus could combine with regular seasonal flu and mutate into a form that spreads easily among humans.

Speaking to The Sun, he warned: "For as long as H5N1 is circulating and infecting humans, it will pose a pandemic risk. If this comes to pass we do have antivirals for influenza and the ability to make vaccines against new strains, but a new flu pandemic would still be a major challenge."

The UK recorded its first instances of the flu-like "sloth fever" last year, following an increase in cases across Europe, marking it as a rising health

issue. Officially termed Oropouche virus, this disease is transmitted to humans via bites from infected midges. Symptoms typically manifest up to eight days post-bite and bear similarities to dengue and Zika, including muscle aches, eye pain, rashes, light sensitivity, and vomiting.

Professor Jackson, an infectious disease specialist at the University of Virginia, penned in The Conversation: "In 2026, Oropouche outbreaks will likely continue to affect travelers in the Americas. The biting midge that carries Oropouche virus is found throughout North and South America, including the southeastern United States. The range of the virus could continue to expand."

Fuente: DAILY EXPRESS. Disponible en <https://n9.cl/iI0uf>

The Changing Faces of Vaccines: Innovations and Future Trends in Vaccinology

Jan 16. Vaccines are, without question, one of the most important and effective developments in the history of public health. Since 1974, vaccination has averted an estimated 154 million deaths and resulted in the gain of 10.2 billion health years. Both long-established vaccine strategies – such as attenuation, inactivation and pathogen subunits –

"Next-generation vaccines could transform equity delivery and disease prevention worldwide."

and newer technologies (e.g., mRNA), are able to provide protection against a wide variety of pathogens and diseases. However, despite these successes, substantial disease burdens still persist around the world, as do challenges to novel vaccine development and deployment. Subsequently, vaccine research must adapt to see further successes.

As public health advances and successful vaccine development has brought many infectious diseases – particularly in high-income countries – under control, interest in novel vaccines has shifted. Non-communicable and chronic diseases such as heart disease and dementia are now prime targets for novel vaccines, bringing new challenges and requiring novel approaches. In addition, while the COVID-19 pandemic showed that rapid, effective vaccine responses to emerging diseases are possible, the instability and complex delivery requirements of many vaccine platforms can complicate deployment. This leads to geographical vaccine inequity and preventable disease burden in low-to-middle income countries (LMIC) and remote areas, significant roadblocks to global public health.

Vaccines for chronic diseases

Throughout their history, vaccines have been targeted at infectious diseases. However, with 7 out of the 10 leading causes of death now noncommunicable diseases, vaccines for noncommunicable and chronic diseases are now gaining traction. This can pose novel challenges for researchers, as these vaccines must often target self-antigens and may not be compatible with existing vaccine platforms.

One platform that shows promise for preventing chronic diseases, however, is virus-like particles (VLPs). VLPs are formed by overexpressing the genes for viral structural proteins in an expression system. These proteins then self-assemble into empty particles that mimic the size and pattern of the original virus – without the viral genome, or the potential to cause disease. VLP vaccines are already used to protect against human papillomavirus (HPV) and hepatitis B and E viruses but also show promise against chronic illness. This is currently being investigated by Professor Bryce Chackerian at the University of New Mexico to develop vaccines against chronic issues such as high cholesterol, Alzheimer's and even drug addiction.

"VLPs can be used as vaccines for the viruses they're derived from, but we can also use them as a platform to display other antigens," said Chackerian. "VLPs have these highly dense, repetitive structures that can interact multivalently with B cell receptors and lead to extremely durable immune responses of a stronger magnitude. It's this durability that makes the VLP-based approach potentially really useful for chronic diseases." Additionally, the foreign viral antigens in a VLP induce a T helper cell response, which is key in breaking tolerance and initiating an immune response against a self-antigen. Indeed, a lot of autoimmune diseases often appear to be triggered by viral infections.

Chackerian's group uses information on monoclonal antibody (mAb) development as a guide for selecting potential targets for vaccines. "If clinical trial data or US Food and Drug Administration approvals show that a mAb-based drug against a chronic disease target is safe, that suggests that a vaccine-based approach against that same target could also be safe," he explained. "That's something we really worry about, because you can withdraw a drug if there is an adverse event, but you can't just turn off the immune response to a vaccine."

A good example of this approach is a vaccine that Chackerian is working on against a molecule called PCSK9, which, when blocked, can reduce LDL cholesterol levels.⁶ mAbs targeting PCSK9 are safe and approved, and now a VLP vaccine could elicit the same effect – but with distinct advantages over

a mAb therapy. “mAbs are generally very, very expensive and difficult to produce, while VLP vaccines aren’t. mAbs are also more likely to induce side effects such as infusion reactions than vaccines,” Chackerian said. “For long-lasting chronic diseases, we may need a booster vaccination every 6–12 months, but this is still less frequent than a mAb therapy, which improves patient uptake.”

Chackerian is most optimistic about his lab’s potential Alzheimer’s disease vaccine. The VLP vaccine targets tau, a structural protein in the brain that, when hyperphosphorylated, is secreted out of cells and begins to aggregate and cause the tangles – and subsequent symptoms – associated with Alzheimer’s disease.⁷ “We’re trying to target the pathogenic form of tau, specifically at the sites that get phosphorylated, rather than the normal form,” he explained. “The aim is to delay or even halt disease progression. It’s been very promising in animal studies, and we’re aiming to start the process to begin clinical trials in about a year. Getting a vaccine for Alzheimer’s would be very exciting, but the bigger goal would be to make it globally accessible, and I think vaccines have better potential for that than, say, mAb therapies.”

Improving vaccine equity

Making vaccines more globally accessible is an essential factor in vaccine innovation, and one that cannot be ignored. Nowhere was this more obvious than during the COVID-19 pandemic, where vaccine inequity – compounded in part by the ultra-low temperature demands of the mRNA vaccines – resulted in less than 10% vaccine coverage in the first 12 months of global vaccine distribution in LMICs, compared to 75-80% in high-income countries, resulting in preventable deaths and disabilities.



One of the main challenges in equitable vaccine development and deployment is the inherent instability of many vaccine platforms. “Vaccines consist of complex biological molecules and particles, which are easily damaged by high temperatures, freezing, light, agitation or other external stress factors. Some of the newer vaccine technologies, like mRNA-based vaccines, are especially sensitive to heat,” said Dr. Renske Hesselink, director of manufacturing and supply chain innovations at the Coalition for Epidemic Preparedness Innovations (CEPI). Her work focuses on the 100 Days Mission – a goal to develop vaccines within 100 days of identification of a new viral outbreak with pandemic potential, aiming to contain outbreaks faster and target vaccines to those who need them most.

Key to the success of the 100 Days Mission is the advancement of innovations in vaccine storage and stability. Currently, maintenance of the cold chain – the transport and storage of vaccines at low (2-8 °C) or ultra-low (-80 °C) temperatures is essential for preserving vaccine safety and effectiveness. “While advantageous for maintaining vaccine potency, such temperature requirements can make vaccines inaccessible to remote areas or low-resource settings,” explained Hesselink. Cold chain requirements can also result in huge amounts of wastage, as vaccines must be discarded if they have not been kept at the correct temperature, or if they remain unused at the end of their limited shelf life.

Creating thermostable vaccines is all very well, but proving a novel vaccine's stability takes time – time that may not be available during an outbreak scenario. Therefore, Hesselink's work also investigates stability modelling. In this method, vaccine degradation is measured at multiple temperatures for a relatively short period of time (e.g., two months), then mathematical modelling is used to predict long-term stability. “[This method] is currently being tested for various vaccine platforms, such as RNA-based vaccines and protein-based vaccines. This gives us confidence that we can apply the methodology when we need it in a rapid response situation,” said Hesselink. “An important part of this work is alignment with regulatory authorities, to ensure we generate the data they need to confidently approve shelf life based on platform data and predictive stability modelling.”

Novel delivery systems

“In support of CEPI's equitable access mission, we're really looking to see a step change in the way that some of these vaccines can be stored and delivered – to provide hope and protection to communities worldwide, while also minimizing potential wastage,” said Hesselink. There are several approaches being used at CEPI to achieve this goal, one of which is dried vaccine formulations. “Removing water from the product often halts or slows down degradation processes, similar to freeze-drying of food, for example,” she explains. “This also provides opportunities in alternative deliveries, such as microarray patch, solid-dose, intranasal dried powder and sublingual thin film vaccines.”

Developing alternative delivery systems for thermostable vaccines is also an opportunity to solve another of the key challenges facing vaccine development: the need for repeated booster shots. Most current vaccines are delivered intramuscularly by hypodermic needle, and most require more than one dosage to achieve protective immunity. In addition to effective cold chain storage, this requires a skilled operator, appropriate sharps disposal and does not encourage patient compliance due to pain and phobias. Dr. Thanh Duc Nguyen, associate professor in the Department of Mechanical Engineering at the University of Connecticut, is developing an alternative microneedle delivery system to tackle this issue.

“Microneedles are tiny needle tips, only 400–600 micrometers long,” said Nguyen. “When we create arrays of these microneedles on patches that can be applied to the skin, the needles penetrate the superficial dermal layers of the skin, shallow enough that they avoid nerve endings and don't cause the pain usually associated with hypodermic needles.” However, this doesn't mean that they can't reach the immune system. “These layers of the skin contain a lot of immune cells, such as Langerhans cells, that can trigger the immune response in a much more effective manner than a traditional hypodermic injection,” he explained. In the dermal layers of skin, specialized antigen-presenting cells such as Langerhans cells and dermal dendritic cells take up vaccine antigens, then travel to skin-draining lymph nodes to activate an immune cascade that initiates both the humoral and cell-mediated arms of the adaptive immune response, establishing an extensive immune response and increasing vaccine efficacy.

Combining microneedle patches with a dried vaccine formulation could create a robust, thermostable vaccine that is more easily deployed, transported and administered, even in remote areas with limited cold chain or health infrastructure. “We add an excipient, similar to a sugar, which binds to the vaccine antigen, immobilizes it and prevents it from undergoing any conformational changes when it's dried, that might prevent the immune system from recognizing it,” says Nguyen. “These dried vaccines are then very stable for long periods of time and very compatible with microneedle patches.”

Conclusion

There is no doubt that the field of vaccination is changing. With greater demand for vaccines against novel targets – both chronic diseases and emerging threats – and the essential need for global equitable access, future vaccines may look very different from the platforms and delivery systems we are familiar with. Chronic diseases such as heart disease and Alzheimer's are a worldwide issue, and VLP vaccines could be a safe, simple way to protect against them. The ability to make these vaccines – and those for infectious diseases – thermostable could be revolutionary.

"If we can successfully scale up the manufacturing of the microneedle patches," said Nguyen, "it could be game-changing for the way we vaccinate people, and eventually the way that we administer drugs." Hesselink agreed: "I think it is a very exciting time for this field. We have been using syringes and needles for more than a century to vaccinate people, but they do have certain drawbacks. Novel technologies are now on the brink of improving that, making vaccines more equitably accessible to people around the world, in an easy, safe, pain-free manner."

Fuente: Technology Networks. Disponible en <https://n9.cl/ereymb>

Sanofi Targets Pfizer's Pneumococcal Stronghold With New Phase 3 Infant Vaccine Trial

Jan 17. Sanofi has launched a Phase 3 trial titled "A Phase 3, Randomized, Modified Double-blind, Active-controlled, Parallel-group, Lot-to-lot Consistency, 4-arm Study to Investigate the Safety and Immunogenicity of a 4-dose Regimen of a 21-valent Pneumococcal Conjugate Vaccine in Healthy Infants and Toddlers." The study will test whether three separate manufacturing lots of Sanofi's new 21-valent pneumococcal conjugate vaccine (PCV21) work the same way and are as safe as Pfizer's approved 20-valent vaccine (Prevnar 20) in infants starting at about two months of age. For investors, this is a late-stage move in a large, established vaccine market where new entrants with broader coverage and reliable manufacturing can shift long-term revenue streams.

"Sanofi SA (SNY) announced an update on their ongoing clinical study."

Intervention/Treatment

The main treatment is Sanofi's investigational 21-valent pneumococcal conjugate vaccine (PCV21), given as an injection to help infants build protection against more strains of pneumococcal bacteria than current standard options. Three different PCV21 manufacturing lots will be tested. The control arm uses an approved 20-valent pneumococcal conjugate vaccine (20vPCV, Prevnar 20), representing today's standard of care. Routine childhood vaccines such as Vaxelis, rotavirus, MMR, varicella, and hepatitis A are given alongside the study vaccines to mirror real-world pediatric practice.

Study Design

This is an interventional Phase 3 trial with randomized assignment to four groups: three PCV21 groups (each receiving a different lot) and one control group receiving the licensed 20-valent vaccine. The model is parallel, meaning each infant stays in the same group for all four doses at 2, 4, 6, and 12 months of age. The design is "modified double-blind" with quadruple masking: parents, care teams, investigators, and outcome assessors do not know which vaccine a child receives, while only a small group of staff preparing injections is unblinded for practical reasons.

The main goal is prevention—showing PCV21 provides similar immune response and safety to the approved 20-valent vaccine, and that all three PCV21 lots behave consistently.

Study Timeline

The study was first submitted on January 15, 2026, signaling the formal start of regulatory and site-setup activities. At this stage, the trial is listed as “Not Yet Recruiting,” so enrollment of infants has not begun. The same date, January 15, 2026, is recorded as the most recent update, showing this is a fresh entry on the registry. Primary completion and final completion dates are not yet specified, but given a follow-up of about 17 months per participant and typical enrollment ramp-up, investors should expect first top-line immunogenicity data no earlier than 2–3 years after recruitment begins, with final safety and consistency data following thereafter.

Market Implications

This new Phase 3 trial underscores Sanofi’s push to expand its pediatric vaccine franchise into higher-valent pneumococcal products, directly challenging Pfizer’s Prevnar 20 in a highly profitable, global market. A successful PCV21—with more bacterial strain coverage and proof of lot-to-lot consistency—could support a differentiated label, strengthen Sanofi’s competitive position in pediatric vaccines, and help diversify revenue beyond flu and adult vaccines. In the near term, the update is unlikely to move Sanofi’s share price dramatically given the very early stage of this specific study and the long path to approval. However, it reinforces the long-term pipeline story, which tends to support sentiment among long-horizon investors and healthcare-focused funds. For Pfizer, the trial highlights growing competition risk around its pneumococcal franchise, though actual market share pressure would not materialize until after a potential PCV21 approval. Overall, this update is incremental but positive for Sanofi’s strategic positioning in vaccines and will be tracked alongside other late-stage assets in its portfolio.

The study is currently ongoing in setup with the latest information available on the ClinicalTrials portal.

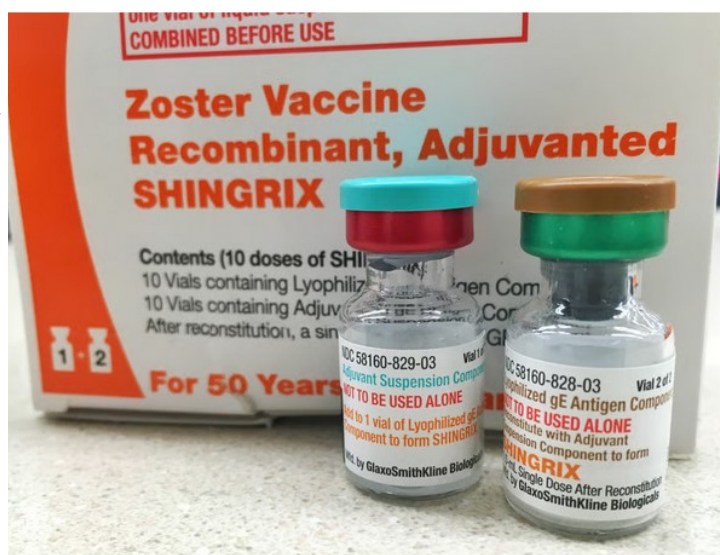
Fuente: THE GLOBE AND MAIL. Disponible en <https://n9.cl/b4s835>

The hidden benefits of common vaccines, including reduced dementia and heart risks

Jan 19. Let us be clear: the primary reason to be vaccinated against shingles – a virus that causes a painful rash – is that two jabs provide at least 90 per cent protection against a painful, blistering disease that a third of people in America will suffer in their lifetimes, and a similar number in Hong Kong.

It can cause lingering nerve pain and other nasty long-term consequences.

Meanwhile, the most important reason for older adults to be vaccinated against RSV (respiratory syncytial virus) is that their risk of the infection hospitalising them declines by almost 70 per cent in the year they get the jab, and by nearly 60 per cent over two years.



And the main reason to roll up a sleeve for an annual flu vaccine is that when people do get infected, it reliably reduces the severity of illness – though its effectiveness varies by how well scientists have predicted which strain of influenza shows up.

But other reasons for older people to be vaccinated are emerging. They are known, in doctor-speak, as off-target benefits, meaning that the jabs do good things beyond preventing the diseases they were designed for.

The list of off-target benefits is lengthening as “the research has accumulated and accelerated over the last 10 years”, said William Schaffner, an infectious disease specialist at Vanderbilt University Medical Centre in Nashville, in the US state of Tennessee.

Some of these protections have been established by years of data; others are the subjects of more recent research, and the payoff is not yet as clear. The first RSV vaccines, for example, became available only in 2023.

Still, the findings “are really very consistent”, said Stefania Maggi, a geriatrician and senior fellow at the Institute of Neuroscience at the National Research Council in Padua, Italy.

She is the lead author of a recent meta-analysis, published in the British journal *Age and Ageing*, that found reduced risks of dementia after vaccination for an array of diseases, and said that vaccines’ “downstream effects” make them “key tools to promote healthy ageing and prevent physical and cognitive decline”.

Yet too many older adults, whose weakening immune systems and high rates of chronic illness put them at higher risk of infectious diseases, have not taken advantage of vaccination.

The US Centres for Disease Control and Prevention (CDC) reported last week that about 31 per cent of older adults in the country had not yet received a flu jab. Only about 40 per cent of adults 75 and older had ever been vaccinated against RSV and only about a third of seniors had received the most recent COVID-19 vaccine.

The CDC recommends the one-and-done pneumococcal vaccine for adults 50 and older. An analysis in the *American Journal of Preventive Medicine*, however, estimated that from 2022, when new guidelines were issued, until 2024, only about 12 per cent of those 67 to 74 received it, and about 8 per cent of those 75 and older.

The strongest evidence for off-target benefits, dating back 25 years, shows reduced cardiovascular risk following flu jabs.

Healthy older adults vaccinated against flu have substantially lower risks of hospitalisation for heart failure, as well as for pneumonia and other respiratory infections.

Vaccination against influenza has also been associated with lower risks of heart attack and stroke.

Moreover, many of these studies predate the more potent flu vaccines now recommended for older adults.

Could the RSV vaccine, protective against another respiratory illness, have similar cardiovascular effects? A recent large Danish study of older adults found a nearly 10 per cent decline in cardiorespiratory hospitalisations – involving the heart and lungs – among the vaccinated versus a control group, a significant decrease.



Lowered rates of cardiovascular hospitalisations and stroke did not reach statistical significance, however. That may reflect a short follow-up period or inadequate diagnostic testing, cautioned Helen Chu, an infectious disease specialist at the University of Washington and co-author of an accompanying editorial in the Journal of the American Medical Association.

“I don’t think RSV behaves differently from flu,” Chu said. “It’s just too early to have the information for RSV, but I think it will show the same effect, maybe even more so.”

Vaccination against still another dangerous respiratory disease, COVID-19, has been linked to a lower risk of developing long Covid, with its damaging effects on physical and mental health.

Probably the most provocative findings concern vaccination against shingles, aka herpes zoster. Researchers made headlines in 2025 when they documented an association between shingles vaccination and lower rates of dementia – even with the less effective vaccine that has since been replaced by Shingrix, approved in 2017.

Nearly all studies of off-target benefits are observational, because scientists cannot ethically withhold a safe, effective vaccine from a control group whose members could then become infected with the disease.

That means such studies are subject to “healthy volunteer bias”, because vaccinated patients may also practise other healthy habits, differentiating them from those not vaccinated.

Although researchers try to control for a variety of potentially confounding differences, from age and sex to health and education, “we can only say there’s a strong association, not a cause and effect”, Maggi said.

But Stanford researchers seized on a natural experiment in Wales in 2013, when the first shingles vaccine, Zostavax, became available to older people who had not yet turned 80. Anyone who had was ineligible.

Over seven years, dementia rates in participants who had been eligible for vaccination declined by 20 per cent – even though only half had actually received the vaccine – compared with those who narrowly missed the cut-off.

“There are no reasons people born one week before were different from those born a few days later,” Maggi said. Studies in Australia and the United States have also found reductions in the odds of dementia following shingles jabs.

In fact, in the meta-analysis Maggi and her team published, several other childhood and adult vaccinations appeared to have such effects. “We now know that many infections are associated with the onset of dementia, both Alzheimer’s and vascular,” she said.

In 21 studies involving more than 104 million participants in Europe, Asia and North America, vaccination against shingles was associated with a 24 per cent reduction in the risk of developing dementia. Flu vaccination was linked to a 13 per cent reduction. Those vaccinated against pneumococcal disease had a 36 per cent reduction in Alzheimer’s risk.

The Tdap vaccine against tetanus, diphtheria and pertussis (whooping cough) is recommended for adults every 10 years, with vaccination among older adults often prompted by the birth of a grandchild, who cannot be fully vaccinated for months. It was associated with a one-third decline in dementia.

Other researchers are investigating the effects of shingles vaccination on heart attacks and stroke, and of Covid vaccinations on cancer survival.

What causes such vaccine bonuses? Most hypotheses focus on the inflammation that arises when the immune system mobilises to fight off an infection. "You have damage to the surrounding environment [in the body] and that takes time to calm down", Chu said.

The effects of inflammation can far outlast the initial illness. It may allow other infections to take hold, or cause heart attacks and strokes when clots form in narrowed blood vessels. "If you prevent the infection, you prevent this other damage," Chu said.

Hospitalisation itself, during which older patients can become deconditioned or develop delirium, is a risk factor for dementia, among other health problems. Vaccines that reduce hospitalisation might therefore delay or ward off cognitive decline.

Fuente: South China Morning Post SCMP. Disponible en <https://n9.cl/lqfg5>

EuBiologics expands vaccine development into CNS, accelerates move beyond public vaccines toward premium markets

Jan 19. "There's an anecdote from Bian Que, a renowned physician of China's Warring States period. 'A physician who prevents disease before it occurs is more valuable than one who saves a patient at the brink of death.' Building on the foundation established through its public vaccine portfolio, EuBiologics plans to expand into the 'premium vaccine' segment, targeting indications such as Alzheimer's disease and shingles, with the objective of leaping forward as a global leader in the vaccine industry."

Baik Yeong-ok, CEO of EuBiologics, made these remarks during an interview with at the 2026 JP Morgan Healthcare Conference in San Francisco. In the discussion, Baik presented a company's strategic roadmap to evolve beyond a conventional vaccine manufacturer and to fully commit to the development of next-generation pipeline assets (new drug candidates). The company is emerging as a high-growth enterprise, having surpassed KRW 100 billion (approximately USD 67.9 million) in annual sales last year, while achieving an operating profit margin of 40%. As of Q3 2025, EuBiologics had already recorded cumulative sales of KRW 116.9 billion and operating profit totaling KRW 47.1 billion.

EuBiologics participated in the conference for the third consecutive year following an official invitation from the host, JP Morgan. The company's delegation included CEO Baik Yeong-ok, along with Lee Chan-gyu, Head of R&D Center, Jeon Shin-hee, head of Business Development, and Heo Beom, head of Clinical Development. "The very fact that we were invited by JP Morgan serves as recognition of our company's capabilities and future growth opportunities," Baik emphasized.

Baik indicated that EuBiologics is prioritizing Alzheimer's disease in its next-generation premium vaccine strategy and plans to file an Investigational New Drug (IND) application in the first half of this year. Although the IND application had initially been scheduled for late 2025, Baik explained that the addition of additional non-clinical trials, specifically primate (monkey) trials, has enhanced the completeness of the overall data package.

"We have conducted a thorough analysis of physiological parameters, including the maximum tolerated dose, adverse effects, and antibody transfer, based on studies in both rodent and non-human

primate models. In particular, these studies confirmed excellent blood-brain barrier (BBB) permeability, demonstrating that the candidate effectively reaches the brain and binds precisely to the target," Baik remarked.

EuBiologics' Alzheimer's disease vaccine candidate under development incorporates four core peptide epitopes, two derived from amyloid beta (A β) and two from tau proteins, both of which are central pathological drivers of disease progression. Baik explained that meaningful therapeutic efficacy is not achieved simply by increasing the number of antigens but rather through the synergistic interaction among these four selected epitopes. EuBiologics has finalized its Alzheimer's vaccine candidate based on preclinical evidence demonstrating both cognitive and behavioral improvements in trials using the 3xTG (triple transgenic) mouse model.

"AC Immune, a Swiss biopharmaceutical company and competitor in the field, has licensed out its anti-tau Alzheimer's disease vaccine candidate, 'ACI-35.030 (development code),' to Takeda Pharmaceutical for approximately KRW 2 trillion. Although EuBiologics is a latecomer, we are demonstrating comparative advantages in terms of efficacy and safety," Baik said.

Additionally, at this year's JP Morgan Healthcare Conference, EuBiologics entered into a memorandum of understanding (MOU) with the U.S.-based company Pop Biotechnologies to codevelop a vaccine for Parkinson's disease. Building on its ongoing efforts in Alzheimer's disease, this agreement underscores EuBiologics' full expansion into vaccines targeting central nervous system (CNS) disorders by embarking on the development of a Parkinson's disease vaccine.

EuBiologics has not discontinued its efforts to develop a COVID-19 vaccine. The company's persistence, demonstrated by the completion of Phase 3 clinical trials with government support, a milestone achieved by only a limited number of Korean companies, has proven to be an asset. EuBiologics expects its COVID-19 vaccine candidate to obtain product approval in the Philippines and plans to leverage this approval as a foundation for re-entry into the domestic market.

EuBiologics' COVID-19 vaccine development strategy is centered on 'comparative clinical trials,' an approach possible thanks to the extensive safety data already secured through Phase 3 clinical studies. Rather than initiating a new Phase 3 clinical trial from scratch, the company plans to conduct comparative clinical trials by rapidly replacing the antigen with the most recent variant strain (e.g., LP8.1) designated by the World Health Organization (WHO).

"With the majority of the population having already completed primary COVID-19 vaccination, current market demand is shifting toward booster vaccines that offer a high level of safety with reduced concerns regarding adverse effects," Baik stated. "Rather than messenger ribonucleic acid (mRNA) vaccines, which continue to face a degree of public resistance, our vaccine candidate, based on a long-proven synthetic antigen method, represents a more rational and acceptable alternative in the era of endemic infectious diseases," he added.

"Our respiratory syncytial virus (RSV) vaccine candidate has completed a Phase 1 clinical trial report, and the shingles vaccine candidate is scheduled to be available in February. Through these developments, we are steadily securing our competitive position in the premium vaccine segment," Baik further commented.

While premium vaccines represent EuBiologics' future growth engine, the company's unmatched competitiveness in the 'public vaccine' segment continues to underpin its current momentum.

Addressing the recent entry of new competitors like India's GCBC into the UNICEF procurement market, Baik stated that "EuBiologics' dominant market position will remain in the future."

"Indian competitors rely on glass vial packaging, which results in a relatively high unit price of USD 1.93, while their annual production capacity is limited to around 5 to 7 million doses. By contrast, EuBiologics offers a markedly more competitive cost structure through its lightweight, compact plastic tube-type formulation, and its market leadership is further reinforced by the supply stability it has consistently established since 2016," he emphasized.

Baik also further emphasized plans to reinforce the company's public vaccine portfolio. "The typhoid vaccine candidate currently under review is highly likely to obtain prequalification (PQ) from the World Health Organization (WHO) by mid-year. In addition, the meningococcal vaccine candidate, which is presently in Phase 3 clinical trials in Africa, is scheduled to apply for approval from the Korean Ministry of Food and Drug Safety (MFDS) in December. Through these efforts, we aim to further strengthen our public vaccine portfolio this year, covering cholera, typhoid, and meningococcal vaccines," he added.

EuBiologics has further refined its business model beyond conventional contract manufacturing (CMO) by integrating technology transfer with the exclusive supply of key drug substance (DS) materials to its partners.

"EuBiologics is pursuing a flexible business strategy that involves licensing out the platform itself to large strategic partners while engaging in outsourcing or co-development of individual pipeline assets with mid-sized companies. For this year, we are targeting KRW 19.5 billion (approximately USD 13.2 million) in contract manufacturing organization (CMO) orders, including those related to LG Chem's pertussis vaccine," Baik expressed.

"In a market largely dominated by multinational pharmaceutical giants like Pfizer and GlaxoSmithKline (GSK), EuBiologics seeks to position itself as an essential and irreplaceable 'key player.' By leveraging our established cash-generating foundation, we intend to advance the development of high-risk, high-return premium vaccines, thereby building a sustainable business model that balances public interest and commercial success," he emphasized.

Fuente: THE BIO NEWS. Disponible en <https://n9.cl/ucpx7q>

The common vaccine that could slow down ageing

Jan 21. Scientists have discovered that a dose of the shingles vaccine might not just protect against the viral infection, but also slow down biological ageing in older people.

Researchers from the University of Southern California say the vaccine, which is regularly given to elderly people, could be used for more than preventing shingles.

It follows a study of more than 3,800 people, which found that those who had been vaccinated showed fewer signs of biological ageing and inflammation compared to those who had not received the jab.

Jung Ki Kim, the study's lead author, said: "By helping to reduce this background inflammation — possibly by preventing reactivation of the virus that causes shingles, the vaccine may play a role in supporting healthier ageing.

"While the exact biological mechanisms remain to be understood, the potential for vaccination to



The shingles vaccination is available on the NHS for all adults turning 65 and those aged between 70 and 79 years old.

reduce inflammation makes it a promising addition to broader strategies aimed at promoting resilience and slowing age-related decline.”

The findings support recent research, which has identified an association between adult vaccines, like shingles or influenza, and decreased risks of dementia and other neurodegenerative disorders, according to Ms Kim.

“This study adds to emerging evidence that vaccines could play a role in promoting healthy ageing by modulating biological systems beyond infection prevention,” she said.

The shingles vaccination is available on the NHS for all adults turning 65 and those aged between 70 and 79 years old.

Using the data of nearly 4,000 elderly people from the US health and retirement study, scientists examined how the shingles jab influenced several signs of ageing for the latest study.

They measured seven aspects of biological ageing, including inflammation, defence against infection, adaptive immunity, blood flow, neurodegeneration, epigenetic ageing, and transcriptomic ageing.

Those who had been vaccinated had significantly lower inflammation measurements, slower epigenetic and transcriptomic ageing, and a better biological ageing score.

The research noted that inflammation is a well-known contributor to conditions like heart disease, frailty, and cognitive decline - a phenomenon known as “inflammaging”, Ms Kim said.

She said: “By helping to reduce this background inflammation — possibly by preventing reactivation of the virus that causes shingles, the vaccine may play a role in supporting healthier ageing.

“While the exact biological mechanisms remain to be understood, the potential for vaccination to reduce inflammation makes it a promising addition to broader strategies aimed at promoting resilience and slowing age-related decline.”

The study's co-author, Eileen Crimmins, said: "These findings indicate that shingles vaccination influences key domains linked to the ageing process.

"While further research is needed to replicate and extend these findings, especially using longitudinal and experimental designs, our study adds to a growing body of work suggesting that vaccines may play a role in healthy ageing strategies beyond solely preventing acute illness."

Fuente: Independent. Disponible en <https://n9.cl/eeozc>

Moderna Expands Real-World Safety Tracking for Updated SPIKEVAX Vaccines in Korea

Jan 22. Moderna (MRNA) is running a long-term safety study in South Korea titled "A Multi-Centre, Prospective, Observational Post-Marketing Surveillance to Investigate the Long-Term Safety of SPIKEVAX BIVALENT and SPIKEVAX X Injection Under Routine Clinical Care in Korea." The goal is to track how often side effects occur and gather broader safety data when the updated COVID-19 vaccines are used in everyday clinical practice. For investors, this is a key part of protecting the SPIKEVAX brand, supporting regulator trust, and maintaining Moderna's position in the COVID-19 vaccine market.

Intervention/Treatment

The study follows people who receive Moderna's COVID-19 vaccines SPIKEVAX Bivalent and SPIKEVAX X. Both are mRNA vaccines aimed at protecting against SARS-CoV-2 and its newer variants. No experimental dosing is used; the vaccines are given as part of normal care, and the study only observes outcomes.

Study Design

This is an observational, multi-centre cohort study. There is no random assignment and no placebo or control arm. Participants who get at least one dose of SPIKEVAX Bivalent or SPIKEVAX X are monitored for safety, especially for side effects within 28 days after vaccination. The design is simple: watch real-world patients over time and record any safety issues, with the main purpose being long-term safety tracking rather than testing new benefit claims.



Study Timeline

The study was first submitted on March 20, 2024, marking the formal start of regulatory tracking. It is currently listed as “recruiting,” meaning new participants are still being enrolled. The latest update was submitted on March 17, 2025, which signals that the surveillance plan and status remain active and under review. Primary and final completion dates have not yet been posted, reflecting the ongoing nature of this long-term safety effort.

Market Implications

For investors, this update underscores that Moderna continues to invest in post-marketing safety data, a core requirement for sustaining vaccine revenue and defending market share against Pfizer, Novavax, and emerging players. Positive or uneventful safety findings could support stable or improved investor sentiment by reducing perceived regulatory and litigation risk and by strengthening Moderna’s reputation with health authorities in Asia. Any unexpected safety signals, while not indicated by the current status, would likely pressure the stock and potentially benefit competitors. In the near term, the recruiting status and fresh 2025 update mainly reinforce the view that SPIKEVAX remains a strategic, actively monitored asset in Moderna’s portfolio.

The study is ongoing and has been recently updated, with fuller details available on the ClinicalTrials.gov portal under NCT06333704.

Fuente: THE GLOBE AND MAIL. Disponible en <https://n9.cl/yt58kd>

En 2026 se administrarán gratuitamente dos vacunas costosas a los niños

23 ene. Se trata de la vacuna neumocócica y la vacuna contra el VPH, que previene el cáncer de cuello uterino.

Según el Sr. Duong Chi Nam, subdirector del Departamento de Prevención de Enfermedades (Ministerio de Salud), la vacuna neumocócica está prevista que se implemente a partir del primer trimestre de 2026. La vacuna ya llegó a Vietnam y actualmente se encuentra en pruebas.

“Cuando estas vacunas se incluyen en el programa ampliado de inmunización, se brinda a más bebés la oportunidad de estar protegidos contra las enfermedades.”

Se espera que la vacuna contra el VPH para la prevención del cáncer de cuello uterino comience a distribuirse en el tercer o cuarto trimestre de 2026, ya que se necesita más tiempo para completar los procedimientos de licitación, importación y pruebas. Entre 2026 y 2028, cuatro provincias (Tuyen Quang, Quang Ngai, Dak Lak y Vinh Long) implementarán un programa piloto de vacunación gratuita contra el VPH para niñas de 11 años.

Dos tipos de vacunas costosas se administrarán gratuitamente a los niños en 2026 (Foto: CDC de Hanoi)

Esta noticia ha alegrado a los padres con niños pequeños, ya que estas dos vacunas son bastante caras si se administran de forma privada. Actualmente, la vacuna antineumocócica cuesta entre 1 y 2 millones de dongs por dosis, mientras que la vacuna contra el VPH cuesta entre 1 y 3 millones de dongs por dosis. Incluir estas dos vacunas en el programa de vacunación gratuita ayudará a que más niños tengan acceso a estas costosas vacunas y se protejan contra las enfermedades en la comunidad.

El Sr. Nam también informó que, a partir de finales de 2024, la vacuna Rota se incluyó en el Programa Ampliado de Inmunización para niños residentes en 32 provincias que antes eran montañosas, remotas y desfavorecidas. En 2025, el programa se amplió a nueve provincias más.

A partir de 2026, el Ministerio de Salud pretende implementar el programa a nivel nacional, brindando a más niños acceso a la vacuna Rota como parte del programa ampliado de inmunización. En Hanói, la ciudad ya ha puesto en marcha un programa de vacunación infantil Rota a principios de 2026.

Según el subdirector del Departamento de Prevención de Enfermedades, el objetivo para 2030 es que todas las vacunas del programa ampliado de inmunización alcancen una tasa de cobertura del 95% o más a nivel nacional, en todas las zonas, desde las comunas hasta los barrios.

Fuente: VIETNAM.VN. Disponible en <https://n9.cl/6oze7>

How AI is reshaping global preparedness for infectious disease

Jan 23. Staying ahead of rapidly evolving pathogens remains a central challenge for governments, industries and communities worldwide. The ability to quickly identify, characterize and respond to infectious disease threats is critical to reducing social and economic harm.

Beyond public health, infectious disease risk has also become a defining component of economic and national security. Outbreaks



disrupt global trade, strain critical workforces, undermine investor confidence and create cascading impacts across sectors such as manufacturing, agriculture, logistics, travel and finance. Strengthening pathogen intelligence and the readiness of countermeasures is, therefore, foundational infrastructure for resilient economies and societies.

In this constant race against biological evolution, artificial intelligence is increasingly central to how the world anticipates and responds to disease threats. Importantly, AI is not a single tool but a spectrum of complementary approaches. Inference-driven and analytical methods, such as statistical modelling, epidemiological surveillance, and mechanistic simulations, remain essential for detecting signals, estimating risk, validating evidence, and supporting decision-making.

Generative artificial intelligence builds on this foundation by synthesizing complex evidence, exploring scenarios, generating hypotheses and speeding up design processes that would otherwise take months or years. Agentic artificial intelligence extends these capabilities further by enabling autonomous, goal-directed systems that can plan, act and coordinate multistep tasks with minimal supervision. It can be applied to integrating data, selecting tools, executing workflows and delivering insights in real time. Together, these approaches enable a more complete, responsive and resilient health security system.

To harness this opportunity, the World Economic Forum is supporting the development of two complementary global digital platforms designed as shared public-interest infrastructure: the Pandemic Preparedness Engine (PPX) and Global Pathogen Analysis Platform (GPAP).

These platforms expand access to advanced analytical and generative capabilities while preserving appropriate governance, data sovereignty and safeguards.

The Pandemic Preparedness Engine (PPX)

PPX is the world's first global, AI-factory-based platform designed to rapidly identify infectious disease risk and expedite the G7-endorsed 100 Days Mission to develop vaccines against viral threats within 100 days of identification. A World Economic Forum-hosted and incubated project, PPX is led by a Secretariat comprising the Coalition for Epidemic Preparedness and Innovations (CEPI), the University of Chicago and the European Vaccine Hub at the Sclavo Vaccine Association.

At its core, PPX is an end-to-end research and development platform that integrates data across the vaccine lifecycle – from genomic surveillance, epidemiological modelling, viral evolution, antigen design, clinical development and safety monitoring to regulatory submission. An agentic AI framework underpins this digital pipeline, enabling the estimation of outbreak dynamics, validation of preclinical and clinical evidence and robust hypothesis generation to support scientific and policy decisions.

The PPX platform uses this agentic AI architecture to integrate insights across disciplines, proposing vaccine designs, exploring alternative manufacturing pathways and compressing development timelines from months to days. As new data and research become available, they are continuously incorporated, allowing PPX to function as a dynamic scientific resource for both public and private sector users.

Equitable access, benefit-sharing, security and the responsible use of AI are foundational to PPX's design. The platform will operate as a global digital commons, working with governments and research institutions to establish a federated network of international computing hubs or AI factories. This approach expands global access to state-of-the-art tools while maintaining strong data protection, national sovereignty and biosecurity-by-design safeguards.

PPX is designed to operate as part of a broader, integrated system for health security, working in close alignment with the Global Pathogen Analysis Platform.

Global Pathogen Analysis Platform

The Global Pathogen Analysis Platform (GPAP) is the world's first globally accessible, AI-powered platform designed to turn pathogen data (from across human, animal, plant and environmental systems) into standardized, actionable intelligence at scale. GPAP closes a critical gap between the growing volume of genomic and surveillance data and the limited capacity to rapidly analyse, compare and interpret that data for decision-making, particularly in low and middle-income countries.

To achieve its goal, GPAP combines bioinformatics and AI to make infectious disease genome analysis widely accessible and to connect surveillance systems across sectors and countries, especially among low and middle-income countries.

Funded by the Novo Nordisk Foundation and established by the Technical University of Denmark in collaboration with the University of Copenhagen, the Statens Serum Institut and a global consortium convened with the World Economic Forum's Health Security Initiative, GPAP combines advanced bioinformatics and analytical AI with a federated, user-controlled data model. It provides free access to state-of-the-art analytical tools, alongside optional secure services for data storage, sharing and collaboration. At the same time, it ensures that full ownership and control of data remain with users.

GPAP strengthens preparedness by enabling earlier detection of emerging pathogens and variants,

What makes GPAP unique?

1. Supports the work of individuals and institutions involved in surveillance, research and product development in the full one health spectrum.
2. Covers all pathogens and microbes (viruses, bacteria, fungi, etc.).
3. AI is used for data storage and loading, complex analysis, and generation of reports and figures.
4. Co-created with and for LMIC users, and both scales effectively and performs reliably in resource-constrained environments
5. Builds its own independent cloud infrastructure.
6. Will not store user data without explicit consent, and data ownership and control will remain entirely with the user.
7. Based on open-source software, and all new bioinformatic tools developed will be open source.
8. Conforms with the WHO IPSN principles for pathogen genomic data sharing platforms.

GPAP will deploy a novel digital research and surveillance global infrastructure

Image: Novo Nordisk Foundation

faster comparison of signals across countries and sectors and the generation of timely, decision-ready insights. These capabilities rely on robust inference and analytical methods that support surveillance, estimation and validation across One Health domains.

In parallel, GPAP delivers day-to-day value for industries by enabling earlier risk detection, faster incident investigation and improved continuity planning. Sectors such as food and agriculture, biotechnology, diagnostics, manufacturing and logistics can use GPAP insights to reduce disruptions, protect workforces and safeguard supply chains against biological risks.

Linking detection to response

PPX and GPAP represent a new generation of AI-enabled global public infrastructure for research and development to combat emerging and future pathogen threats. Together, they form a complementary system: GPAP strengthens the world's ability to detect, analyse and interpret pathogens through genomic intelligence and advanced analytics; while PPX transforms that intelligence into rapid vaccine research, development and manufacturing at scale, closing the gap between scientific insight and effective countermeasures.

By linking AI-enabled pathogen analysis with AI-enabled vaccine R&D, PPX and GPAP enable faster, more coordinated responses to biological threats before they escalate into global crises. They compress development timelines, reduce uncertainty and strengthen global resilience by ensuring that cutting-edge science translates quickly into real-world protection. This can help the world stay ahead of both known and unknown pathogen threats.

Get involved

Following the formal launch of PPX and GPAP at the World Economic Forum's Annual Meeting in Davos this month, the Forum's Health Security Initiative will support the design, coordination and

strategic alignment of both platforms. Taking advantage of the Forum's neutral convening role, this work will bring together governments, researchers and industry partners, while operational leadership remains with the respective host institutions.

We invite partners from technology and AI, pharmaceuticals, biotechnology, diagnostics, food and agriculture, supply chain and logistics, finance, reinsurance, travel and aviation, retail and other workforce-intensive industries to participate in the co-creation phases. By engaging early, partners can help shape a trusted, AI-enabled health security infrastructure that delivers shared protection, economic resilience and long-term value.

Fuente: WORLD ECONOMIC FORUM. Disponible en <https://n9.cl/jack5>

SK bioscience joins CEPI-backed push to advance MSD's Ebola vaccine

Jan 23. SK bioscience said Thursday it is moving forward with development work on an updated Zaire ebolavirus vaccine under a collaboration backed by the Coalition for Epidemic Preparedness Innovations (CEPI).

The project follows a funding agreement between CEPI and MSD, under which CEPI will



provide up to \$30 million to support continued development of MSD's Zaire ebolavirus vaccine. MSD will allocate the funding to its development partners, including SK bioscience and Hilleman Laboratories, to carry out research, manufacturing process improvements and clinical development, according to SK bioscience.

The collaboration is based on MSD's World Health Organization-prequalified Zaire ebolavirus vaccine and aims to update its manufacturing process and improve product stability. The current vaccine requires ultra-low temperature storage, which can complicate deployment in remote and low-resource settings where outbreaks most often occur.

Under the partnership, Hilleman Laboratories, a joint venture between MSD and the Wellcome Trust, will lead clinical development of the updated vaccine. SK bioscience and IDT Biologika will work on improvements to the drug substance manufacturing process and the associated drug product, the company said.

The project aims to improve manufacturing yield and enhance thermostability to support a more affordable and accessible vaccine supply, subject to regulatory review and public health requirements. Zaire ebolavirus is responsible for repeated Ebola outbreaks and has been associated with a survival rate of around 50 percent, SK bioscience said.

Richard Hatchett, chief executive of CEPI, said the funding would help enable a sustainable supply of MSD's vaccine at a lower cost.

SK bioscience CEO Ahn Jae-yong said the company would contribute manufacturing expertise to support global health preparedness.

Fuente: Korea Biomedical Review. Disponible en <https://n9.cl/o7o0p>

La OMS lamenta la retirada de Estados Unidos al tiempo que desmiente a Washington

24 ene. La Organización Mundial de la Salud (OMS) lamentó la decisión de Estados Unidos de retirarse del organismo, al considerar que esta medida “hace que tanto Estados Unidos como el mundo sean menos seguros”.

En un comunicado difundido este sábado, la OMS recordó que Estados Unidos fue uno de sus miembros fundadores y un actor clave en muchos de los mayores logros de la organización, como la erradicación de la viruela y los avances sostenidos contra enfermedades como la polio, el VIH, el ébola, la influenza, la tuberculosis, la malaria y las enfermedades tropicales desatendidas.

“La agencia sanitaria de la ONU expresa su pesar por la notificación formal de retirada de la nación norteamericana como Estado miembro y rechaza las acusaciones de Washington de haber comprometido la independencia del país durante la gestión de la pandemia de COVID-19.”

La agencia defiende su gestión durante la pandemia

En el comunicado, la OMS rechazó directamente los infundios formulados por el gobierno estadounidense, que acusó a la organización de haber “dañado y desprestigiado” a Estados Unidos, comprometido su independencia y fallado durante la pandemia de COVID-19. La agencia rechazó estas afirmaciones y aseguró que, como con todos sus Estados miembros, siempre buscó colaborar con los Estados Unidos “de buena fe”, respetando plenamente su soberanía.

Respecto a la gestión de la pandemia, la OMS reconoció que se trató de una crisis sin precedentes y que ninguna institución o gobierno respondió de manera perfecta. No obstante, defendió su actuación y sostuvo que actuó con rapidez, transparencia y basándose en la mejor evidencia científica disponible en cada etapa. Subrayó que compartió toda la información que tenía de forma inmediata con la comunidad internacional y emitió recomendaciones para proteger a las poblaciones y los sistemas de salud.

El organismo recordó que reaccionó desde los primeros reportes de un conglomerado de casos de neumonía de origen desconocido en Wuhan, China, el 31 de diciembre de 2019. Ese mismo día solicitó información adicional a las autoridades chinas y activó sus sistemas de gestión de emergencias. Para el 11 de enero de 2020, cuando se informó la primera muerte por COVID-19, la OMS ya había alertado al mundo a través de canales formales, declaraciones públicas y redes sociales, además de convocar a expertos internacionales y publicar guías técnicas para los países.

La OMS también destacó que el 30 de enero de 2020 declaró la COVID-19 como una emergencia de salud pública de importancia internacional, el máximo nivel de alerta previsto por el Reglamento Sanitario Internacional. En ese momento, fuera de China había menos de 100 casos reportados y ninguna muerte registrada. Durante las primeras semanas de la crisis, el director general de la OMS instó repetidamente a los países a actuar con urgencia, advirtiendo que la ventana de oportunidad para contener el virus se estaba cerrando.

En respuesta a las acusaciones sobre la imposición de medidas restrictivas, la OMS aclaró que nunca recomendó confinamientos obligatorios, mandatos de vacunación ni el uso obligatorio de mascarillas. Según el organismo, su rol fue asesorar y apoyar a los gobiernos, mientras que las decisiones finales correspondieron exclusivamente a las autoridades nacionales.

Garantizar el derecho a la salud

Finalmente, la OMS rechazó la acusación de haber seguido una agenda politizada o influida por países hostiles a los intereses estadounidenses. Reafirmó su carácter imparcial como agencia especializada de Naciones Unidas, gobernada por 194 Estados miembros.

El comunicado destacó además avances recientes en cooperación internacional, como la adopción del Acuerdo sobre Pandemias y las negociaciones para un sistema de acceso y reparto de beneficios sobre patógenos. Aunque expresó su esperanza de que Estados Unidos retome su participación en el futuro, la OMS aseguró que continuará trabajando con todos los países para garantizar el derecho a la salud como un derecho fundamental para todas las personas.

Fuente: Noticias ONU. Disponible en <https://n9.cl/02kza>

Vacunar al adulto frente al neumococo: un paso clave para la salud en la edad avanzada

27 ene. MSD ha presentado recientemente en España su nueva vacuna frente al neumococo diseñada específicamente para la población adulta, marcando un hito en la prevención de esta enfermedad que representa una carga significativa para la salud pública. La compañía, con más de un siglo de experiencia en investigación de vacunas, refuerza así su compromiso con la innovación y la colaboración con el sistema sanitario.

Ana Argelich Hesse, directora general de MSD España, abrió la rueda de prensa destacando la importancia de la vacunación: «Las vacunas son herramientas que salvan vidas y protegen a la población, y para nosotros, como compañía, es nuestra misión emplear la ciencia de vanguardia para lograr precisamente eso: salvar vidas en todo el mundo. En el caso del neumococo, hace ya cuatro décadas que introducimos la primera vacuna, y hoy nos sentimos muy orgullosos de todo el desarrollo que se ha logrado hasta la fecha».

Asimismo, Argelich destacó que «la neumonía y otras infecciones respiratorias son algunas de las enfermedades más relevantes y que causan mayores problemas de salud. Por ello, la llegada de la vacuna V116 al sistema sanitario, diseñada específicamente para adultos, representa un motivo de especial orgullo. Esta vacuna está pensada para cubrir necesidades concretas de la población adulta».



Antonio Navarro (izq.) y Joaquín Mateos (drcha.), junto a María Fernández-Prada (online).

Una enfermedad con un impacto significativo

Por su parte, José Antonio Navarro, consultor honorario del Ministerio de Sanidad y miembro de GRIPEXPERT, detalló la carga de enfermedad asociada al neumococo: «A escala mundial, se estima que cada año se producen cerca de 1 millón de casos de enfermedad neumocócica. De ese total, aproximadamente 300.000 afectan a niños menores de 5 años, mientras que 600.000 se concentran en mayores de 65 años. Esto nos permite concluir que, a nivel global, la mayor parte de los casos se concentra en los primeros años de vida y en edades avanzadas».

«Si centramos el análisis en España, se estima que anualmente se registran entre 2.300 y 2.400 casos en mayores de 65 años. Es importante destacar también la letalidad de la enfermedad: alrededor del 18% de las personas que la padecen presentan un desenlace grave, lo que refleja la relevancia sanitaria de esta infección en nuestro país», destacó Navarro.

Navarro explicó las manifestaciones clínicas, diferenciando entre infección no invasora —como otitis, sinusitis o bronquitis— y enfermedad invasora, más grave, que pueden conllevar meningitis, sepsis o artritis. También resaltó la relevancia de las vacunas conjugadas: «Estas vacunas presentan un fenómeno clave, como es la protección comunitaria. No solo protege a la persona vacunada, sino que también elimina el estado de portador del microorganismo, reduciendo su circulación en la comunidad. Como consecuencia, se benefician también las personas no vacunadas, que quedan indirectamente protegidas». Este efecto se observa de forma muy clara cuando se vacunan de manera masiva los niños pequeños. «Al disminuir la circulación del neumococo en su entorno más cercano, también se reduce la probabilidad de infección entre quienes los cuidan o conviven con ellos. Es el mismo principio que se conoce como inmunidad comunitaria o de grupo, un objetivo fundamental de los programas de vacunación y uno de los grandes beneficios de las vacunas conjugada», explicó Navarro.

Por su parte, Joaquín Mateos, director médico de MSD España, enfatizó la innovación de la nueva vacuna: «Hasta ahora solo había una vacuna para niños y adultos. Hemos analizado los serotipos por edad y diseñado esta vacuna con 21 serotipos, ocho de los cuales no aparecen en ninguna otra vacuna. Esto permite cubrir hasta el 75,9% de los casos de enfermedad neumocócica invasora en adultos, frente al 61% de la vacuna previa».

Mateos también destacó la importancia de la investigación clínica: «En 2024, nuestra subsidiaria fue responsable de 194 ensayos clínicos. El programa STRIDE evalúa la seguridad, eficacia e inmunogenicidad de la vacuna en adultos, incluyendo aquellos con factores de riesgo o inmunodeprimidos».

Desafíos en la vacunación del neumococo en adultos

María Fernández-Prada, especialista en medicina preventiva y salud pública y miembro del Comité Asesor de Vacunas del Principado de Asturias, abordó los retos de la vacunación en adultos: «Venimos de una cultura de vacunación infantil muy arraigada, pero ahora debemos integrar la vacunación en la vida de los adultos. Es fundamental que se perciba como un valor añadido para la salud, que los profesionales sanitarios la recomienden y que la población la demande».

Fernández-Prada subrayó también la necesidad de homogeneizar las recomendaciones entre comunidades autónomas: «Hoy existen diferencias según edad o factores de riesgo en las diferentes regiones. Debemos transmitir un mensaje único y claro para que cale en la población adulta».

Sobre la relevancia de la nueva vacuna, la experta explicó que «a problemas de adultos, soluciones

para adultos. Esta vacuna específica incrementa la cobertura de la enfermedad invasora en adultos, protege frente a serotipos que no estaban incluidos en vacunas previas y refuerza la prevención en mayores de 65 años».

«Esta nueva vacuna tiene el potencial de cubrir hasta el 75,9%, prácticamente un 76%, de los casos de enfermedad neumocócica invasora en la población adulta. Hasta ahora, las vacunas disponibles permitían alcanzar una cobertura aproximada del 61%, por lo que el avance es significativo», subrayó la experta.

De acuerdo con los expertos, este incremento supone una mayor protección frente a serotipos que no estaban incluidos en las vacunas utilizadas hasta la fecha, lo que se traduce en una reducción potencial más amplia de la carga de enfermedad en el adulto. En este sentido, el desarrollo de esta vacuna representa un cambio de enfoque relevante en la prevención del neumococo, al responder de forma más específica a las necesidades epidemiológicas de la población adulta.

Contribuir a la sostenibilidad

Por otro lado, en cuanto a la sostenibilidad del sistema sanitario, Fernández-Prada afirmó que «no solo se trata de prevenir enfermedad y mortalidad, sino también de contener el gasto sanitario. La inversión en vacunación reduce la presión asistencial y favorece la sostenibilidad del sistema de salud».

La presentación destacó, además, la evolución histórica de las vacunas neumocócicas: desde la primera vacuna de 1977, pasando por la conjugada del año 2000, hasta la nueva vacuna de amplio espectro que incorpora los serotipos actualmente circulantes y de mayor relevancia en adultos. Navarro resaltó la importancia de la vigilancia epidemiológica y microbiológica para ajustar las vacunas a los serotipos emergentes y monitorizar resistencias antimicrobianas.

El futuro, según Fernández-Prada, ya está presente: «Tenemos una herramienta que puede reducir significativamente la carga de enfermedad en adultos. El objetivo es que la población la perciba como un beneficio, que la demande y que los profesionales sanitarios la indiquen. Además, la investigación debe continuar para desarrollar vacunas adaptadas a la epidemiología actual y futura».

Con la incorporación de esta nueva vacuna al calendario de vacunación del adulto, MSD consolida su papel en la prevención de enfermedades infecciosas, reforzando la protección de los adultos mayores y avanzando hacia una estrategia de salud pública que integra la vacunación a lo largo de toda la vida.

Fuente: GACETA MÉDICA. Disponible en <https://n9.cl/nx1y3>

Las vacunas contra el neumococo reducen la enfermedad invasiva por cepas resistentes a antibióticos en bebés

28 ene. Un nuevo estudio liderado por el Laboratorio de Referencia de Neumococos del Centro Nacional de Microbiología (CNM) del Instituto de Salud Carlos III (ISCIII) revela que las vacunas frente al neumococo reducen la enfermedad invasiva por cepas resistentes a antibióticos en población pediátrica.

La investigación ha caracterizado el papel de las vacunas en la resistencia del neumococo a los tratamientos con antibióticos a nivel pediátrico. Sus conclusiones señalan que las vacunas conjugadas han ayudado a frenar la diseminación de serotipos que resisten al tratamiento y que

causan la llamada enfermedad neumocócica invasiva (ENI), que puede generar cuadros graves de meningitis aguda, sepsis o neumonía.

Los resultados de esta investigación, publicados en la revista *'Antimicrobial Agents and Chemotherapy'*, demuestran que entre 2009 y 2023, los casos de enfermedad neumocócica invasiva descendieron más de un 60 por ciento en población pediátrica de 1 a 4 años, y alrededor de un 50 por ciento en menores de un año.



El equipo del CNM-ISCIII, liderado por la doctora Miriam Domenech y el doctor José Yuste, explica que, pese a los grandes avances logrados en la prevención frente al neumococo en los últimos años, se aprecia un aumento de serotipos de neumococo no incluidos en la vacuna, muchos de ellos también asociados a la resistencia a los antibióticos.

La investigación, que ha analizado la epidemiología de neumococo en población pediátrica destaca el aumento de infecciones causadas por el serotipo 24F, que no está presente en ninguna de las vacunas disponibles actualmente. Además, el estudio ha analizado el impacto de la COVID-19, concluyendo que la pandemia generó un descenso temporal de los casos de enfermedad neumocócica invasiva, incluido los causados por cepas resistentes y debido a las medidas no farmacológicas, seguido de un repunte posterior tras la recuperación de vida social durante la pandemia.

DATOS QUE PERMITIRÁN MEJORAR LAS FUTURAS VACUNAS

Esta investigación, según explican Mirian Domenech y Jose Yuste, permite comprobar la eficacia de la vacunación en la reducción de la carga de enfermedad en población pediátrica. "Los resultados ponen de manifiesto la importancia de la vigilancia microbiológica de la enfermedad neumocócica invasiva, que es fundamental para el análisis de la evolución y distribución de los serotipos del neumococo, tanto los incluidos en la vacuna como los no incluidos", explican los investigadores.

Según añaden, el estudio permite avanzar en la detección y estudio de nuevos serotipos no cubiertos por las vacunas actuales, un aspecto que consideran clave para orientar y mejorar el diseño de futuras vacunas.

Fuente: INFOSALUS. Disponible en <https://n9.cl/laqinz>

La OMS considera "bajo" el riesgo de expansión del brote de virus Nipah en India

30 ene. El riesgo de que el virus Nipah se expanda por Asia es bajo y la Organización Mundial de la Salud no recomienda restricciones de viajes ni comercio tras la confirmación de dos casos en el estado de Bengala Occidental y la declaración de una alerta epidemiológica por parte de las autoridades indias. La Organización evalúa como moderado el riesgo para la salud pública a nivel subnacional, mientras que lo considera bajo a nivel nacional, regional y global, al no haberse detectado propagación fuera del área afectada.



“Las autoridades sanitarias indias notificaron a la OMS el 26 de enero dos casos confirmados de infección. Varios países asiáticos han puesto en marcha medidas de control.”

“El evento representa el decimotercer brote documentado de Nipah en India y el tercero en Bengala Occidental”, señaló la OMS, que advirtió que el virus es un patógeno zoonótico raro, con una tasa de letalidad de entre 40% y 75% y sin vacunas ni tratamientos específicos disponibles.

Las autoridades sanitarias indias notificaron a la OMS el 26 de enero de 2026 dos casos confirmados de infección por Nipah en el distrito de North 24 Parganas. Ambos pacientes, una mujer y un hombre, enfermeros de entre 20 y 30 años, desarrollaron síntomas a finales de diciembre de 2025 y fueron hospitalizados a inicios de enero. Según el último parte, uno de los casos mostró mejoría clínica, mientras el otro permanecía en estado crítico.

En respuesta al brote, el Gobierno de India activó medidas de salud pública, entre ellas el rastreo de contactos, el refuerzo de la vigilancia epidemiológica, campañas de información comunitaria y el fortalecimiento de los protocolos de prevención y control de infecciones en hospitales. La OMS está apoyando el monitoreo del evento y el análisis de patrones epidemiológicos.

“Es fundamental reforzar la detección temprana y las medidas de prevención y control en los centros de salud para evitar la transmisión asociada a la atención médica”, subrayó la organización.

El temor a la propagación del virus se ha extendido por Asia, llevando a Tailandia, Nepal o Hong Kong a activar, en algunos de sus aeropuertos, medidas como controles de temperatura y formularios de declaración de salud.

Más de 190 contactos analizados

Tras la detección de los casos, las autoridades identificaron y analizaron más de 190 contactos, incluidos trabajadores de la salud y miembros de la comunidad, cuyos resultados fueron negativos. El Centro Nacional para el Control de Enfermedades informó el 27 de enero que no se han registrado nuevos casos en Bengala Occidental.

La OMS destacó que el virus Nipah puede transmitirse de animales a humanos, principalmente a través de murciélagos frugívoros del género *Pteropus*, por alimentos contaminados, o mediante contacto estrecho entre personas, especialmente en entornos sanitarios. Los síntomas iniciales incluyen fiebre, dolor muscular y vómitos, que pueden evolucionar rápidamente hacia encefalitis grave y dificultades respiratorias. No existe vacunas ni tratamientos, aunque la supervivencia aumenta si se detecta tempranamente.

La OMS reiteró que no recomienda restricciones de viajes ni comercio, pero instó a la población a evitar el consumo de savia cruda de palma datilera, lavar y pelar frutas, reducir el contacto cercano con personas enfermas y buscar atención médica temprana ante síntomas compatibles.

El brote ocurre en plena temporada de mayor riesgo, que en India se extiende entre diciembre y mayo, periodo asociado a una mayor interacción entre humanos y reservorios naturales del virus.

Fuente: Noticias ONU. Disponible en <https://n9.cl/z5z5z>

CDMOs dominate the headlines – and Lonza delivers a clear message of strength

Jan 30. Lonza is in a position of strength and intends to sharpen its focus further. Some observers see a warning shot for competitors in the Swiss group's latest results, as the company combines a very strong financial performance with an explicit commitment to concentrate even more tightly on its core CDMO activities. In Switzerland, however, there is also a degree of unease that future strategic investments are planned almost exclusively abroad. Perhaps for this reason, Lonza's share price slipped by a few Swiss francs despite the solid figures.



Strong performance in 2025 underpins strategic refocus

For the 2025 financial year, Lonza can point to an impressive set of results. The Basel-based contract development and manufacturing organisation (CDMO) generated revenues of CHF 6.5 billion, representing currency-adjusted growth of 21.7%. With a CORE EBITDA margin of 31.6%, the company not only exceeded the prior-year level but also its recently upgraded guidance. More importantly for both investors and customers, Lonza is using this operational strength to drive its strategic realignment.

Investments clearly focused on biologics and complex modalities

A key pillar of the strategy is disciplined capital allocation. In 2025, Lonza invested CHF 1.3 billion in property, plant and equipment – close to 20% of sales. The bulk of this spending went into high-growth technology platforms such as Mammalian, Drug Product, Bioconjugates and selected capacities in cell and gene therapy. This targets precisely those segments where pharmaceutical and biotech companies increasingly rely on external partners to manage high fixed costs and regulatory complexity.

Particular strategic importance is attached to the now “fully integrated” large-scale facility in Vacaville, California. According to the company, the site significantly strengthens Lonza's position as the largest biologics CDMO in the United States. Vacaville contributed around CHF 0.6 billion in revenues in 2025, and the signing of a fifth major commercial contract underlines strong demand. For Lonza, the facility is a key asset in serving customers seeking to regionalise their supply chains – a trend that has intensified amid geopolitical tensions and has effectively pushed many companies to invest heavily in US-based manufacturing.

“One Lonza”: organisation as a growth enabler

With the launch of the new One Lonza operating model in April 2025, the company also reset its organisational structure. The consolidation into three major business platforms – Integrated Biologics, Advanced Synthesis and Specialized Modalities – is designed to reduce complexity and offer customers seamless end-to-end solutions. This is complemented by centralised operations and quality functions, as well as group-wide strategic account management for key customers.

According to Lonza, the new structure is already paying off: customer satisfaction continues to improve, and the number of integrated drug substance and drug product projects is increasing. At the same time, the company is strengthening capabilities in strategy, innovation and M&A to complement organic growth with selective acquisitions.

Market outlook remains positive as outsourcing trend continues

Despite macroeconomic uncertainty and geopolitical shifts, Lonza remains highly confident about market prospects. While large pharmaceutical companies are increasingly directing investments towards the US, they continue to refrain from building comprehensive in-house manufacturing capacity. For biotech companies, outsourcing remains the norm. The economic rationale for transferring development and manufacturing risks to specialised CDMOs remains firmly intact.

Against this backdrop, Lonza expects further revenue growth of 11–12% (CER) in 2026 and an expansion of the CORE EBITDA margin to above 32%. Growth is again expected to be particularly strong in the first half of the year. Currency effects – especially from a weaker US dollar – are seen as a headwind, but are not expected to materially affect profitability thanks to natural hedges.

Exit from capsules and ingredients sharpens Lonza's profile

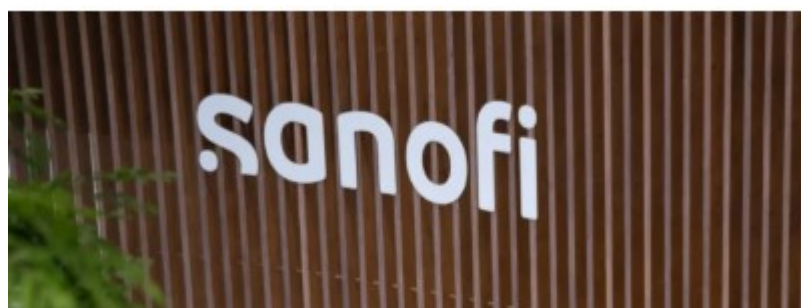
In parallel, Lonza is continuing its exit from the Capsules & Health Ingredients (CHI) business. While the division performed solidly in operational terms in 2025, it is no longer considered part of the company's long-term vision as a focused CDMO. A separation would, according to Lonza, further strengthen capital allocation towards high-margin, technologically demanding business areas.

More critically, commentators at Neue Zürcher Zeitung note that Lonza plans to invest and grow almost exclusively abroad, potentially sidelining its Swiss home base. In the NZZ's reading, this points to a broader challenge for Switzerland as a location. However, the trend towards heavy investment in the US – and increasingly also in China – by pharma majors such as Novartis, Roche and AstraZeneca can also be interpreted as a signal to CDMOs to follow their customers. Those that fail to do so risk falling behind.

Fuente: European Biotechnology. Disponible en <https://n9.cl/l7oa0j>

Sanofi ends 2025 on a high, but trims R&D priorities

Jan 30. French drugmaker Sanofi published on January 29th 2026 in its Q4 and full year 2025 results. The company ended 2025 on a strong note, posting fourth-quarter sales growth of more than 13% and confirming a year of profitable expansion. Full-year revenue reached €43.6 billion, up nearly 10%.



Strong quarter, solid full-year momentum

Chief Executive Officer Paul Hudson described 2025 as “a new year of strong profitable growth,” pointing to multiple regulatory approvals, positive Phase 3 results and three new product launches. The company expects the momentum to continue in 2026, with sales growth forecast close to ten percent and business earnings per share rising slightly faster.

Growth remained heavily concentrated in pharmaceuticals, driven by strong new product launches that showed encouraging traction: Altuviiro, an intravenous treatment for hemophilia A, surpassed €1 billion in annual sales, while new blockbuster Ayvakit, used to treat advanced systemic mastocytosis, continued gaining momentum in rare disease indications.

Dupixent remains the engine

Like the last previous years, Dupixent was the main growth driver. Sales of the blockbuster antibody climbed more than 25% in 2025 to €15.7 billion, with significant acceleration in Q4. Dupixent sets another record, reinforcing its position as Sanofi's most important asset across multiple inflammatory indications. While some biotech competitors are trying to develop alternatives (for instance APG777 and APG279 from Apogee Therapeutics), Sanofi continues to expand Dupixent's label, including progress toward registration in allergic fungal rhinosinusitis.

Vaccines under pressure, commitment unchanged

The vaccines division told a more mixed story, as sales declined modestly in the fourth quarter. Performance still came in above expectations for influenza vaccines, and Sanofi gained market share in several segments.

In the results presentation, Hudson reiterated Sanofi's long-term commitment to vaccines, despite short-term headwinds. The company has continued to invest through acquisitions, including the purchase of Dynavax for around €1.8 billion expected to be closed in Q1 2026, and highlighted its focus on differentiated platforms and pandemic preparedness.

At the same time, Sanofi made clear that it is sharpening its priorities. In its presentation of the results of Q4 and 2025, the group confirmed that it has deprioritized its mRNA-based seasonal influenza vaccine program (SP0237), signaling a shift toward other vaccine technologies while maintaining work on pandemic-focused mRNA candidates. This deprioritization might reflect the challenging climate for vaccines in the U.S., where growing hesitancy and policy shifts have impacted the market and complicated vaccine uptake.

Pipeline reshaped by cuts and setbacks

The most striking signal from the update came from the pipeline. Sanofi reported continued progress, including positive Phase 3 data for amlitelimab (a fully human non-T cell depleting monoclonal antibody that targets OX40-ligand) in atopic dermatitis and regulatory advances across immunology and rare diseases. Several assets moved into later-stage development or registration.

However, these advances were offset by a series of pipeline cuts. The most significant setback was a negative Phase 3 readout for tolebrutinib (a brain-penetrant Bruton's tyrosine kinase inhibitor specifically designed to target smoldering neuroinflammation) in primary progressive multiple sclerosis, which failed to meet its primary endpoint.

In addition, Sanofi deprioritized multiple Phase 2 and Phase 1 programs across immunology, neurology and vaccines. A closer look at the cuts highlights the limits of some long-running partnerships. For instance, Sanofi confirmed the deprioritisation of eclitasertib, a RIPK1 inhibitor developed with Denali Therapeutics, ending the last remaining clinical program from a collaboration launched in 2018. The partnership aimed to block inflammatory and neurodegenerative pathways, but repeated clinical setbacks over several years have failed to translate strong chemistry into patient benefit. Sanofi's decision also mirrors a broader industry trend, as several large drugmakers (GSK,

Bristol Myers Squibb, Eli Lilly) have scaled back or exited RIPK1 programs after struggling to translate the target into clinical success.

These decisions probably reflect a broader portfolio clean-up rather than a retreat from R&D: research and development spending still rose in 2025, and management framed the cuts as a way to concentrate resources on programs with the highest chance of clinical and commercial success.

With strong cash generation, a proposed dividend increase and a new share buyback planned for 2026, Sanofi enters the new year from a position of financial strength. Yet the latest results also underline the balance the group must hold: sustaining growth while reshaping a pipeline that is becoming leaner and more selective.

Fuente: European Biotechnology. Disponible en <https://n9.cl/n8qkrk>



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Estrategia de búsqueda: (Vaccine) AND DP:([12.01.2026 TO 31.01.2026]) as the publication date 49 records.

1. 20260014240 RATIONALLY DESIGNED MYCOPLASMA GALLISEPTICUM SUBUNIT VACCINE

US - 15.01.2026

Clasificación Internacional A61K 39/02Nº de solicitud 18994954 Solicitante University of Connecticut Inventor/a Steven J. Geary

A novel recombinant subunit vaccine composition against avian *Mycoplasma* infection is described. The vaccine includes VlhA early phase antigens chosen based on their expression profile during the first 7 days of infection. The vaccine composition is shown to induce a protective immune response in chickens. Vaccine compositions and methods of making and using the vaccine compositions are described.

2. 4682174 UNIVERSELLER INFLUENZA-MRNA-IMPfstoff und Verwendung davon

EP - 21.01.2026

Clasificación Internacional C07K 19/00Nº de solicitud 24774078 Solicitante SHANGHAI INST OF BIOLOGICAL PRODUCTS CO LTD Inventor/a LUO JIAN

Provided is a universal influenza mRNA vaccine. The protein encoded by the universal influenza mRNA vaccine comprises a matrix protein 2 extracellular domain (M2e), a hemagglutinin (HA) stem LAH region and a nucleoprotein (NP) of an influenza A virus. In addition, further provided is the use of the universal influenza mRNA vaccine in a mouse animal model. The universal influenza mRNA vaccine can induce strong humoral immune and cellular immune responses, and can protect animal model mice against various influenza A viruses. The universal influenza mRNA vaccine is safe and effective, and has a rapid production platform.

3. 4680324 BIOVERBUNDSTOFFE MIT BIOLÖSENDEM MIKRONADELARRAY-METALLOORGANISCHEM RAHMEN FÜR EFFEKTIVE HAUTIMMUNISIERUNG UND HERSTELLUNG DAVON

EP - 21.01.2026

Clasificación Internacional A61M 37/00Nº de solicitud 24771810Solicitante UNIV PITTSBURGH COMMONWEALTH SYS HIGHER EDUCATIONInventor/a FALO LOUIS D

Disclosed herein are aspects of a microneedle array comprising a metal-organic framework (MOF)-**vaccine** biocomposite and methods for using the same. The microneedle array further comprises a dissolvable material that dissolved when inserted into the skin of a subject, thereby releasing the MOF-**vaccine** biocomposite. The MOF may be selected to dissolve in an acidic environment, thereby targeting the **vaccine** delivery to specific cellular compartments. Methods for making the MOF-**vaccine** biocomposite and the microneedle array also are disclosed.

4.20260014238METHOD FOR TREATING TUMORS USING COMBINATION OF ONCOLYTIC VIRUS **VACCINE** AND IMMUNE CELLS

US - 15.01.2026

Clasificación Internacional A61K 39/00Nº de solicitud 19339875Solicitante JOINT BIOSCIENCES (SH) LTD.Inventor/a Guoqing ZHOU

A method for treating tumors using a combination of an oncolytic virus **vaccine** and immune cells. The method specifically includes the following step: treating the tumors by using a combination of the immune cells and the oncolytic virus **vaccine**; the oncolytic virus **vaccine** includes a recombinant oncolytic virus expressing a tumor antigen and is used for targeting the tumor cells; the immune cells express a chimeric antigen receptor paired with the tumor antigen, and are used for killing or destroying the tumor cells targeted; the recombinant oncolytic virus includes an M protein, G protein, N protein, P protein and L protein subjected to site-directed mutagenesis. The tumor antigen expressed by the oncolytic virus **vaccine** can guide the immune cells to reach the target tumor tissue center, achieving a curative effect where 1+1 is greater than 2, with a tumor cell killing rate being up to 100% at most.

5.WO/2026/011333PREPARATION METHOD FOR AUTOLOGOUS TUMOR **VACCINE** BASED ON CANCEROUS VESICLE MODIFICATION AND USE

WO - 15.01.2026

Clasificación Internacional A61K 39/00Nº de solicitud PCT/CN2024/104615Solicitante NANJING UNIVERSITY OF POSTS AND TELECOMMUNICATIONSInventor/a WANG, Lianhui

The present invention provides a preparation method for an autologous tumor **vaccine** based on cancerous vesicle modification. The preparation method comprises: extracting a cancerous vesicle, and modifying the surface thereof with a metal oxide. The metal oxide is one or more of FeOOH, Fe₃O₄, Fe₂O₃, Mn₃O₄, MnO₂, MnOOH, AlOOH, and Al₃O₄. The modification method uses a vesicle surface adsorption compounding method, or in situ growth of a metal oxide on the surface of a vesicle. The present invention also provides an autologous tumor **vaccine** and use of the **vaccine** in the preparation of a combined drug for preventing or treating a tumor. The **vaccine** is prepared by using the described preparation method. In the present invention, by means of extracting a cancerous vesicle and subjecting it to surface modification, the vesicle not only maintains a tumor-specific antigen, but also shields an anti-phagocytic signal, which significantly enhances the uptake and activation effects of DC cells, thereby improving the immune activation effect. Also, the preparation is simple, and the cost is low.

6. 4678185 IMPFSTOFF GEGEN HUMANES PAPILLOMAVIRUS UND VERWENDUNG DAVON

EP - 14.01.2026

Clasificación Internacional A61K 39/12Nº de solicitud 24766381 Solicitante BEIJING HEALTH GUARD BIOTECHNOLOGY INC Inventor/a YIN FEI

Provided is a human papillomavirus (HPV) **vaccine**, including combinations of L1 protein antigens of HPV6, 11, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, and 68. A recombinant 15-valent human papillomavirus **vaccine** contains the above 12 types clearly associated with human cancers, as well as two most common low-risk types: HPV6 and 11, and a suspected carcinogenic type: HPV68. In China, it is expected that the preventive effect of this **vaccine** on cervical cancer in women will increase to 97.2% or more, while globally, the preventive effect thereof on cervical cancer in women will be expected to increase to 94.1% or more, with significant application value.

7. 4681728 HERPES-ZOSTER-MRNA-IMPFSTOFF, HERSTELLUNGSVERFAHREN DAFÜR UND VERWENDUNG DAVON

EP - 21.01.2026

Clasificación Internacional A61K 39/12Nº de solicitud 25178924 Solicitante HANGZHOU TIANLONG PHARMACEUTICAL CO LTD Inventor/a SONG GENSHEN

The present disclosure belongs to the technical field of mRNA vaccines, and specifically relates to a herpes zoster mRNA **vaccine**, a preparation method therefor, and a use thereof. The herpes zoster mRNA **vaccine** provided by the present disclosure comprises an RNA encoding a varicella-zoster virus gE glycoprotein or a variant thereof. The **vaccine** can prevent herpes zoster infection and its complications.

8. 20260014244 RESPIRATORY SYNCYTIAL VIRUS MRNA **VACCINE**, AND PREPARATION METHOD THEREFOR AND USE THEREOF

US - 15.01.2026

Clasificación Internacional A61K 39/155Nº de solicitud 19262172 Solicitante Hangzhou Tianlong Pharmaceutical Co., Ltd. Inventor/a Gengshen Song

The present disclosure belongs to the technical field of mRNA vaccines, and particularly relates to a respiratory syncytial virus (RSV) **vaccine**, and a preparation method therefor and use thereof. The **vaccine** provided by the present disclosure comprises RNA encoding an RSV F protein or a variant thereof. The **vaccine** can prevent an RSV infection and complications thereof.

9. 4678741 MRNA-IMPFSTOFF GEGEN DAS RESPIRATORISCHE SYNZYTIALVIRUS UND HERSTELLUNGSVERFAHREN DAFÜR UND VERWENDUNG DAVON

EP - 14.01.2026

Clasificación Internacional C12N 7/00Nº de solicitud 25183954 Solicitante HANGZHOU TIANLONG PHARMACEUTICAL CO LTD Inventor/a SONG GENSHEN

The present disclosure belongs to the technical field of mRNA vaccines, and particularly relates to a respiratory syncytial virus (RSV) **vaccine**, and a preparation method therefor and use thereof.

The **vaccine** provided by the present disclosure comprises RNA encoding an RSV F protein or a variant thereof. The **vaccine** can prevent an RSV infection and complications thereof.

10. 4680274 IMPFSTOFF ZUM SCHUTZ EINER SCHWANGEREN SCHWEINE VOR AFRIKANISCHER SCHWEINEPEST

EP - 21.01.2026

Clasificación Internacional A61K 39/12Nº de solicitud 24711209 Solicitante INTERVET INT BV Inventor/a VAN DEN BORN ERWIN

The invention pertains to a live attenuated African swine fever virus Georgia 2007 (ASFV-G) Δ 9GL/ Δ UK strain for use in a **vaccine** for protecting a pregnant swine against an infection with African swine fever virus (ASFV) by administering the **vaccine** comprising the live attenuated ASFV-G- Δ 9GL/ Δ UK strain to the pregnant swine.

11. WO/2026/014994 MUTANT STRAIN OF ESCHERICHIA COLI OR STAPHYLOCOCCUS AUREUS DERIVED FROM BOVINE MASTITIS AND **VACCINE** COMPOSITION CONTAINING SAME

WO - 15.01.2026

Clasificación Internacional A61K 39/108Nº de solicitud PCT/KR2025/010307 Solicitante THE YOON HEALTHTECH CO., LTD. Inventor/a YOON, Jang Won

The present invention relates to a mutant strain of Escherichia coli or Staphylococcus aureus derived from bovine mastitis and a **vaccine** composition containing same. The **vaccine** composition according to the present invention may be usefully employed to reduce economic losses caused by bovine mastitis and to improve productivity and sustainability across the dairy industry.

12. 4677074 HERSTELLUNG VON POCKENVIREN AUS QUAILZELLKULTUREN

EP - 14.01.2026

Clasificación Internacional C12N 7/00Nº de solicitud 24709398 Solicitante BAVARIAN NORDIC AS Inventor/a SCHWENEKER MARC

The present invention relates to methods of producing poxvirus viral vector-based **vaccine** products from avian cell lines. In some embodiments, the avian cells are suspension quail cell lines. Pharmaceutical compositions such as vaccines produced by the methods of the invention are also provided. In some embodiments, the poxvirus viral vector is Modified Vaccinia Virus Ankara ("MVA") or recombinant MVA. In some embodiments, the recombinant MVA encodes heterologous antigens and can be used to produce a **vaccine** against the antigens. In some embodiments, the recombinant MVA encodes antigens of Respiratory Syncytial Virus (RSV) and the avian cells are used to produce a **vaccine** against RSV comprising the recombinant MVA and/or the encoded antigens.

13. 4677076 VERFAHREN ZUR ISOLIERUNG VON POCKENVIREN AUS VOGELZELLKULTUREN

EP - 14.01.2026

Clasificación Internacional C12N 7/02Nº de solicitud 24711969 Solicitante BAVARIAN NORDIC AS Inventor/a THRANE SUSAN HOFFMANN

The present invention relates to methods of producing poxvirus viral vector-based **vaccine** products from

avian cell lines. In some embodiments, the avian cells are suspension quail cell lines. Pharmaceutical compositions such as vaccines produced by the methods of the invention are also provided. In some embodiments, the poxvirus viral vector is Modified Vaccinia Virus Ankara ("MVA") or recombinant MVA. In some embodiments, the recombinant MVA encodes heterologous antigens and can be used to produce a vaccine against the antigens. In some embodiments, the recombinant MVA encodes antigens of Respiratory Syncytial Virus (RSV) and the avian cells are used to produce a vaccine against RSV comprising the recombinant MVA and/or the encoded antigens.

14. WO/2026/015635 WHOLE BLOOD ASSAY TO MEASURE RESPONSE TO TYPE I IFNS AND DETECT AUTO-ANTIBODIES NEUTRALIZING IFNS

WO - 15.01.2026

Clasificación Internacional G01N 33/564Nº de solicitud PCT/US2025/036972 Solicitante THE ROCKEFELLER UNIVERSITY Inventor/a CASANOVA, Jean-Laurent

The present invention provides methods, assays and kits for evaluation and assessment of IP-10 (CXCL10) expression, particularly IFN induction of IP-10, to determine the presence of inborn errors of the Type I IFN or Type II IFN response pathway and/or auto-antibodies directed against, and particularly neutralizing, Type I IFNs or Type II IFNs in a patient. The methods, assays and kits including for assessment and evaluation of individuals prior to vaccination with live attenuated virus vaccines, particularly including yellow fever vaccines and COVID-19 vaccines, to assess risk for vaccine-associated disease and adverse events, and for evaluation, treatment and management of patients, particularly including those who develop vaccine-associated disease. Identification of inborn errors of the Type 1 IFN response pathway and/or auto-antibodies directed against, and particularly neutralizing, Type I IFNs are associated with severe viral illness, including COVID-19 disease, and vaccine-associated disease, particularly with live attenuated virus vaccines, particularly including yellow fever vaccines, as well as arboviral diseases, including WNV and TSE encephalitis.

15. 4677097 PAN-CORONAVIRUS-IMPfstoff MIT BREITEM MULTIANTIGEN

EP - 14.01.2026

Clasificación Internacional C12N 15/50Nº de solicitud 24771552 Solicitante UNIV CALIFORNIA Inventor/a BENMOHAMED LBACHIR

Waning immunity induced by first-generation Spike-alone-based COVID-19 has failed to prevent immune escape by many variants of concern (VOCs) that emerged from 2020 to 2024, resulting in a prolonged COVID-19 pandemic. Thus, a next-generation Coronavirus (CoV) vaccine incorporating highly conserved non-Spike SARS-CoV-2 antigens is described herein. Conserved non-Spike T cell antigens in combination with a Spike antigen encapsulated in lipid nanoparticles: (i) Induced high frequencies of lung-resident antigen-specific CXCR5+CD4+ T follicular helper cells, GzmB+CD4+ and GzmB+CD8+ cytotoxic T cells, and CD69+IFN-γ+TNFα+CD4+ and CD69+IFN-γ+TNFα+CD8+ effector T cells; and (ii) Reduced viral load and COVID-19-like symptoms caused by various VOCs. The combined antigen/LNP-based pan-CoV vaccine could be rapidly adapted for clinical use to confer broader cross-protective immunity against emerging highly mutated and pathogenic VOCs.

16. 4678177 ARENAVIRUS-IMPfstoff

EP - 14.01.2026

Clasificación Internacional A61K 31/7105Nº de solicitud 24767064Solicitante THE UNIV OF OSAKAInventor/a IWASAKI MASAHARU

Provided is a new **vaccine** against mammal arenavirus infections. The **vaccine** comprises lipid nanoparticles containing mRNA encoding a glycoprotein precursor (GPC) or a nucleoprotein (NP) of arenavirus.

17.4680277HBV-ANTIGEN-FORMULIERUNG ZUR BEHANDLUNG VON HEPATITIS B

EP - 21.01.2026

Clasificación Internacional A61K 39/29Nº de solicitud 24709658Solicitante HELMHOLTZ ZENTRUM MUENCHEN DEUTSCHES FORSCHUNGSZENTRUM GESUNDHEIT & UMWELT GMBHInventor/a PROTZER ULRIKE

The disclosure provides methods and compositions for treating HBV. Disclosed is an HBcAg particle, comprising HBV core proteins from at least two different HBV genotypes, and a **vaccine** vector comprising a nucleotide sequence having $\geq 90\%$ sequence identity to SEQ ID NO: 5. Disclosed are respective pharmaceutical compositions and their uses in therapy, for medicament manufacture and a vaccination method. Said vaccination method comprises administering to a human (i) a first dose and (ii) a second dose of an HBcAg particle and of an HBsAg, and (iii) a dose of a **vaccine** vector that expresses a HBsAg from HBV genotype A, a HBcAg from HBV genotype D, a HBsAg having $\geq 90\%$ sequence identity to SEQ ID NO: 7, a HBcAg having $\geq 90\%$ sequence identity to SEQ ID NO: 8 or 17, and an RT domain having $\geq 90\%$ sequence identity to SEQ ID NO: 9.

18.4681727IMPfstoff zum Schutz gegen Streptococcus suis

EP - 21.01.2026

Clasificación Internacional A61K 39/00Nº de solicitud 25213659Solicitante INTERVET INT BVInventor/a JACOBS ANTONIUS ARNOLDUS CHRISTIAAN

The present invention pertains to a **vaccine** comprising an IgM protease antigen of Streptococcus suis, for use in a method wherein a female pig is vaccinated in order to protect a piglet against Streptococcus suis through the intake of colostrum of the vaccinated female pig.

19.WO/2026/015556BONT AND TENT POLYPEPTIDE FRAGMENTS AND/OR VARIANTS, COMPOSITIONS, POLYNUCLEOTIDES, VACCINES, AND CONJUGATE **VACCINE** PLATFORMS

WO - 15.01.2026

Clasificación Internacional A61K 39/385Nº de solicitud PCT/US2025/036836Solicitante THE MEDICAL COLLEGE OF WISCONSIN, INC.Inventor/a BARBIERI, Joseph T.

Disclosed herein are clostridial neurotoxin (BoNT) and tetanus neurotoxin (TeNT), polypeptides, fragments and/or variants, compositions, polynucleotides, vaccines, and conjugate **vaccine** platforms, and methods of using the BoNT and TeNT, polypeptides, and fragments.

20.20260014245NEW MERS-COV **VACCINE**

US - 15.01.2026

Clasificación Internacional A61K 39/215Nº de solicitud 18846050Solicitante Max-Delbrueck-Centrum für Molekulare Medizin in der Helmholtz-GemeinschaftInventor/a Kathrin DE LA ROSA

The present invention relates to a mutant receptor-binding domain (MERS-mRBD) of MERS-CoV (middle east respiratory syndrome coronavirus) or a fragment thereof and/or a mutant spike protein (MERS-mSpike) of MERS-CoV or a fragment thereof having a reduced binding strength to the RBD-receptor DPP4 (dipeptidylpeptidase 4) of MERS-CoV compared to the wild type receptor-binding domain of MERS-CoV (MERS-wtRBD) and/or having a reduced binding strength to sialic acid compared to a wild type spike of MERS-CoV (MERS-wtSpike). Furthermore, the present invention relates to and a nucleic acid comprising a nucleotide sequence encoding for the MERS-mRBD or the fragment thereof or the MERS-mSpike or the fragment thereof and a **vaccine** composition comprising one or more MERS-mRBDs or fragments thereof, one or more MERS-mSpikes, one or more polypeptides or proteins and/or one or more nucleic acids according to the present invention, as well as methods for prevention and/or treatment of diseases caused by MERS-CoV in a subject.

21.WO/2026/013167PHARMACEUTICAL COMPOSITION COMPRISING CLOSTRIDIODES DIFFICILE **VACCINE**

WO - 15.01.2026

Clasificación Internacional A61K 39/08Nº de solicitud PCT/EP2025/069663Solicitante IDORSIA PHARMACEUTICALS LTDInventor/a BROECKER, Felix

The present invention relates to a **vaccine** formulation comprising a polysaccharide-protein conjugate of formula (I), an adjuvant comprising a pharmaceutically acceptable aluminum salt, a pharmaceutically acceptable buffer, and water; and its use in therapy, in particular for prevention and/or treatment of diseases associated with *Clostridioides difficile*.

22.4682890SYSTEME UND VERFAHREN ZUM SEQUENZENTWURF

EP - 21.01.2026

Clasificación Internacional G16B 40/20Nº de solicitud 25221495Solicitante BAIDU USA LLCInventor/a ZHANG HE

A messenger RNA (mRNA) **vaccine** has emerged as a promising direction to combat the COVID-19 pandemic. This requires an mRNA sequence that is stable and highly productive in protein expression, features to benefit from greater mRNA secondary structure folding stability and optimal codon usage. Sequence design remains challenging due to the exponentially many synonymous mRNA sequences encoding the same protein. The present disclosure presents embodiments of a linear-time approximation (LinearDesign) reducing the design to an intersection between a Stochastic Context Free Grammar (SCFG) and a Deterministic Finite Automaton (DFA). Embodiments of the LinearDesign may implement an mRNA sequence design using much reduced time with very limited loss. Various methodologies, e.g., finding alternative sequences based on k-best parsing or directly incorporating codon optimality, are presented for incorporating the codon optimality into the design. Embodiments of the LinearDesign may provide efficient computational tools to speed up and improve mRNA **vaccine** development.

23. 4682160 PROTEIN UND IMPFSTOFF GEGEN INFEKTIONEN DES SARS-COV-2-OMIKRON-MUTANTENSTAMMS XBB UND SUBTYP DAVON

EP - 21.01.2026

Clasificación Internacional C07K 14/165Nº de solicitud 23878790 Solicitante WESTVAC BIOPHARMA CO LTD Inventor/a WEI XIAWEI

The present invention relates to a protein and a vaccine against infections by a SARS-CoV-2 Omicron variant XBB and subvariants thereof, which belongs to the medicine field. To address the lack of effective prophylactic and therapeutic agents against the infections caused by SARS-CoV-2 Omicron variant XBB and subvariants thereof, the present invention provides proteins and vaccines against infections by the variants, the vaccines are designed based on the full-length S protein, the receptor-binding domain (RBD) sequence and optimized sequences of SARS-CoV-2 Omicron variant XBB and subvariant XBB.1.5, thereof, which are capable of aiding the host in combating coronavirus infections, and particularly have a relatively good preventive and therapeutic effect against cross-infections caused by SARS-CoV-2 Omicron variant XBB and subvariants thereof.

24. 3247292 USE OF TRIMANGANESE TETRAOXIDE PARTICLES IN PREPARATION OF VACCINE ADJUVANT

CA - 19.01.2026

Clasificación Internacional A61K 39/39Nº de solicitud 3247292 Solicitante GUANGZHOU REALBENEFITSPOT PHARMACEUTICAL CO., LTD. Inventor/a Yaling WANG

Disclosed is a use of trimanganese tetraoxide particles in preparation of a vaccine adjuvant. The adjuvant is a particle adjuvant, the particle adjuvant is trimanganese tetraoxide particles externally wrapped with or without an excipient, and the particle size of the particle adjuvant is 5nm to 3000 nm. The trimanganese tetraoxide particle adjuvant provided in the present invention can be effectively combined with a single-stranded nucleotide adjuvant and can effectively carry an immune antigen, and a more excellent immunotherapy effects can be achieved when a fewer antigen dose and a relatively low injection amount are used; immune cells are efficiently activated, and body fluid balance and cellular immunity are achieved.

25. 4680278 PROBIOTIKUM ALS IMPFSTOFFIMMUNADJUVANS

EP - 21.01.2026

Clasificación Internacional A61K 39/39Nº de solicitud 24716870 Solicitante COREE S R L Inventor/a ELLI MARINA

The present invention concerns a probiotic for use as immunostimulant, preferably as adjuvant for boosting immune response to a vaccine.

26. 4676522 CODONOPTIMIERUNG UND VERFAHREN ZUR VERWENDUNG DAVON

EP - 14.01.2026

Clasificación Internacional A61K 39/00Nº de solicitud 24767806 Solicitante GENERAL MEDICINES LLC Inventor/a SIMS JOSHUA JOYNER

Featured are methods and applications of codon optimization of a gene product. In particular, the disclosure features methods of codon optimization by reducing the frequency of m6A modifications so as to promote increased mRNA half-life and stability for the purpose of enhancing protein production. Additional methods of delivering codon optimized gene products are disclosed. The methods of the disclosure are clinically relevant for gene and cellular therapies and [vaccine](#) development.

27. [3289540](#) INHALED ADENOVIRUS VECTOR [VACCINE](#), PREPARATION METHOD THEREFOR AND USE THEREOF

CA - 19.01.2026

Clasificación Internacional [A61K 9/72](#)Nº de solicitud 3289540 Solicitante CANSINO BIOLOGICS INC. Inventor/a Xiaolong ZHAO

28. [4676528](#) HYBRIDE ALPHA-PSEUDOVIRUS-PLATTFORM FÜR RIBOVIREN

EP - 14.01.2026

Clasificación Internacional [A61K 39/12](#)Nº de solicitud 24767949 Solicitante VIRONGY BIOSCIENCES INC. Inventor/a HETRICK BRIAN

The present disclosure relates to a new system for generating and using a hybrid alpha pseudovirus for Riboviria viruses. The hybrid riboviria-alpha-pseudovirus (HRAP) present a new type of particle having an alphavirus-derived RNA genome and structural protein(s) of viruses in the riboviria realm. The instant HRAP particles assembled from structural proteins across diverse riboviria families may find use for [vaccine](#) development, antiviral drug screening, neutralization assays, initiating therapeutic or immune responses, and the like.

29. [4676530](#) NUKLEOKAPSID-ANTIGEN-IMMUNTHERAPIE FÜR COVID-19-FUSIONSPROTEINE UND VERFAHREN ZUR VERWENDUNG

EP - 14.01.2026

Clasificación Internacional [A61K 39/215](#)Nº de solicitud 24767722 Solicitante VAKSTON INC. Inventor/a ZION TODD C

The present disclosure provides recombinantly manufactured fusion proteins comprising a SARS-CoV-2 nucleocapsid protein (N-protein) fragment or an analog thereof linked to a human Fc fragment for use in relation to the 2019 Novel Coronavirus (COVID-19). Embodiments include the administration of the fusion proteins to patients that have recovered from COVID-19 as a booster vaccination, to antibody naive patients to produce antibodies to the SARS-CoV-2 virus to enable the patients to become convalescent plasma donors, to patients who have been infected by the SARS-CoV-2 virus and have contracted COVID-19 in order to limit the scope of the infection and ameliorate the disease, and as a prophylactic COVID-19 [vaccine](#). Exemplary Fc fusion proteins and pharmaceutical formulations of exemplary Fc fusion proteins are provided, in addition to methods of use and preparation.

30. [20260014246](#) TREATMENT METHODS FOR VIRAL INFECTIONS

US - 15.01.2026

Clasificación Internacional [A61K 39/215](#)Nº de solicitud 18992545 Solicitante THE UAB RESEARCH FOUNDATION Inventor/a G.M. Anantharamaiah

The current disclosure provides methods for the production of 'vaccine-like' antiviral preparations. The present disclosure provides compounds for the treatment of a wide range of enveloped viral diseases and conditions. The present disclosure further provides methods for treating, preventing, and/or suppressing an enveloped virus disease in a subject using the compounds disclosed herein as well as pharmaceutical compositions comprising such compound.

31. 20260014242 RSV VACCINATION WITH TRIMERIC RSV F FUSION PROTEIN

US - 15.01.2026

Clasificación Internacional A61K 39/12Nº de solicitud 18867069 Solicitante GLAXOSMITHKLINE BIOLOGICALS SA Inventor/a Marie-Pierre Paule DAVID

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

32. WO/2026/013161 PRIME AND BOOST VACCINATION FOR THE TREATMENT AND PREVENTION OF AVIAN INFLUENZA INFECTIONS IN AVIANS

WO - 15.01.2026

Clasificación Internacional A61K 39/12Nº de solicitud PCT/EP2025/069654 Solicitante BOEHRINGER INGELHEIM VETMEDICA GMBH Inventor/a MEBATSION, Teshome

The present invention relates i.a. to a method for treating or preventing avian influenza virus infections in avians comprising a first administration of an effective amount of a rHVT-H5HA COBRA and a second administration of an effective amount of an inactivated H5 vaccine or H5HA protein.

33. 4680650 FUSIONSPOLYPEPTIDE, IMMUNOGENE ZUSAMMENSETZUNGEN, VERFAHREN UND VERWENDUNGEN DAVON

EP - 21.01.2026

Clasificación Internacional C07K 19/00Nº de solicitud 24769618 Solicitante UNIV SASKATCHEWAN Inventor/a BANERJEE ARINJAY

Fusion polypeptides, and their use in subunit vaccine compositions to elicit immune responses against two or more pathogens are described, as well as polynucleotides encoding therefor. Also described are methods for treating and preventing infection by two or more pathogens.

34. WO/2026/015710 INFLUENZA VACCINE FOR CATTLE

WO - 15.01.2026

Clasificación Internacional C07K 14/005Nº de solicitud PCT/US2025/037111 Solicitante IOWA STATE UNIVERSITY RESEARCH FOUNDATION, INC. Inventor/a VERHOEVEN, David

The present disclosure is directed to recombinant influenza hemagglutinin (HA) polypeptides, which are useful in the preparation of immunogenic compositions and vaccines for treating and preventing disease in cattle.

35. 2025906666 HEPATITIS C VACCINE

AU - 15.01.2026

Clasificación Internacional N° de solicitud 2025906666 Solicitante The University of Adelaide Inventor/a

36. 20260015404 BI-SPECIFIC TARGETED CHIMERIC ANTIGEN RECEPTOR T CELLS

US - 15.01.2026

Clasificación Internacional C07K 14/705 N° de solicitud 19272588 Solicitante City of Hope Inventor/a Xiuli Wang

T cells expressing a chimeric antigen receptor and a T cell receptor specific for CMV (bi-specific T cells) are described as a methods for using such cells in immunotherapy. In the immunotherapy methods, the recipient can be exposed to a CMV vaccine in order to expand and/or stimulate the be-specific T cells.

37. WO/2026/015857 VACCINE COMPOSITION FOR ELICITING AN EBV-SPECIFIC CD8+ T CELL RESPONSE

WO - 15.01.2026

Clasificación Internacional C12N 7/00 N° de solicitud PCT/US2025/037383 Solicitante BIONTECH SE Inventor/a KRIENKE, Christina

The present invention relates to a polynucleotide encoding a polypeptide, wherein the polypeptide comprises at least 25 fragments of at least two EBV proteins, each fragment having a length of at most 15 amino acids, and one or more cleavage-enhancing linker, each located between two fragments.

38. 20260014248 MRNA FOR SARS-COV-2 S PROTEIN AND USE THEREOF

US - 15.01.2026

Clasificación Internacional A61K 39/215 N° de solicitud 18995314 Solicitante SHENZHEN SHENXIN BIOTECHNOLOGY CO.,LTD. Inventor/a Hui Huang

The present invention relates to an RNA encoding the S protein of SARS-COV-2, a vaccine comprising the RNA, and uses thereof. The present invention also relates to a universal polynucleotide molecule comprising a 5'-UTR and/or a 3'-UTR, and a nucleic acid sequence encoding a protein and/or polypeptide of interest, and optionally comprising a polyA.

39. 4676524 IMMUNOGENE CHIKUNGUNYA-ZUSAMMENSETZUNGEN ZUR VERABREICHUNG AN IMMUNGESCHWÄCHTE PATIENTEN

EP - 14.01.2026

Clasificación Internacional A61K 39/12 N° de solicitud 24710399 Solicitante VALNEVA AUSTRIA GMBH Inventor/a DUBISCHAR KATRIN

The present invention relates to a vaccine for the prevention or treatment of a Chikungunya virus infection in immunocompromised or immunosuppressed subjects.

40. WO/2026/015799 COMPOSITIONS, METHODS OF USE, AND VACCINE TARGETING STRATEGY FOR ALPHAHERPESVIRUSES

WO - 15.01.2026

Clasificación Internacional A61K 39/25Nº de solicitud PCT/US2025/037277Solicitante THE REGENTS OF THE UNIVERSITY OF COLORADO, A BODY CORPORATEInventor/a BUBAK, Andrew

Embodiments of the present disclosure generally relate to a new class of compositions, including vaccines, for preventing, treating, or reducing the severity of alphaherpesvirus infections. Embodiments described herein also relate to methods of preventing, treating, or reducing the severity of various diseases or medical conditions in a patient utilizing the new class of compositions and vaccines.

41.2025906738BACTERIAL T CELL **VACCINE** (2)

AU - 15.01.2026

Clasificación Internacional Nº de solicitud 2025906738Solicitante The University of MelbourneInventor/a Given, Not

42.3585803PNEUMOCOCCAL CONJUGATE **VACCINE** FORMULATIONS

LT - 12.01.2026

Clasificación Internacional C07K 14/34Nº de solicitud US2018018659Solicitante MERCK SHARP & DOHME LLCInventor/a SMITH WILLIAM

43.3052860DENGUE **VACCINE** FORMULATION

ES - 15.01.2026

Clasificación Internacional A61K 39/12Nº de solicitud 23204288Solicitante Takeda Vaccines, Inc.Inventor/a KOMMAREDDY, Sushma

44.20260014247SARS-COV-2 **VACCINE** BOOSTER COMPOSITION

US - 15.01.2026

Clasificación Internacional A61K 39/215Nº de solicitud 18993863Solicitante SK BIOSCIENCE CO., LTD.Inventor/a Seung Hye HONG

The present disclosure provides a composition for inducing or maintaining an immune response against SARS-COV-2 virus.

45.2037924VACCINATION

NL - 12.01.2026

Clasificación Internacional A61P 39/00Nº de solicitud 2037924Solicitante LiteVax B.V.Inventor/a Petrus Leonardus Ignatius Platenburg

Title:Vaccination Abstract This invention relates to vaccines comprising a fraction of registered vaccines and a novel adjuvant comprising carbohydrate monosulphate fatty acid ester (CMS) and the simple, one-step preparation method thereof by mixing a single dose of registered **vaccine** With multiple doses of a ready-to-use novel CMS-based adjuvant delivering multiple doses of low-dose, adjuvanted vaccines. The mixing is preferably done by the end-user (vaccinator, general practitioner) briefly prior to vaccination, Which offers a series of advantages including improved affordability, availability, and accessibility of registered vaccines.

46. 2025283552 USE OF AMINO ACID SEQUENCES FROM MYCOBACTERIUM TUBERCULOSIS OR CORRESPONDING NUCLEIC ACIDS THEREOF FOR DIAGNOSIS AND PREVENTION OF TUBERCULAR INFECTION, DIAGNOSTIC KIT AND **VACCINE** THEREFROM

AU - 15.01.2026

Clasificación Internacional C07K 14/35Nº de solicitud 2025283552 Solicitante QIAGEN Sciences LLC Inventor/a Amicosante, Massimo

The present invention refers to the use of gene sequences or portions thereof characterized in that the same belong to the classes of in vitro and ex vivo induced, repressed or conserved genes in Mycobacterium tuberculosis currently infected human macrophages and to corresponding peptides or consensus peptides or proteins for the preparation of specific bio-markers for the diagnosis and prevention of active or latent disease.

47. 2026200015 ARTIFICIAL INTELLIGENCE-BASED SYSTEM AND METHOD FOR PREDICTING VIRAL GENETIC EVOLUTION AND **VACCINE** SUITABILITY

AU - 15.01.2026

Clasificación Internacional Nº de solicitud 2026200015 Solicitante Alanazi, Awadh DR Inventor/a Alanazi, Awadh

48. 4676525 CORONAVIRUS-IMPFSTOFFE

EP - 14.01.2026

Clasificación Internacional A61K 39/12Nº de solicitud 24711616 Solicitante DIOSYNVAX LTD Inventor/a HEENEY JONATHAN LUKE

Designed messenger RNAs (mRNAs) encoding coronavirus polypeptides are described, as well as mRNA **vaccine** vectors, pharmaceutical compositions comprising the mRNAs or vectors, and mRNA vaccines, and their use to induce an immune response against viruses of the coronavirus family. The designed sequences include mRNA sequences encoding designed coronavirus receptor binding domain (RBD) sequences CoV_S_T2_17, CoV_S_T2_17 comprising a transmembrane domain sequence (CoV_S_T2_20), CoV_S_T3_3 (T2_20v2), and CoV_S_T3_4 (T2_17_T2_20 dimer). Polypeptides, nucleic acid molecules encoding the polypeptides, vectors, fusion proteins, pharmaceutical compositions, and their use as vaccines against viruses of the coronavirus family are also described.

49. WO/2026/013162 HERPES VIRUS OF TURKEY VECTOR BASED H5HA **VACCINE** FOR THE TREATMENT AND PREVENTION OF AVIAN INFLUENZA INFECTIONS IN TURKEYS

WO - 15.01.2026

Clasificación Internacional A61K 39/12Nº de solicitud PCT/EP2025/069655 Solicitante BOEHRINGER INGELHEIM VETMEDICA GMBH Inventor/a PRANDINI, Francesco

The present invention relates i.a. to a method for treating or preventing avian influenza virus infections in turkeys comprising administering an effective amount of a rHVT-H5HA COBRA.

Patentes registradas en United States Patent and Trademark Office (USPTO)

Estrategia de búsqueda: *vaccine.ti. AND @PD>="20260112"<=20260131* 31 records

Document ID	Title	Inventor	Applicant Name
US 20260027197 A1	VACCINE ANTIGENS AND USE THEREOF	GRAHAM; Barney S. et al.	Morehouse School of Medicine
US 20260027194 A1	VACCINES TARGETING C. ACNES HYALURONIDASE FOR PROPHYLAXIS AND TREATMENT OF ACNE VULGARIS	Hajam; Irshad Ahmed et al.	Hajam; Irshad Ahmed, Cedars-Sinai Medical Center, The Regents of the University of California
US 20260028644 A1	PSEUDOVIRUS BASED NEUTRALIZATION ASSAY FOR EVALUATING VACCINE IMMUNOGENICITY	CAI; Zhaohui et al.	NOVAVAX, INC.
US 20260027195 A1	IMMUNOGENIC COMPOSITIONS FOR USE IN PNEUMOCOCCAL VACCINES	Cooper; David et al.	Pfizer Inc.
US 20260027192 A1	COMBINED DELIVERY OF ANTIGENS AND TOLEROGENIC SIGNALS VIA DUAL-SIZED HYDROGEL SPHERES AND MOF COMPOSITES FOR TYPE-1 DIABETES VACCINE DEVELOPMENT	CHUNG; Jin Teng et al.	THE HONG KONG UNIVERSITY OF SCIENCE AND TECHNOLOGY
US 20260027200 A1	Poxvirus mRNA Vaccine and Use	LIU; Zhihua et al.	YITHER BIOTECH CO., LTD, AB & B BIO-TECH CO., LTD. JS
US 20260027198 A1	VIRUS POLYPEPTIDE-PROTEIN SUBUNIT COMBINATION VACCINE BASED ON DNA NANOTECHNOLOGY, AND PREPARATION METHOD THEREFOR AND USE THEREOF	SUN; Lele et al.	Xiangfu Laboratory, Shanghai University
US 20260027196 A1	LOW DOSE VACCINE COMPOSITIONS	Glanville; Jacob et al.	Centivax, Inc.

US 12535491 B2	Vaccine comprising protein-targeted (PT) extracellular DNA isolated from bacterial matrix	Tets; Viktor Veniaminovich et al.	Tets; Viktor Veniaminovich, Tets; Georgy Viktorovich
US 12533418 B2	Dosage and administration of a bacterial saccharide glycoconjugate vaccine	Adamo; Roberto et al.	GLAXOSMITHKLINE BIOLOGICALS SA
US 12533410 B2	Nucleic acid vaccine composition comprising a lipid formulation, and method of increasing the potency of nucleic acid vaccines	Hooper; Jay W. et al.	The Government of the United States, as Represented by the Secretary of the Army, Arcturus Therapeutics, Inc.
US 20260022162 A1	ANTI-HIV VACCINE ANTIBODIES WITH REDUCED POLYREACTIVITY	Sievers; Stuart A. et al.	California Institute of Technology, The Rockefeller University
US 20260021172 A1	Personalized Anticancer Vaccine Comprising Glycoengineered Tumour Cells or Tumour Cell Fragments	Dolowschiak; Tamas et al.	CARBOCALYX GMBH
US 20260021174 A1	CULTURE METHOD FOR FISH CELLS AND CELL CULTURE MEDIUM USED THEREIN, AND ORAL VACCINE FOR FISH	OKUTANI; Asuka et al.	BIO SCIENCE CO., LTD.
US 12527863 B2	Methods for preparing aluminum precipitate compounds for use in therapeutics and vaccines	Schlegel; Robert et al.	Valneva Austria GmbH
US 12527853 B2	Heat-stable enterotoxins mutants as antidiarrheal vaccine antigens	Punternvoll; Pål et al.	VESTLANDETS INNOVASJONSSELSKAP AS (VIS)
US 12527850 B2	Cancer vaccines for breast cancer	Plasterk; Ronald Hans Anton	CureVac Netherlands B.V.
US 12527821 B2	Compositions and methods related to tumor cell killers and vaccines	Shah; Khalid	THE BRIGHAM AND WOMEN'S HOSPITAL, INC.
US 12527859 B2	Vaccine composition for chickenpox or Varicella Zoster and method of using same	Lee; Chan Kyu et al.	EUBIOLOGICS CO., LTD., POP BIOTECHNOLOGIES, INC.

US 20260014244 A1	RESPIRATORY SYNCYTIAL VIRUS MRNA VACCINE, AND PREPARATION METHOD THEREFOR AND USE THEREOF	Song; Gengshen et al.	Hangzhou Tianlong Pharmaceutical Co., Ltd.
US 20260014255 A1	USE OF LEUKEMIA-DERIVED CELLS IN OVARIAN CANCER VACCINES	Manting; Erik Hans et al.	MENDUS B.V.
US 20260015593 A1	VSV VECTOR-ENCODED HCV ENVELOPE PROTEINS E1/E2 AS VACCINES AGAINST HEPATITIS C VIRUS	LABUHN; Maurice et al.	TWINCORE, Zentrum für Experimentelle und Klinische Infektionsforschung GmbH, Universitaet Bern
US 20260014245 A1	NEW MERS-COV VACCINE	DE LA ROSA; Kathrin et al.	Max-Delbrueck-Centrum für Molekulare Medizin in der Helmholtz-Gemeinschaft, Charité – Universitaetsmedizin Berlin
US 20260014238 A1	METHOD FOR TREATING TUMORS USING COMBINATION OF ONCOLYTIC VIRUS VACCINE AND IMMUNE CELLS	ZHOU; Guoqing et al.	JOINT BIOSCIENCES (SH) LTD.
US 20260014247 A1	SARS-COV-2 VACCINE BOOSTER COMPOSITION	HONG; Seung Hye et al.	SK BIOSCIENCE CO., LTD.
US 20260014092 A1	EXTRACELLULAR VESICLES FROM MICROALGAE, THEIR USE FOR VACCINES AND FOR IMMUNOMODULATION	DRITTANTI; Lila et al.	AGS THERAPEUTICS SAS
US 20260014240 A1	RATIONALLY DESIGNED MYCOPLASMA GALLISEPTICUM SUBUNIT VACCINE	Geary; Steven J. et al.	University of Connecticut
US 12525329 B2	Precision-based immuno-molecular augmentation (PBIMA) computerized system, method, and therapeutic vaccine	Khan; Shamsuddin Sultan et al.	Neo7Bioscience, Inc.
US 12521431 B2	HBV vaccine	Barnes; Eleanor et al.	Oxford University Innovation Limited
US 12521577 B2	Betacoronavirus RNA vaccines	Ciaramella; Giuseppe et al.	ModernaTX, Inc.

US 12521430 B2	Methods of generating broadly protective vaccine compositions comprising neuraminidase	Strugnell; Tod et al.	SANOFI PASTEUR INC., VIB VZW, UNIVERSITEIT GENT
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